	~	~~	**Public Disclosure Copy** Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Form 990		90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e	except private foundation	s) 2022
Department of the Treasury Internal Revenue Service			Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the lates	•	Open to Public Inspection
				JUN 30, 2023	inopoolion
Bc	heck if pplicab	C Name o	organization	D Employer identific	ation number
	Addre	ess IInit	ed Way of Skagit County		
	Name	2	usiness as	91-075570)5
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/su		
	Final returr	V PO B	ox 451	360-755-9	9521
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	571,763.
	Amer returr	Derr	ingham, WA 98233	H(a) Is this a group re	
	Appli tion pend		nd address of principal officer: Amanda Rothman	for subordinates?	
<u> </u>	-	same	as C above	H(b) Are all subordinates ind	
	ax-ex Vebsi	empt status: [X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 5 edwayskagit.org	If "No," attach a H(c) Group exemption	list. See instructions
		f organization:		ear of formation: 1963	
	art I	Summary			
	1		e the organization's mission or most significant activities: Building	a positive an	ıd
Governance			able quality of life for all.		
rnai	2	Check this bo	x if the organization discontinued its operations or disposed of mo	ore than 25% of its net ass	ets.
ovel	3	Number of vo	ing members of the governing body (Part VI, line 1a)		11
	4	Number of inc	11		
es 8	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)	5	11
Activities &	6		of volunteers (estimate if necessary)		20
Acti			d business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
			-	Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)	780,554.	557,175.
Revenue	9	•	ce revenue (Part VIII, line 2g)	0. 679.	<u> </u>
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)	3,468.	2,797.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	784,701.	571,763.
	12 13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	254,116.	266,296.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	40	Salarios otho	componentian amployee banefits (Part IX column (A) lines 5.10)	401,030.	253,841.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
ben	b	Total fundrais	ng expenses (Part IX, column (D), line 25) 99,631.		
ŭ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	268,997.	205,069.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	924,143.	725,206.
	19		expenses. Subtract line 18 from line 12	-139,442.	-153,443.
or				Beginning of Current Year	End of Year
sets alanc	20	Total assets (F	Part X, line 16)	899,583.	747,782.
As	21		(Part X, line 26)	69,586.	71,228.
Inet			fund balances. Subtract line 21 from line 20	829,997.	676,554.
	art II	Signature			
			declare that I have examined this return, including accompanying schedules and state		knowledge and belief, it is
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.	

Sign	Signature of officer			Date			
Here	Ken Johnson, Treasurer						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check X PTIN			
Paid	Keaton Wersen, CPA			self-employed P01957642			
Preparer	Firm's name WERSEN NONPROFIT	CPAS LLC		Firm's EIN 88-2533599			
Use Only							
	Bellingham, WA 98229 Phone no. (360) 770-93						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
				- 000 (2222)			

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

	n 990 (2022) United Way of Skagit County 91-07557 rt III Statement of Program Service Accomplishments	05	Page 4
Fai			v
	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.		
	sustainable quality of file 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	XNo
	If "Yes," describe these new services on Schedule O.		
3		Yes	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	enses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exper	ises, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$187,785. including grants of \$163,000.) (Revenue \$		
	Early Childhood Development - United Way of Skagit County has onl	ine	
	Early Learning Calendars for families with pre-school aged childr	en :	in
	English and Spanish. Our funding for the Early Learning Coordina		
		EL(
	does capacity building to create a comprehensive, coordinated sys		of
	early learning support and resources that increase family engagem	lent	
	and establish Skagit County as a leader within WA State's early		
	learning efforts. The ELC helps coordinate the Children's Council		
	Skagit County, an effort to focus on the importance of the early	year	rs
	of development and the critical role of the caregiver as well as		
	support for the Family Resource Center. The ELC also works on the	He.	lp
	Me Grow Early Learning Framework.		
4b			
	Diaper Bank - United Way took on the diaper bank program on July		
	2021 because just as food banks are a dependable source of food,		
	banks supply a basic need for families in crisis. Diaper banks co	tree	ςτ,
	store and donate diapers to a network of partner agencies who	-	
	distribute free diapers to families facing financial hardship. Th		~ -
	mission of the diaper bank is to ensure that families living in p have an adequate supply of diapers for their infants and toddlers		
	to raise community awareness that "basic human needs" includes di		
	to raise community awareness that basic human needs includes di	aper	15.
	The vision of the diaper bank is a two-generation approach that f	00110	200
	on creating opportunities for meeting the needs of vulnerable chi		
	and their parents. Two-generation approaches draw from findings t		
4c		110.0	
10	Welcome Baby - United Way has brought the Welcome Baby (WB) progr	am t	.0
	Skagit Valley Hospital. Our bilingual Welcome Baby Coordinator	-	
	typically meets with newborns and their parents to provide links	to a	a
	myriad of resources and the knowledge that others are here to sup		
	them. Our coordinator follows up with those families and registe		-
	them for the newsletter and to provide support. They introduce fa		ies
	to parenting and early learning resources in the community design		
	promote literacy and kindergarten readiness. The coordinator also		
	provides referrals to service providers in the areas of health an		
	wellness, family support, basic needs, childcare, early learning,		
	special needs, and recreational activities. Last year they made 5		
	referrals to services and resources. They are available by phone		1
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 77,916 • including grants of \$ 13,696 •) (Revenue \$)		
4e	Total program service expenses 442,584.		
		Form 9	90 (2022
32002	See Schedule O for Continuation(s)		
	2		
04	423 163146 1215 2022.05090 UNITED WAY OF SKAGIT CO	DUN	1215 _.

