

**United Way of Skagit County**

2019 Form 990  
Public Disclosure Copy

Form **990**  
(Rev. January 2020)  
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 private foundations)

OMB No. 1545-0047

**2019**

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF SKAGIT COUNTY</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 451</b> City or town, state or province, country, and ZIP or foreign postal code <b>BURLINGTON, WA 98233</b> <b>F</b> Name and address of principal officer: <b>CRAIG CHAMBERS</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>91-0755705</b> <b>E</b> Telephone number <b>3607559521</b> <b>G</b> Gross receipts \$ <b>860,619.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>UNITEDWAYSAGIT.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1963</b>		<b>M</b> State of legal domicile: <b>WA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>BUILDING A POSITIVE AND SUSTAINABLE QUALITY OF LIFE FOR ALL.</b>	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b> <b>23</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b> <b>21</b>
<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a) .....	<b>5</b> <b>6</b>
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b> <b>34</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b> <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39 .....	<b>7b</b> <b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>895,306.</b> <b>844,499.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	<b>0.</b> <b>0.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>10,689.</b> <b>7,861.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>20,867.</b> <b>-2,772.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>926,862.</b> <b>849,588.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>526,177.</b> <b>311,031.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b> <b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>390,332.</b> <b>385,832.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>15,000.</b> <b>0.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>106,335.</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>212,798.</b> <b>246,523.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>1,144,307.</b> <b>943,386.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>-217,445.</b> <b>-93,798.</b>
<b>20</b>	Total assets (Part X, line 16) .....	<b>1,156,642.</b> <b>1,131,413.</b>
<b>21</b>	Total liabilities (Part X, line 26) .....	<b>74,433.</b> <b>143,002.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>1,082,209.</b> <b>988,411.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>KEN JOHNSON, TREASURER</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>STEVE FORBES-CPA</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P00012098</b>
	Firm's name ▶ <b>LARSON GROSS PLLC</b> Firm's address ▶ <b>2211 RIMLAND DR., STE 422 BELLINGHAM, WA 98226</b>	Firm's EIN ▶ <b>91-1663574</b> Phone no. <b>360-734-4280</b>

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: UNITED WAY OF SKAGIT COUNTY'S MISSION IS TO BUILD A POSITIVE AND SUSTAINABLE QUALITY OF LIFE FOR ALL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 446,937. including grants of \$ 171,000.) (Revenue \$ ) EARLY CHILDHOOD DEVELOPMENT AND LEARNING-IN 2018, ONLY ONE-THIRD OF SKAGIT CHILDREN WERE COMPLETELY READY FOR KINDERGARTEN. THIS MEANS TWO-THIRDS ARE ALREADY BEHIND AT AGE 5. WE CAN DO BETTER THAN THIS! EVIDENCE TELLS US THAT A PERSON'S LIFE SUCCESSES, HEALTH AND EMOTIONAL WELL-BEING HAVE THEIR ROOTS IN EARLY CHILDHOOD. UNITED WAY OF SKAGIT COUNTY PROVIDED 4,000 EARLY LEARNING CALENDARS TO LOCAL SCHOOLS, LIBRARIES AND PRE-SCHOOLS TO BE DISTRIBUTED TO FAMILIES WITH PRE-SCHOOL CHILDREN. OUR FUNDING FOR THE EARLY LEARNING COORDINATOR (ELC) BRINGS A COMMON STANDARD OF EARLY LEARNING TO SCHOOLS AND SUCCESSFUL CONNECTIONS CONFERENCE FOR EARLY LEARNING EDUCATORS EVERY YEAR. THE ELC DOES CAPACITY BUILDING TO CREATE A COMPREHENSIVE, COORDINATED SYSTEM OF EALY LEARNING SUPPORTS AND RESOURCES THAT

4b (Code: ) (Expenses \$ 74,409. including grants of \$ 0.) (Revenue \$ ) UNITED WAY HAS BROUGHT THE WELCOME BABY (WB) PROGRAM TO SKAGIT VALLEY HOSPITAL. OUR WELCOME BABY COORDINATORS, (ONE OF WHOM IS BILINGUAL TO MEET THE NEEDS OF THE HISPANIC COMMUNITY), MEET WITH NEWBORNS AND THEIR PARENTS WITH A RESOURCE BAG, LINKS TO A MYRIAD OF RESOURCES AND THE KNOWLEDGE THAT OTHERS ARE HERE TO SUPPORT THEM. THE RESOURCE BAGS INCLUDE EVERYTHING A NEW FAMILY NEEDS FOR A GREAT START: A CHILDREN'S BOOK, DIAPERS, WIPES, WASHCLOTHS, SWADDLING BLANKET, AND INFORMATION ON LITERACY, SAFE SLEEP, ATTACHMENT, AND LOCAL RESOURCES. DURING THE HOSPITAL VISIT, THE WELCOME BABY COORDINATORS INTRODUCE FAMILIES TO PARENTING AND EARLY LEARNING RESOURCES IN THE COMMUNITY DESIGNED TO PROMOTE LITERACY AND KINDERGARTEN READINESS. THE COORDINATORS ALSO PROVIDE REFERRALS TO SERVICE PROVIDERS IN THE AREAS OF HEALTH AND

