

United Way of Skagit County

2020 Form 990
Public Disclosure Copy

Form **990**

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

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	C Name of organization UNITED WAY OF SKAGIT COUNTY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 451 City or town, state or province, country, and ZIP or foreign postal code BURLINGTON, WA 98233 F Name and address of principal officer: CRAIG CHAMBERS SAME AS C ABOVE	D Employer identification number 91-0755705 E Telephone number 3607559521 G Gross receipts \$ 786,875. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I 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		
J Website: ▶ UNITEDWAYSAGIT.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1963		M State of legal domicile: WA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BUILDING A POSITIVE AND SUSTAINABLE QUALITY OF LIFE FOR ALL. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 9 6 Total number of volunteers (estimate if necessary) 6 73 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="right">Prior Year</th> <th align="right">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">844,499.</td> <td align="right">780,021.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">7,861.</td> <td align="right">4,369.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">-2,772.</td> <td align="right">2,485.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">849,588.</td> <td align="right">786,875.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	844,499.	780,021.	9 Program service revenue (Part VIII, line 2g)	0.	0.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,861.	4,369.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,772.	2,485.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	849,588.	786,875.							
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Part II Signature Block

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

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

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 \$ 307,652. including grants of \$ 170,000.) (Revenue \$) EARLY CHILDHOOD DEVELOPMENT AND LEARNING-IN 2018, ONLY 33% 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 HAS AN ONLINE EARLY LEARNING CALENDARS FOR FAMILIES WITH PRE-SCHOOL CHILDREN. OUR FUNDING FOR THE EARLY LEARNING COORDINATOR (ELC) BRINGS A COMMON STANDARD OF EARLY LEARNING TO SCHOOLS. THE ELC DOES CAPACITY BUILDING TO CREATE A COMPREHENSIVE, COORDINATED SYSTEM OF EARLY LEARNING SUPPORTS AND RESOURCES THAT INCREASE FAMILY ENGAGEMENT AND ESTABLISH SKAGIT COUNTY AS A LEADER WITHIN WA STATE'S EARLY LEARNING EFFORTS. THE ELC HELPS THE COLLABORATIVE BRIGHT BEGINNINGS

4b (Code:) (Expenses \$ 102,933. including grants of \$) (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), TYPICALLY 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. MID-JUNE 2021 OUR WELCOME BABY PROGRAM RESUMED IN-PERSON SERVICES AT SKAGIT VALLEY HOSPITAL'S FAMILY BIRTH CENTER AFTER A 15-MONTH PAUSE DUE TO COVID. FOR THOSE 15-MONTHS, HOSPITAL STAFF CONTINUED TO SHARE INFORMATION ABOUT WELCOME BABY AND GATHER CONTACT INFORMATION. WELCOME

4c (Code:) (Expenses \$ 10,735. including grants of \$) (Revenue \$) 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 PROGRAM ARE PARTNERING

4d Other program services (Describe on Schedule O.) (Expenses \$ 113,333. including grants of \$ 65,059.) (Revenue \$)

4e Total program service expenses 534,653.

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, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

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, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding 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 columns. Includes questions 2a through 16 regarding employee counts, 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 19		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 19		
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
b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		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
b	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?		
16b			