Form	990	(2022)	
	330	(2022)	

Form 990 (2022)United Way of Skagit CountyPart IVChecklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	44-1	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes." <i>complete Schedule D, Part X</i>	4 4 4		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		- 23
IZd		12a	х	
h	Schedule D, Parts XI and XII	120		
D.	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_ _
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

232003 12-13-22

2022.05090 UNITED WAY OF SKAGIT COUN 1215___1

3

Form	990	(2022)
	330	

 Form 990 (2022)
 United Way of Skagit County
 91-0755705
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04		34		х
352	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
07		37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 37		
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	IND
		1		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
C	(gambling) winnings to prize winners?	1c	Х	
000000			<u>990</u>	0000
232004	. 12-13-22 A	FOUL	550	2022)

23180423 163146 1215

Form	990 (2022) United Way of Skagit County tV Statements Regarding Other IRS Filings and Tax Compliance (continued)		91-0755	705	P	age 5
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1			163	
	filed for the calendar year ending with or within the year covered by this return	2a	11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	·		2b	х	
				3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the	e			
	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	ı -	I			
	Initiation fees and capital contributions included on Part VIII, line 12	<u>10a</u>				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	I	I			
а	Gross income from members or shareholders	<u>11a</u>				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
a	Enter the amount of reserves the organization is required to maintain by the states in which the	100	I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	<u> </u>	14-		x
				14a 14b		<u></u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu ls the organization subject to the section 4060 tax on payment(s) of more than \$1,000,000 in remune			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		х
	excess parachute payment(s) during the year?					Λ
16	If "Yes," see the instructions and file Form 4720, Schedule N.	tinoon	ne?	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Ves." complete Form 4720. Schedule O		IC (10		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivition				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			17		
232005	12-13-22			Form	990	(2022)
202000	- · · · -					(

Form 990	(2022)
----------	--------

7

 Form 990 (2022)
 United Way of Skagit County
 91-0755705
 Page 6

 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.

	X

Sec	tion A. Governing Body and Management				Vee	Na
19	Enter the number of voting members of the governing body at the end of the tax year	1a	11		Yes	No
Id	If there are material differences in voting rights among members of the governing body or if the governing			1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			1		
	officer, director, trustee, or key employee?					
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	olders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
10-	Did the superiorities have lead shorters have been as efflicted.			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?				Х	
	 b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 					
	a Did the organization have a written conflict of interest policy? If "No," go to line 13					
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				X X	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>					
-	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by ir	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
<u> </u>	exempt status with respect to such arrangements?			16b		
	List the states with which a copy of this Form 990 is required to be filed None					
17 10	List the states with which a copy of this Form 990 is required to be filed <u>NONE</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 00(T (asstice E01(s)(2)		ovoilol	
18	for public inspection. Indicate how you made these available. Check all that apply.	10 990	J-1 (Section 501(C)(3)	s only)	avalla	Jie
			abadula ()			
19	LX Own website LX Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, compared to the second documents of th			d finan	cial	
	statements available to the public during the tax year.		e. interset policy, an			
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records			
	The Organization - 360-755-9521					
	PO Box 451, Bellingham, WA 98233					
232006	j 12-13-22			Form	990	(2022)
	б					,

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensated
	Employees, and Independe	ent Contra	ctors		

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 the instructions for definition of "key employee."