4c (Code: ) (Expenses \$ 14,604. including grants of \$ 1,000.) (Revenue \$ ) WE'RE READING-BEGINNING AT BIRTH, WHAT YOU DO EVERY DAY PREPARES YOUR CHILD TO BE A SUCCESSFUL READER IN SCHOOL. WHEN YOU PROVIDE AN ENVIRONMENT WHERE READING, WRITING, TALKING, SINGING AND PLAYING IS ENCOURAGED, WONDERFUL THINGS HAPPEN. THESE EARLY LITERACY ACTIVITIES PROMOTE LANGUAGE DEVELOPMENT, BUILD MOTIVATION, CURIOSITY, AND MEMORY, HELP CHILDREN COPE DURING TIMES OF STRESS OR ANXIETY, BUILD SOCIAL EMOTIONAL SKILLS, AND LEARN HOW TO EXPRESS THEIR FEELINGS, READING ALOUD TAKES CHILDREN TO PLACES AND TIMES THEY HAVE NEVER BEEN - ENLARGING AND ENHANCING THEIR WORLD, CREATES A POSITIVE ASSOCIATION WITH BOOKS, READING, AND WRITING, PARTICIPATING IN THESE ACTIVITIES WITH YOUR CHILD STRENGTHENS THE BOND BETWEEN YOU AND YOUR CHILD. UNITED WAY OF SKAGIT COUNTY ALSO PARTNERS WITH UNITED GENERAL DISTRICT 304 WIC

4d Other program services (Describe on Schedule O.) (Expenses \$ 199,297. including grants of \$ 139,031.) (Revenue \$ )

4e Total program service expenses 735,247.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included on line 1a, above, who are independent (21); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records KEN JOHNSON - (360) 755-9521 831 S BURLINGTON BLVD., BURLINGTON, WA 98233

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

Check if Schedule O contains a response or note to any line in this Part VII

**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.

- 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, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BILL ASLETT RESOURCE DEVELOPMENT CHAIR	1.00	X		X				0.	0.	0.
(2) PHIL BROCKMAN DIRECTOR	1.00	X						0.	0.	0.
(3) ANN CALDWELL TREASURER	1.00	X		X				0.	0.	0.
(4) DEB DAVIS BUNDY PAST PRESIDENT	1.00	X		X				0.	0.	0.
(5) ANDREW ENTRIKIN PRESIDENT	1.00	X		X				0.	0.	0.
(6) JEFF BROWN EARLY LEARNING CHAIR	1.00	X		X				0.	0.	0.
(7) CONNIE DAVIS DIRECTOR	1.00	X						0.	0.	0.
(8) ANNIE DI MEO DIRECTOR	1.00	X						0.	0.	0.
(9) MARIE ERBSTOESZER DIRECTOR	1.00	X						0.	0.	0.
(10) LISA JANICKI DIRECTOR	1.00	X						0.	0.	0.
(11) JENNIFER JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(12) KEN JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(13) LEIF JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(14) SUE KRIENEN VICE PRESIDENT	1.00	X		X				0.	0.	0.
(15) MAUREEN LAMA DIRECTOR	1.00	X						0.	0.	0.
(16) JENNIFER LARSON DIRECTOR	1.00	X						0.	0.	0.
(17) KARI RANTEN DIRECTOR	1.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILL REICHARDT DIRECTOR	1.00	X						0.	0.	0.
(19) YADIRA ROSALES DIRECTOR	1.00	X						0.	0.	0.
(20) KIM WALLEY DIRECTOR	1.00	X						0.	0.	0.
(21) GEORGE WELCH DIRECTOR	1.00	X						0.	0.	0.
(22) SHIRLEY YAP DIRECTOR	1.00	X						0.	0.	0.
(23) SONIA GARZA DIRECTOR	1.00	X						0.	0.	0.
(24) JOHN WHITE DIRECTOR	1.00	X						0.	0.	0.
(25) DEBRA LANCASTER PAST EXECUTIVE DIRECTOR	40.00			X				84,027.	0.	14,760.
(26) LYNNE BLANFORD FINANCE MANAGER	40.00			X				57,484.	0.	14,942.
<b>1b Subtotal</b>								141,511.	0.	29,702.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								141,511.	0.	29,702.