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.
 Own website Another's website 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) LYNNE BLANFORD FINANCE MANAGER	40.00			X			59,305.	0.	15,014.	
(2) CRAIG CHAMBERS EXECUTIVE DIRECTOR	40.00			X			36,919.	0.	3,401.	
(3) BILL ASLETT RESOURCE DEVELOPMENT CHAIR	1.00	X		X			0.	0.	0.	
(4) PHIL BROCKMAN DIRECTOR	1.00	X					0.	0.	0.	
(5) ANN CALDWELL DIRECTOR	1.00	X					0.	0.	0.	
(6) DEB DAVIS BUNDY DIRECTOR	1.00	X					0.	0.	0.	
(7) ANDREW ENTRIKIN PAST PRESIDENT	1.00	X		X			0.	0.	0.	
(8) JEFF BROWN VICE PRESIDENT/EARLY LEARNING CHAIR	1.00	X		X			0.	0.	0.	
(9) CONNIE DAVIS DIRECTOR	1.00	X					0.	0.	0.	
(10) MARIE ERBSTOESZER DIRECTOR	1.00	X					0.	0.	0.	
(11) LISA JANICKI DIRECTOR	1.00	X					0.	0.	0.	
(12) JENNIFER JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
(13) KEN JOHNSON FINANCE CHAIR/TREASURER	1.00	X		X			0.	0.	0.	
(14) LEIF JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
(15) SUE KRIENEN PRESIDENT	1.00	X		X			0.	0.	0.	
(16) MAUREEN LAMA GOVERNANCE CHAIR	1.00	X		X			0.	0.	0.	
(17) JENNIFER LARSON 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) KARI RANTEN 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) SONIA GARZA DIRECTOR	1.00	X						0.	0.	0.
(23) JOHN WHITE DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								96,224.	0.	18,415.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								96,224.	0.	18,415.

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 former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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**

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	9,605.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	770,416.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 13,327.				
	h Total. Add lines 1a-1f			780,021.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,369.			4,369.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a SERVICE FEES FOR DESIG	Business Code	518210	2,485.		2,485.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			2,485.			
12 Total revenue. See instructions			786,875.	0.	0.	6,854.	

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	232,559.	232,559.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,500.	2,500.		
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	155,645.	53,908.	36,203.	65,534.
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	164,570.	93,383.	66,458.	4,729.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,952.	2,708.	2,757.	487.
9 Other employee benefits	21,981.	13,936.	7,158.	887.
10 Payroll taxes	25,266.	11,947.	8,406.	4,913.
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.)	31,738.	27,203.	3,978.	557.
12 Advertising and promotion	10,650.	9,400.	1,250.	
13 Office expenses	18,319.	16,548.	1,479.	292.
14 Information technology	21,057.	11,978.	6,480.	2,599.
15 Royalties				
16 Occupancy	25,827.	12,754.	8,068.	5,005.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,896.	1,896.		
20 Interest				
21 Payments to affiliates	14,694.	7,584.	3,993.	3,117.
22 Depreciation, depletion, and amortization	5,149.	2,502.	1,692.	955.
23 Insurance	3,152.	958.	2,020.	174.
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 EVENTS	22,845.	9,106.	13,739.	
b PUBLICATIONS & VISUAL M	21,297.	21,297.		
c DUES AND SUBSCRIPTIONS	3,323.	2,110.	729.	484.
d				
e All other expenses	3,402.	376.	2,737.	289.
25 Total functional expenses. Add lines 1 through 24e	805,847.	534,653.	167,147.	104,047.
26 Joint costs. 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
Assets	1 Cash - non-interest-bearing	216,586.	1	183,904.
	2 Savings and temporary cash investments	704,171.	2	751,627.
	3 Pledges and grants receivable, net	195,249.	3	147,009.
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 30,879.		
	b Less: accumulated depreciation	10b 20,621.	15,407.	10c 10,258.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		1,131,413.	16 1,092,798.	
Liabilities	17 Accounts payable and accrued expenses	56,538.	17	43,110.
	18 Grants payable	21,485.	18	16,604.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,479.	23	3,145.
	24 Unsecured notes and loans payable to unrelated third parties	60,500.	24	60,500.
	25 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		25	
	26 Total liabilities. Add lines 17 through 25		143,002.	26 123,359.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	951,066.	27	928,104.
	28 Net assets with donor restrictions	37,345.	28	41,335.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	988,411.	32	969,439.
33 Total liabilities and net assets/fund balances		1,131,413.	33 1,092,798.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	786,875.
2	Total expenses (must equal Part IX, column (A), line 25)	2	805,847.
3	Revenue less expenses. Subtract line 2 from line 1	3	-18,972.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	988,411.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	969,439.