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	7,365.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	51,180.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	785,954.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 16,835.				
	<b>h Total.</b> Add lines 1a-1f .....			844,499.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		8,089.			8,089.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		228.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>		-228.			
<b>d</b> Net gain or (loss) .....			-228.		-228.		
<b>8 a</b> Gross income from fundraising events (not including \$ 51,180. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		515.				
			10,803.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			-10,288.		-10,288.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> SERVICE FEES FOR DESIG	<b>Business Code</b>	518210	4,906.		4,906.	
	<b>b</b> MEALS SOLD AT CAMPAIGN		722514	2,610.		2,610.	
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			7,516.			
<b>12 Total revenue.</b> See instructions .....			849,588.	0.	0.	5,089.	

**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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	309,271.	309,271.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,760.	1,760.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	180,867.	101,869.	58,686.	20,312.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	150,027.	104,151.	5,953.	39,923.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,345.	3,548.	637.	2,160.
9 Other employee benefits	23,561.	15,953.	1,365.	6,243.
10 Payroll taxes	25,032.	15,841.	4,442.	4,749.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	14,025.		14,025.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	46,642.	39,118.	1,194.	6,330.
12 Advertising and promotion	3,974.	3,411.	66.	497.
13 Office expenses				
14 Information technology	27,438.	18,945.	3,345.	5,148.
15 Royalties				
16 Occupancy	26,181.	16,723.	4,615.	4,843.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,943.	3,973.	2,169.	1,801.
20 Interest				
21 Payments to affiliates	14,323.	9,184.	2,644.	2,495.
22 Depreciation, depletion, and amortization	5,302.	3,317.	966.	1,019.
23 Insurance	1,406.	1,091.	153.	162.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PUBLICATIONS &amp; VISUAL M</b>	44,654.	40,660.		3,994.
b <b>SUPPLIES</b>	29,606.	26,166.	591.	2,849.
c <b>EVENTS</b>	19,470.	16,749.		2,721.
d <b>DUES AND SUBSCRIPTIONS</b>	3,613.	2,604.	385.	624.
e All other expenses	1,946.	913.	568.	465.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	943,386.	735,247.	101,804.	106,335.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	196,999.	<b>1</b>	216,586.
	<b>2</b> Savings and temporary cash investments .....	697,286.	<b>2</b>	704,171.
	<b>3</b> Pledges and grants receivable, net .....	241,420.	<b>3</b>	195,249.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 30,879.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 15,472.	20,937.	<b>10c</b> 15,407.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		1,156,642.	<b>16</b>	1,131,413.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	37,717.	<b>17</b>	56,538.
	<b>18</b> Grants payable .....	31,104.	<b>18</b>	21,485.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	5,612.	<b>23</b>	4,479.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	60,500.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		74,433.	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,041,325.	<b>27</b>	951,066.
	<b>28</b> Net assets with donor restrictions .....	40,884.	<b>28</b>	37,345.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	1,082,209.	<b>32</b>	988,411.
<b>33</b> Total liabilities and net assets/fund balances .....		1,156,642.	<b>33</b>	1,131,413.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	849,588.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	943,386.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-93,798.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,082,209.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	988,411.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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 on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,074,002.	1,166,050.	1,322,389.	895,306.	845,014.	5,302,761.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1,074,002.	1,166,050.	1,322,389.	895,306.	845,014.	5,302,761.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						232,041.
<b>6 Public support.</b> Subtract line 5 from line 4.						5,070,720.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	1,074,002.	1,166,050.	1,322,389.	895,306.	845,014.	5,302,761.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3,384.	1,981.	5,858.	10,954.	8,089.	30,266.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	32,392.	52,972.	17,055.	20,867.	7,516.	130,802.
<b>11 Total support.</b> Add lines 7 through 10						5,463,829.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	

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

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	92.81 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	96.11 %

**16a 33 1/3% support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

UNITED WAY OF SKAGIT COUNTY

Employer identification number

91-0755705

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>UNITED WAY OF SKAGIT COUNTY</b>	Employer identification number  <b>91-0755705</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 48,808.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 27,764.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>UNITED WAY OF SKAGIT COUNTY</b>	Employer identification number  <b>91-0755705</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>UNITED WAY OF SKAGIT COUNTY</b>	Employer identification number  <b>91-0755705</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization **UNITED WAY OF SKAGIT COUNTY** Employer identification number **91-0755705**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on 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 other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		26,129.	10,722.	15,407.
e Other		4,750.	4,750.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				15,407.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL PROTECTION PROGRAM LOAN	60,500.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	60,500.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	810,590.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	21,970.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	10,803.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	32,773.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	777,817.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	71,771.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	71,771.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	849,588.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	904,388.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	21,970.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	10,803.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	32,773.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	871,615.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	71,771.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	71,771.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	943,386.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

FUNDRAISING EVENT EXPENSES 10,803.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

DONOR DESIGNATED CONTRIBUTIONS 71,771.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

FUNDRAISING EVENT EXPENSES 10,803.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

DIRECT PAID DESIGNATIONS 71,771.







**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TEAM UP EVENT		NONE	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	51,695.			51,695.
	<b>2</b> Less: Contributions .....	51,180.			51,180.
	<b>3</b> Gross income (line 1 minus line 2) .....	515.			515.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	50.			50.
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	10,753.			10,753.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				10,803.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-10,288.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF SKAGIT COUNTY** Employer identification number **91-0755705**

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
BRIGID COLLINS-SKAGIT VALLEY FAMILY SUPPORT - 1331 N GARDEN ST #200 - BELLINGHAM, WA 98225	94-3121951	501 (C)	32,440.	0.			SCHOOL READINESS
COMMUNITY ACTION OF SKAGIT COUNTY 330 PACIFIC PLACE MOUNT VERNON, WA 98273	91-1140086	501 (C)	16,140.	0.			BASIC NEEDS/NUTRITION
FOUNDATION FOR ACADEMIC ENDEAVORS PO BOX 945 MOUNT VERNON, WA 98273	47-4347441	501 (C)	20,000.	0.			EARLY LEARNING
FOUNDATION OF DIST. #304 2241 HOSPITAL DR SEDRO WOOLLEY, WA 98284	46-1035355	501 (C)	42,620.	0.			EARLY LEARNING
SKAGIT DOMESTIC VIOLENCE & SEXUAL ASSAULT - PO BOX 301 - MOUNT VERNON, WA 98273	91-1092350	501 (C)	18,750.	0.			DOMESTIC VIOLENCE
SKAGIT PRESCHOOL ASSOCIATION & RESOURCE CENTER - 320 PACIFIC PL - MOUNT VERNON, WA 98273	91-0775902	501 (C)	17,800.	0.			EARLY LEARNING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

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

Schedule I (Form 990) (2019)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTHNET PO BOX 217 MOUNT VERNON, WA 98273	91-0850397	501 (C)	21,290.	0.			EARLY LEARNING
HOSPICE OF THE NORTHWEST FOUNDATION - 227 FREEWAY DRIVE SUITE A - MOUNT VERNON, WA 98273	91-2094964		6,113.	0.			GENERAL SUPPORT
SKAGIT COMMUNITY FOUNDATION 1220 MEMORIAL HWY SUITE C MOUNT VERNON, WA 98273	91-1572414	501 (C)	56,000.	0.			COVID RELIEF
SKAGIT VALLEY COLLEGE FOUNDATION 2405 E COLLEGE WAY MOUNT VERNON, WA 98273	91-1012915	501 (C)	15,000.	0.			EARLY LEARNING

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ORGANIZATIONS RECEIVING DISCRETIONARY FUNDING FROM UNITED WAY UNDERGO

INTENSIVE PRE-SCREENING BEFORE BEING AWARDED FUNDING. SUCH SCREENING

INCLUDES:

>AN APPLICATION PROCESS THAT INCLUDES EXPLANATION OF THE PROPOSED USE AND

RESULTS FROM USE OF THE FUNDING

>FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE

ORGANIZATION FOLLOWS SOUND FISCAL POLICIES

>VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT

**Part IV Supplemental Information**

>VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501 (C)(3) NONPROFIT ORGANIZATION AND, ARE REQUIRED TO PROVIDE UNITED WAY WITH A FINAL REPORT AT THE END OF THE ALLOCATION PERIOD THAT VERIFIES THAT ALL FUNDING HAS BEEN USED FOR THE PURPOSES INTENDED AND WHAT THE RESULTS WERE COMPARED TO THE PROPOSED RESULTS FROM THE ORIGINAL APPLICATION.

DONOR DESIGNATIONS: ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UNITED WAY UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING.

SUCH SCREENING INCLUDES:

>VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT

>VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION

ADDITIONALLY, ANNUALLY UNITED WAY CHECKS ALL AGENCIES AGAINST THE OFAC LIST WITH THE US DEPARTMENT OF TREASURY.

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF SKAGIT COUNTY

Employer identification number

91-0755705

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INCREASE FAMILY ENGAGEMENT AND ESTABLISH SKAGIT COUNTY AS A LEADER

WITHIN WA STATE'S EALY LEARNING EFFORTS. THE ELC HELPS THE

COLLABORATIVE BRIGHT BEGINNINGS AWARENESS CAMPAIGN, OF WHICH UNITED WAY

IS A PARTNER, IN A COMMUNITY WIDE EFFORT TO FOCUS ON THE IMPORTANCE OF

THE EARLY YEARS OF DEVELOPMENT AND THE CRITICAL ROLE OF THE CAREGIVER.

BORN LEARNING TRAILS ARE INSTALLED IN MOUNT VERNON AND ANACORTES AND

THERE ARE MORE TO COME! WE WORK WITH THE COUNTY TO HOLD THE FAMILY

PALOOZA EVENT. IT IS A ONE-STOP SHOP FOR THE BEST SERVICES AND

RESOURCES IN SKAGIT COUNTY FOR EXPECTING PARENTS AND FAMILIES WITH

YOUNG CHILDREN. UNITED WAY DEVELOPS CROSS-SECTOR PARTNERSHIPS TO

DELIVER RESULTS IN EARLY CHILDHOOD DEVELOPMENT AND EDUCATION. WE

PARTNER WITH SCHOOLS, LIBRARIES, NONPROFITS, CITY AND COUNTY GOVERNMENT

AND LOCAL NONPROFITS.