Part XII Financial Statements and Reporting

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

	Yes	No
1 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.		
2a 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 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	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
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 _____		

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,166,050.	1,322,389.	895,306.	845,014.	780,021.	5,008,780.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,166,050.	1,322,389.	895,306.	845,014.	780,021.	5,008,780.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						323,797.
6 Public support. Subtract line 5 from line 4.						4,684,983.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1,166,050.	1,322,389.	895,306.	845,014.	780,021.	5,008,780.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,981.	5,858.	10,954.	8,089.	4,369.	31,251.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	52,972.	17,055.	20,867.	7,516.	2,485.	100,895.
11 Total support. Add lines 7 through 10						5,140,926.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First 5 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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	91.13 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	92.81 %

16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c 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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 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>		
8 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>		
9a 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 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>		
c 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>		
10a 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 line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 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.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
2 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).		
3 By reason of the relationship described in line 2, above, 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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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.		Yes	No
b Did the activities described in line 2a, above, 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.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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? If "Yes" or "No" provide details in Part VI .			
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.			
2a			
2b			
3a			
3b			

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.

Section A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	Distributable Amount. 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
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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 for the latest information.

OMB No. 1545-0047

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), 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 UNITED WAY OF SKAGIT COUNTY	Employer identification number 91-0755705
--	---

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	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 22,382.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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 UNITED WAY OF SKAGIT COUNTY	Employer identification number 91-0755705
--	---

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
(e) Transfer of gift			
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
(e) Transfer of gift			
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
(e) Transfer of gift			
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
(e) Transfer of gift			
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 for instructions and the latest information.

OMB No. 1545-0047

2020

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, modified easements, states, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i).

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

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.	15,871.	10,258.
e Other		4,750.	4,750.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,258.

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)		
Total. (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)		
Total. (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)	
Total. (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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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.

1	Total revenue, gains, and other support per audited financial statements		1	804,558.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	9,242.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	60,500.	
e	Add lines 2a through 2d		2e	69,742.
3	Subtract line 2e from line 1		3	734,816.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	52,059.	
c	Add lines 4a and 4b		4c	52,059.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	786,875.

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.

1	Total expenses and losses per audited financial statements		1	763,030.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	9,242.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	9,242.
3	Subtract line 2e from line 1		3	753,788.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	52,059.	
c	Add lines 4a and 4b		4c	52,059.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	805,847.

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:

PAYROLL PROTECTION PROGRAM LOAN 60,500.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 52,059.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 52,059.

**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 for the latest information.

OMB No. 1545-0047

2020

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BRIGID COLLINS-SKAGIT VALLEY FAMILY SUPPORT - 1331 N GARDEN STREET #200 - BELLINGHAM, WA 98225	94-3121951	501 (C)	31,390.	0.			SCHOOL READINESS
COMMUNITY ACTION OF SKAGIT COUNTY 330 PACIFIC PLACE MOUNT VERNON, WA 98273	91-1140086	501 (C)	19,620.	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 DRIVE SEDRO WOOLLEY, WA 98284	46-1035355	501 (C)	45,120.	0.			EARLY LEARNING
SKAGIT DOMESTIC VIOLENCE & SEXUAL ASSAULT - PO BOX 301 - MOUNT VERNON, WA 98273	91-1092350	501 (C)	11,380.	0.			DOMESTIC VIOLENCE
SKAGIT PRESCHOOL ASSOCIATION & RESOURCE CENTER - 320 PACIFIC PLACE - MOUNT VERNON, WA 98273	91-0775902	501 (C)	17,000.	0.			EARLY LEARNING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **8.**
- 3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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)	21,180.	0.			EARLY LEARNING
SKAGIT VALLEY FAMILY YMCA 1901 HOAG ROAD MOUNT VERNON, WA 98273	91-0565022	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.

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 for the latest information.