UNITED WAY TARGETS GRANT FUNDING TO PROGRAMS THAT SERVE CHILDREN,

FAMILIES, AND PROVIDERS THAT EXPERIENCE ONE OR MORE OF THE FOLLOWING

CHALLENGES: LOW INCOME; RACE/ETHNICITY OTHER THAN WHITE; PHYSICAL OR

COGNITIVE DISABILITIES; AND/OR TRAUMA IN THE HOME ENVIRONMENT.

FURTHER, BECAUSE COLLABORATION IS CRUCIAL TO REACHING OUR GOAL,

CONSIDERATION IS ALSO GIVEN TO AGENCIES WHO PARTICIPATE IN LOCAL

COALITIONS SUPPORTING THE CHILDREN AND THEIR FAMILIES/CAREGIVERS.

THROUGH FUNDING TO OUR COMMUNITY PARTNERS, 100 PARENTS OF AT-RISK OR

ABUSED CHILDREN PARTICIPATED IN EVIDENCE-BASED PARENTING EDUCATION,

LEARNED ABOUT DEVELOPMENTALLY APPROPRIATE ACTIVITIES, DISCOVERED

READING AND WERE LINKED WITH PRESCHOOL OR HEAD START SERVICES. 190

FAMILIES, MANY OF WHOM ARE FAMILIES OF COLOR, NON-ENGLISH SPEAKING, OR

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19



Name of the organization UNITED WAY OF SKAGIT COUNTY	Employer identification number 91-0755705
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FOR WHOM ENGLISH IS A SECOND LANGUAGE, WITH CHILDREN AGO PRENATAL TO 6 YEARS WERE PROVIDED CASE MANAGEMENT HOME VISITS FOR ASSISTANCE IN CONNECTIONS TO EMPLOYMENT, CHILDCARE, HEAD START, HEALTH CARE, HOUSING, FOOD STAMPS, WIC AND OTHER RESOURCE SUPPORT AND EDUCATION. 64 CHILDREN FROM LOW-INCOME HOUSEHOLDS ATTENDED A FIVE-WEEK PRE-SCHOOL PROGRAM OF CLASSROOM INSTRUCTION WHERE THEY GAINED PROFICIENCY IN ACADEMIC, SOCIAL, AND EMOTIONAL SKILLS TAUGHT BY A MAJORITY OF MASTER TEACHERS OF COLOR. INTERVENTION WAS PROVIDED FOR 883 PARENTS/CAREGIVERS AND 685 CHILDREN, WHO WERE EXPERIENCING THE TRAUMA OF ABUSE, THROUGH DIRECT ADVOCACY FOR CHILDREN AND ADULT VICTIMS, PROVIDING PARENTING SUPPORT AND EDUCATION TO STABILIZE FAMILIES AND ENCOURAGE HEALING, AND THROUGH PREVENTION EDUCATION. 95 BIRTH TO 3 AGED CHILDREN WITH PHYSICAL OR COGNITIVE DISABILITIES WERE PROVIDED EDUCATIONAL & THERAPEUTIC SERVICES. PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY WERE PROVIDED IN THE FAMILY'S HOME OR OTHER NATURAL ENVIRONMENT. 17 INDIVIDUALS, MANY OF WHOM DO NOT HAVE THE RESOURCES TO SEEK HIGHER EDUCATION, COMPLETED A ONE-YEAR STATE CERTIFICATE IN EARLY CHILDHOOD EDUCATION. 128 PARENTS/CAREGIVERS AND 60 CHILDREN, MANY OF WHOM ARE HISPANIC LOW-INCOME, WERE PROVIDED EVIDENCE-BASED PARENTING PROGRAMS WHICH HELP PARENTS LEARN HOW TO BUILD HEALTHY RELATIONSHIPS WITH THEIR CHILDREN FROM BEFORE BIRTH AND ONWARD THROUGHOUT THEIR LIVES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
WELLNESS, FAMILY SUPPORT, BASIC NEEDS, CHILDCARE, EARLY LEARNING, SPECIAL NEEDS, AND RECREATIONAL ACTIVITIES. THEY ARE AVAILABLE BY PHONE/TEXT TO RESPOND TO QUESTIONS/CONCERNS FROM THE FAMILIES. VISITS ARE MADE TO THE FAMILIES OF ALL NEWBORN BABIES (WHEN INVITED BY THE PARENTS). THE "2018 STATE OF CHILDREN & FAMILIES REPORT" STATES THAT

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60% OF BIRTHS IN SKAGIT COUNTY ARE TO MEDICAID CLIENTS. LOW-INCOME POPULATIONS ARE LESS LIKELY TO HAVE KNOWLEDGE OF OR ACCESS TO BASIC NEEDS, SUPPORTS, AND COMMUNITY RESOURCES. LOW-INCOME AND MIGRANT CHILDREN ARE LESS LIKELY TO BE PREPARED FOR KINDERGARTEN (28% AND 14% RESPECTIVELY, COMPARED TO 36% FOR ALL INCOMING KINDERGARTENERS IN SKAGIT COUNTY. STATE-REQUIRED "WAKIDS" ASSESSMENTS ARE CONDUCTED DURING THE FIRST MONTH OF KINDERGARTEN TO MEASURE READINESS IN SIX DOMAINS: SOCIAL-EMOTIONAL, PHYSICAL, LANGUAGE, COGNITIVE, LITERACY, AND MATH). STUDENTS ENTERING KINDERGARTEN WITHOUT THE LITERACY SKILLS EXPECTED OF A FIVE-YEAR-OLD ARE AT LEAST 34% LESS LIKELY TO MEET STANDARD ON THE 3RD GRADE SMARTER BALANCE ASSESSMENT. BY SUPPORTING NEW FAMILIES FROM THE VERY BEGINNING, THIS PROJECT WILL INCREASE KINDERGARTEN READINESS, SCHOOL SUCCESS, AND LONG-TERM EDUCATION AND HEALTH OUTCOMES FOR VULNERABLE SKAGIT COUNTY CHILDREN.

IN THE LAST YEAR WE HAVE WELCOMED 509 BABIES TO SKAGIT COUNTY THROUGH THE WELCOME BABY PROGRAM. UNTIL THE CORONAVIRUS OUTBREAK IN MARCH, FAMILIES WERE VISITED BY A WELCOME BABY COORDINATOR IN THE HOSPITAL. FAMILIES ARE ASKED TO REGISTER FOR THE WELCOME BABY COMMUNITY AND TO DATE WE HAVE 494 FAMILIES RECEIVING THE WELCOME BABY NEWSLETTER. BEGINNING IN MARCH WE HAVE ADAPTED PROGRAMMING TO ADHERE TO SOCIAL DISTANCING REQUIREMENTS. HOSPITAL STAFF CONTINUES TO SHARE INFORMATION ABOUT WELCOME BABY AND GATHERS CONTACT INFORMATION. WELCOME BABY COORDINATORS FOLLOW UP WITH THOSE FAMILIES AND REGISTER THEM FOR THE NEWSLETTER AND PROVIDE SUPPORT. WE RECEIVE ADDITIONAL REFERRALS THROUGH PARTNER ORGANIZATIONS LIKE MSS, WIC, NURSE FAMILY PARTNERSHIPS, MEDICAL PROVIDERS, AND THROUGH SOCIAL MEDIA. A PART OF WB IS PARENT CAF. PARENT CAF IS A PARENTING GROUP THAT PROVIDES SOCIAL CONNECTION, RESOURCE INFORMATION, AND SUPPORT. INITIALLY, THE GROUP MET AT THE

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CHILDREN'S MUSEUM AND MOVED TO A VIRTUAL FORMAT BEGINNING IN APRIL. WE STARTED A SPANISH SPEAKING PARENT GROUP, MAMS EN CUARENTENA! IN JUNE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM ARE PARTNERING TOGETHER TO SHARE INFORMATION WITH PARENTS AND CAREGIVERS ABOUT THE IMPORTANCE OF EARLY LITERACY PAIRED WITH EASY AT HOME ACTIVITIES. AT KEY APPOINTMENTS, WIC EDUCATORS, SHARE THE EARLY LITERACY CURRICULUM AND GIVE THE CHILD A BOOK TO TAKE WITH THEM AND ADD TO THEIR HOME LIBRARY. PARENTS/CAREGIVERS ARE ALSO PROVIDED WITH THE "WE'RE READING RACONTEUR", A NEWSLETTER PACKED WITH FUN LITERACY ACTIVITIES TO DO AT HOME, TIPS FOR READING THE BOOK THEY WERE GIVEN, DEVELOPMENTAL MILESTONES RELATED TO LITERACY, LANGUAGE AND SOCIAL EMOTIONAL SKILLS, AND INFORMATION ON LOCAL LIBRARY STORYTIME. UW HAS 4 TAKE AND GIVE BOOK BOXES AROUND THE COMMUNITY. THESE ATTRACTIVE BOOK BOXES ARE STOCKED FULL OF FUN READING MATERIAL FOR CHILDREN OF ALL AGES. KIDS CAN TAKE A BOOK AND IT IS THEIRS TO KEEP, OR THEY CAN GIVE A BOOK THAT THEY ARE NO LONGER USING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