OMB No. 1545-0047

2020

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:

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. THE ELC IS ALSO

WORKS ON THE HELP ME GROW EARLY LEARNING FRAMEWORK THAT HAS BEEN

ADOPTED BY THE STATE. BORN LEARNING TRAILS ARE INSTALLED IN MOUNT

VERNON AND ANACORTES AND THERE ARE MORE TO COME! DUE TO COVID WE WERE

NOT ABLE TO HOLD BOTH OF OUR FAMILY PALOOZA EVENTS. SO, WE GOT

INVENTIVE AND IMPLEMENTED AN ONLINE FAMILY PALOOZA MAP FOR AN

INTERACTIVE RESOURCE WHERE FAMILIES WILL FIND EVERYTHING THEY NEED

FOR A GROWING FAMILY. 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 OR 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 SUPPORT FUNDING TO OUR COMMUNITY PARTNERS, TRAINED

PROFESSIONALS VISITED OVER 1000 LOW-INCOME FAMILIES WITH CHILDREN AGES

BIRTH TO EIGHTEEN TO PROVIDE THEM WITH REFERRALS TO COMMUNITY

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

UNITED WAY OF SKAGIT COUNTY

Employer identification number

91-0755705

RESOURCES, INFORMATION, AND SUPPORT IN PARENT-CHILD RELATIONSHIPS, FAMILY MANAGEMENT AND EARLY LEARNING PRACTICES, 279 PARENTS AND 78 CHILDREN PARTICIPATED IN EVIDENCE-BASED PARENTING EDUCATION, LEARNED ABOUT DEVELOPMENTALLY APPROPRIATE ACTIVITIES, DISCOVERED READING, AND WERE LINKED WITH PRESCHOOL OR HEAD START SERVICES. OVER 100 LOW-INCOME FAMILIES OF COLOR WERE ASSISTED IN CONNECTIONS TO EMPLOYMENT, CHILDCARE ASSISTANCE, HEAD START, MEDICAL/DENTAL CARE, HOUSING, FOOD STAMPS, WIC, AND OTHER NEEDED PROGRAMS. A FIVE-WEEK PRE-SCHOOL PROGRAM WAS HELD FOR 31 CHILDREN AGES 3-5 TO GAIN PROFICIENCY IN ACADEMIC, SOCIAL, AND EMOTIONAL SKILLS. EARLY CHILDHOOD CLASSROOMS WERE TAUGHT BY MASTER TEACHERS OF COLOR WORKING TOGETHER WITH COLLEGE STUDENTS OF COLOR WHO ARE STUDYING TO BECOME TEACHERS.

A 16-WEEK KALEIDOSCOPE PLAY & LEARN PROGRAM WAS IMPLEMENTED IN CONCRETE WHERE CAREGIVERS PARTICIPATED IN FUN LEARNING ACTIVITIES WHICH SPANNED SOCIAL AND COGNITIVE DOMAINS WITH THEIR CHILDREN. 484 ADULTS AND 428 CHILDREN EXPERIENCING THE TRAUMA OF ABUSE WERE PROVIDED INTERVENTION THROUGH PROVIDING DIRECT ADVOCACY FOR CHILDREN AND ADULT VICTIMS, PROVIDING PARENTING SUPPORT AND EDUCATION TO STABILIZE FAMILIES AND ENCOURAGE HEALING, AND THROUGH PREVENTION EDUCATION AND COMMUNITY PREVENTION GROUPS TO PREVENT FUTURE VIOLENCE AND ENCOURAGE HEALTHIER FAMILY ENVIRONMENTS. 14 FAMILIES WHO DO NOT QUALIFY FOR WA STATE SUBSIDIES AND THOSE FAMILIES WHO HAVE BEEN FORCED TO MOVE TO PRIVATE PAY BECAUSE THE STATE CO-PAY IS BEYOND THE FAMILIES' CAPACITY ARE PROJECTED TO BE PROVIDED AN EARLY LEARNING PROGRAM SCHOLARSHIP. 143 PRE-SCHOOL CHILDREN AGED 3-5 WITH DISABILITIES AND/OR UNIQUE NEEDS WERE PROVIDED EDUCATIONAL & THERAPEUTIC SERVICES AND EACH CHILD HAS AN INDIVIDUAL EDUCATION PLAN THAT ADDRESSES THE DEVELOPMENTAL AREA(S) IN WHICH THEY HAVE SIGNIFICANT DELAY. OVER 44 SPANISH SPEAKING, LATINX

Name of the organization

UNITED WAY OF SKAGIT COUNTY

Employer identification number

91-0755705

FAMILIES WITH YOUNG CHILDREN PARTICIPATED IN GROUP CLASSES TO LEARN HOW TO BUILD HEALTHY RELATIONSHIPS, DEVELOP PEER SUPPORT, PRACTICE PARENTING AND COMMUNICATION SKILLS, AND GAIN ACCESS INFORMATION THAT CAN ASSIST THEM WITH THE BARRIERS THEY FACE THAT ARE CHALLENGES TO THE WELL-BEING OF THEIR FAMILIES AND THEIR CHILDREN'S SUCCESS.