BASIC NEEDS (EXPENSES: \$83,018 INCLUDING GRANTS OF \$56,000) - UNITED WAY OF SKAGIT COUNTY SUPPORTS PEOPLE'S MOST BASIC NEEDS OF FOOD, SHELTER, HEALTH AND SAFETY. BASIC NEEDS SERVICES ARE VITAL TO INDIVIDUALS WITH CHRONIC CONDITIONS AND FOR INDIVIDUALS AND FAMILIES IN CRISIS NEEDING TEMPORARY SUPPORT. WHEN INDIVIDUALS ARE UNABLE TO MEET THEIR IMMEDIATE NEEDS, IT BECOMES MORE DIFFICULT TO FOCUS ON LONG-TERM GOALS SUCH AS EMPLOYMENT, HOUSING, OR EDUCATION. BASIC NEEDS SERVICES ARE CRITICAL TO GETTING PEOPLE BACK ON THEIR FEET AND ON THE ROAD TO SELF-SUFFICIENCY. A COALITION OF NONPROFITS AND SKAGIT COUNTY REALIZED

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WE FACED A CRISIS OF CHILDREN NOT GETTING ADEQUATE NUTRITIOUS FOOD ON WEEKENDS AND OVER SUMMER/HOLIDAYS. THROUGH LOCAL COMMUNITY PARTNERS, 27,391 NUTRITIOUS FOOD DELIVERIES WERE MADE ON FRIDAY AFTERNOONS TO LOW INCOME FAMILIES WITH CHILDREN IN SEDRO-WOLLEY AND MOUNT VERNON AND \$56,000 WAS PROVIDED FOR COVID 19 RELIEF FOR INDIVIDUALS AND FAMILIES IN THE FORM OF FOOD, LIFE ESSENTIALS, HOUSEHOLD ASSISTANCE, AND MENTAL HEALTH SUPPORT. THE UNITED WAY OF SKAGIT COUNTY ALSO CHAIRS AND ADMINISTERS THE LOCAL EMERGENCY FOOD AND SHELTER PROGRAM, FOR A BOARD MADE OF NONPROFITS AND COUNTY REPRESENTATION TO ALLOCATE FEDERAL FUNDS TO LOCAL NONPROFITS FOR THE PROVISION OF FOOD AND SHELTER.

FINANCIAL PEOPLE PROJECT (EXPENSES: \$19,979 INCLUDING GRANTS OF \$1,760)- PEER LED CLASSES PROVIDE THE TOOLS NECESSARY TO BUILD FINANCIAL STABILITY - AND A LINK TO LIFE-LONG SUCCESS. VOLUNTEER PEER LEADERS ARE TRAINED TO WORK TOGETHER AS A TEAM TO OFFER GROUP FINANCIAL EDUCATION SESSIONS IN ENGLISH AND SPANISH AT LOCAL NON-PROFIT ORGANIZATIONS. PEER LEADERS FACILITATE GUEST SPEAKERS FROM FINANCIAL INSTITUTIONS WHO PRESENT THE FDIC MONEY SMART CURRICULUM TO GROUP PARTICIPANTS. LESSONS FOCUS ON: 1) BUDGETING AND DEBT REDUCTION, 2) BANK SERVICES, 3) SAVINGS, 4) CREDIT, 5) LOANS AND 6) CHECKING ACCOUNTS. IN TOTAL, 118 PARTICIPANTS AND 15 PEER LEADERS HAVE GRADUATED FROM THE SKAGIT FINANCIAL PEOPLE PROJECT. IN 2020, 2 SIX-WEEK SESSIONS WERE OFFERED IN THE COMMUNITY AND 12 INDIVIDUALS GRADUATED AND RECEIVED A SKAGIT ASSET BUILDING COALITION CERTIFICATE BEFORE COVID STRUCK. UNITED WAY HAS COMMITTED TO FUNDING THE PROJECT FOR THE NEXT FISCAL YEAR AND IT IS ANTICIPATED THAT 2020-21 WILL BE A YEAR OF OPPORTUNITY AND REDESIGN. ONGOING FINANCIAL EDUCATION WILL BE CRITICAL AS THE SKAGIT COMMUNITY RESPONDS TO HELPING FAMILIES DEAL WITH ECONOMIC

Name of the organization UNITED WAY OF SKAGIT COUNTY	Employer identification number 91-0755705
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RECOVERY.