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

BABY COORDINATORS FOLLOW UP WITH THOSE FAMILIES AND REGISTER THEM FOR THE NEWSLETTER AND PROVIDE SUPPORT. THEY 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 WELLNESS, FAMILY SUPPORT, BASIC NEEDS, CHILDCARE, EARLY LEARNING, SPECIAL NEEDS, AND RECREATIONAL ACTIVITIES. LAST YEAR THEY MADE 357 REFERRALS TO SERVICES AND RESOURCES. 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 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

Name of the organization UNITED WAY OF SKAGIT COUNTY	Employer identification number 91-0755705
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BALANCE ASSESSMENT. DID YOU KNOW THAT BY AGE FIVE, 90 PERCENT OF A CHILD'S BRAIN HAS DEVELOPED. 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.

FAMILIES ARE ASKED TO REGISTER FOR THE WELCOME BABY COMMUNITY AND TO DATE WE HAVE 709 FAMILIES RECEIVING THE WELCOME BABY NEWSLETTER WITH 372 REGISTRATIONS RECEIVED IN THE LAST YEAR. 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. WE ALSO HAVE A SPANISH SPEAKING PARENT GROUP, MAMS EN CUARENTENA!.

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

Name of the organization UNITED WAY OF SKAGIT COUNTY	Employer identification number 91-0755705
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

BASIC NEEDS (EXPENSES: \$16,655) - 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 WE FACED A CRISIS OF CHILDREN NOT GETTING ADEQUATE NUTRITIOUS FOOD ON WEEKENDS AND OVER SUMMER/HOLIDAYS. THROUGH LOCAL COMMUNITY PARTNERS, NUTRITIOUS FOOD DELIVERIES WERE MADE ON FRIDAY AFTERNOONS TO LOW-INCOME FAMILIES WITH CHILDREN IN SEDRO-WOLLEY AND MOUNT VERNON. 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: \$22,020; INCLUDING GRANTS OF \$2,500)- FINANCIAL PEOPLE PROJECT-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, 2) DEBT

Name of the organization

UNITED WAY OF SKAGIT COUNTY

Employer identification number

91-0755705

REDUCTION, 3) BANK SERVICES AND CHECKING ACCOUNTS, 4) CREDIT, 5) LOANS AND 6) SAVINGS. IN TOTAL, 157 PARTICIPANTS AND 15 PEER LEADERS HAVE GRADUATED FROM THE SKAGIT FINANCIAL PEOPLE PROJECT. IN 2020-2021, FOUR SIX-WEEK SESSIONS WERE OFFERED VIA ZOOM. THIRTY-NINE INDIVIDUALS GRADUATED AND RECEIVED A SKAGIT ASSET BUILDING COALITION CERTIFICATE ANOTHER POSITIVE OUTCOME IS THAT 22 STUDENTS RECEIVED ONE (1) HIGH SCHOOL COMPLETION CREDIT FROM SKAGIT VALLEY COLLEGE.

HEALTH AND INCOME (EXPENSES: \$22,599 INCLUDING GRANTS OF: \$10,500)- 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

Name of the organization UNITED WAY OF SKAGIT COUNTY	Employer identification number 91-0755705
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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. IN ADDITION, 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, SCHOOLS AND PUBLIC AGENCIES WHILE GIVING INDIVIDUALS EASY TO UNDERSTAND ONE-STOP INFORMATION ABOUT LOCAL TRENDS AND STATISTICS.

DONOR DIRECTED DESIGNATIONS (EXPENSES: \$52,059 INCLUDING GRANTS OF \$52,059) EXPENSES \$ 113,333. INCLUDING GRANTS OF \$ 65,059. REVENUE \$ 0.

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

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

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

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.