HEALTH AND INCOME (EXPENSES: \$24,529 INCLUDING GRANTS OF: \$9,500)-

UNITED WAY OF SKAGIT COUNTY WORKS WITH MANY COMMUNITY PARTNERS TO PROVIDE SUPPORTS FOR HEALTH AND FINANCIAL SECURITY. WE ARE ON THE ADVISORY BOARD OF POPULATION HEALTH TRUST. THE POPULATION HEALTH TRUST (PHT OR TRUST) IS A BOARD OF COMMUNITY LEADERS WITH A SHARED COMMITMENT TO IMPROVE THE QUALITY OF LIFE FOR EVERYONE IN SKAGIT COUNTY. APPOINTED BY THE SKAGIT COUNTY BOARD OF HEALTH TO ADVISE ON ISSUES THAT CAN IMPROVE THE HEALTH AND WELLNESS OF ALL. THE POPULATION HEALTH TRUST BELIEVES THAT BY COORDINATING OUR EFFORTS WE CAN CREATE OPPORTUNITIES THAT STRENGTHEN HEALTH. THE POPULATION HEALTH TRUST WORKS TO CREATE HEALTHIER AND MORE EQUITABLE COMMUNITIES BY: 1) ENCOURAGING HEALTH AND WELLNESS WITHIN THE COMMUNITY, 2) WORKING TOGETHER ACROSS SECTORS ON PROJECTS DESIGNED TO IMPROVE WELL-BEING, 3) STRENGTHENING INTEGRATION OF HEALTH SERVICES AND OTHER SYSTEMS SUCH AS PUBLIC HEALTH, EDUCATION, AND SOCIAL SERVICE AGENCIES. YOUTH UNITED IS A PROGRAM SUPPORTED AND FUNDED IN PART BY UNITED WAY. IT IS A SCHOOL-BASED EXTRACURRICULAR PROGRAM THAT WAS DEVELOPED AS AN ALTERNATIVE LEADERSHIP OPPORTUNITY TO PROVIDE REWARDS AND RECOGNITION TO RURAL HIGH SCHOOL STUDENTS WHO PERFORM COMMUNITY SERVICE. STUDENTS VOLUNTEER AT LOCAL ORGANIZATIONS FOR HUNDREDS OF HOURS. EACH STUDENT WHO ACCRUES AT LEAST 100 VOLUNTEER HOURS EARNED A VARSITY LETTER AT AN AWARD PRESENTATION IN THE SPRING. STUDENTS VOLUNTEER WITH SITES INCLUDING THE LIBRARY, SECONDHAND STORES, AND OTHER LOCAL ORGANIZATIONS. ALSO, UNITED WAY PROVIDES FINANCIAL SUPPORT TO CREATE AND MAINTAIN A WEBSITE DISSEMINATING SKAGIT COUNTY COMMUNITY INDICATORS IN COORDINATION WITH POPULATION HEALTH TRUST.

THIS WEBSITE PROVIDES CRITICAL INFORMATION FOR NONPROFIT ORGANIZATIONS,

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SCHOOLS AND PUBLIC AGENCIES WHILE GIVING INDIVIDUALS EASY TO UNDERSTAND ONE-STOP INFORMATION ABOUT LOCAL TRENDS AND STATISTICS.

DONOR DIRECTED DESIGNATIONS (EXPENSES: \$71,771 INCLUDING GRANTS OF \$71,771)

EXPENSES \$ 199,297. INCLUDING GRANTS OF \$ 139,031. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

DEBRA LANCASTER (EXECUTIVE DIRECTOR) AND BILL ASLETT (BOARD MEMBER) ARE SIBLINGS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS HAS DELEGATED THE RESPONSIBILITY FOR REVIEW OF FORM 990 TO THE FINANCE COMMITTEE. THE FORM 990 IS EMAILED TO FINANCE COMMITTEE MEMBERS FOR THEIR REVIEW PRIOR TO FILING AND ALSO REVIEWED WITH THE AUDITOR. THE FORM 990 IS THEN EMAILED TO THE BOARD OF DIRECTORS MEMBERS FOR REVIEW PRIOR TO FILING. ANY QUESTIONS OR ISSUES ARE RESOLVED PRIOR TO THE SIGNING OF FORM 990 BY THE TREASURER.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS COMPLETE A BOARD INFORMATION SHEET ANNUALLY AND ARE ASKED TO DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST. THE BOARD THEN REVIEWS THE POSSIBLE CONFLICTS TO DETERMINE IF THERE WOULD BE A PERCEIVED DETRIMENTAL EFFECT ON THE ORGANIZATION AND EITHER RECOMMENDS THAT THE BOARD MEMBER BE EXCUSED OR TO CONTINUE IF THERE IS NO PERCEIVED DETRIMENTAL EFFECT DUE TO A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

Name of the organization UNITED WAY OF SKAGIT COUNTY	Employer identification number 91-0755705
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THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS WHEN HIRED BY COMPARING OTHER INDUSTRIES AND UNITED WAY WORLDWIDE HUMAN CAPITAL STUDY: EXECUTIVE SALARY REPORT AND IS REVIEWED ANNUALLY. THEY ARE PROVIDED ANNUALLY WITH THE LATEST UWW CAPITAL STUDY MENTIONED ABOVE.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS/CONFLICTS OF INTEREST ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST TO THE UNITED WAY OFFICE. AUDITED FINANCIAL STATEMENTS AND 990 ARE AVAILABLE ON THE UNITED WAY OF SKAGIT COUNTY WEBSITE.

PART X11, LINE 2C

NO CHANGE FROM PRIOR YEAR.