• List all of the organization's current key employees, if any. See the instructions for deminition of key employees.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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) (B) Control (D) (D) (E) (F) Name and title Average Nours for week Name and title Average Nours for mean determinants week The post for mean determinants week The post for mean determinants mean determinant mean d		T	<u>ga</u>	mzai	uon	0011	iper	ioali			
Name and this Average hours per week (fit ary hours per generations below ine) Average (concerve more marches week (fit ary hours per generations (fit ary hours per generations (fit ary hours per generations) Nome per generation (form related organizations (fit ary generations) The pot allow (fit ary generations) The pot allow (form related organizations (form related) East and/or to (form (form) East and/or to (form) (1) Craig Chambers 40.00 X 40.821. 0. 809. (2) Amanda Rothman 40.00 X 21,842. 0. 3,261. (3) Debra Lancaster 40.00 X 17,040. 0. 341. (4) Joff Brown 1.00 X X 0. 0. 0. President/Sarly Learning Chair 1.00 X X 0. 0. 0. (6) Ken Johnson 1.00 X X 0. 0. 0. (7) Novelli Haddick 1.00 X X 0. 0. 0. (10) Sonia Gerza 1.00 X 0. 0. 0. 0. (11) Liss Janicki 1.00 X 0. 0. 0. 0. (12) Sanal Breuer 1.00 X 0. 0. 0. 0. (13) Bania Breuer 1.00 X 0.	(A)	Docition						(D)	(E)	(F)	
hours per veek week (list any ine)bours per veek week (list any ine)compensation from the organizationscompensation organization (W2/1099-NISC)compensation organization (W2/1099-NISC)amount of organization and related organizations(1) Craig Chambers Pat Executive Director40.00X40,821.0.809.(2) Amanda Rothman Pat Executive Director40.00X21,842.0.3,261.(3) Debra Lancaster President40.00X17,040.0.341.(4) Jeff Brown President1.00X0.0.0.(6) Ken Johnson (7) Novell Haddik1.00XX0.0.0.(7) Novell Haddik1.00XX0.0.0.(6) Ren Johnson (7) Novell Haddik1.00XX0.0.0.(7) Novell Haddik1.00XX0.0.0.(8) Debra Is Broker (10) Sonia Garza (10) Sonia Garza (10) Sonia Garza (11) Star Erbetoeser1.00XX0.0.(12) Maria Erbetoeser (13) Sonia Garza (14) Soci Campbell DirectorX10.0.0.(13) Balti Alett (14) Soci Campbell Director1.00X10.0.0.(14) Soci Campbell Director1.00X0.0.0.0.(15) Sarah Hinman Director1.00X0.0.0.0.(16) Joid Rose Director1.00X	Name and title	Average	(do					one	•	Reportable	Estimated
Week (ist ary burs for inelated organizations below line) Week (ist ary burs for inelated organizations below line) Inon the set stress stress inelated organizations below line) Inon the set stress stress inelated organizations (W2/109-MISC) On the compensations (W2/109-MISC) On the compensations organizations organizations organizations (1) Craig Chambers 40.000 X 40,821. 0. 809. (2) Amanda Rothman 40.000 X 21,842. 0. 3,261. (3) Debra Lancaster 40.000 X 17,040. 0. 341. (4) Jeff Brown 1.000 X X 0. 0. 0. (5) Yadira Rosales 1.000 X X 0. 0. 0. 0. (6) Ken Johnson 1.000 X X 0. 0. 0. 0. (7) Novelli Maddick 1.000 X X 0. 0. 0. 0. (10) Boha alis Bundy 1.000 X X 0. 0. 0. 0. (11) Lies Janicki 1.000 X 0. 0.		hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
(1) Craig Chambers 40.00 X 40,821. 0. 809. Past Executive Director 40.00 X 21,842. 0. 3,261. (3) Debra Lancaster 40.00 X 21,842. 0. 3,261. (4) Jeff Brown 1.00 X 17,040. 0. 341. (4) Jeff Brown 1.00 X X 0. 0. 0. Vice President/Early Learning Chair X X 0. 0. 0. 0. (5) Yadira Rosales 1.00 X X 0. 0. 0. Treasure://inance Chair X X 0. 0. 0. 0. (7) Novelli Haddick 1.00 X X 0. 0. 0. Director X X 0. 0. 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. 0. 0. 0. Director X 0. 0. 0.		week		cer an	dad	Irecto	or/trus	tee)			other
(1) Craig Chambers 40.00 X 40,821. 0. 809. Past Executive Director 40.00 X 21,842. 0. 3,261. (3) Debra Lancaster 40.00 X 21,842. 0. 3,261. (4) Jeff Brown 1.00 X 17,040. 0. 341. (4) Jeff Brown 1.00 X X 0. 0. 0. Vice President/Early Learning Chair X X 0. 0. 0. 0. (5) Yadira Rosales 1.00 X X 0. 0. 0. Treasure://inance Chair X X 0. 0. 0. 0. (7) Novelli Haddick 1.00 X X 0. 0. 0. Director X X 0. 0. 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. 0. 0. 0. Director X 0. 0. 0.			ector							, i i i i i i i i i i i i i i i i i i i	
(1) Craig Chambers 40.00 X 40,821. 0. 809. Past Executive Director 40.00 X 21,842. 0. 3,261. (3) Debra Lancaster 40.00 X 21,842. 0. 3,261. (4) Jeff Brown 1.00 X 17,040. 0. 341. (4) Jeff Brown 1.00 X X 0. 0. 0. Vice President/Early Learning Chair X X 0. 0. 0. 0. (5) Yadira Rosales 1.00 X X 0. 0. 0. Treasure://inance Chair X X 0. 0. 0. 0. (7) Novelli Haddick 1.00 X X 0. 0. 0. Director X X 0. 0. 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. 0. 0. 0. Director X 0. 0. 0.			or di	9			ated		J J	•	
(1) Craig Chambers 40.00 X 40,821. 0. 809. Past Executive Director 40.00 X 21,842. 0. 3,261. (3) Debra Lancaster 40.00 X 21,842. 0. 3,261. (4) Jeff Brown 1.00 X 17,040. 0. 341. (4) Jeff Brown 1.00 X X 0. 0. 0. Vice President/Early Learning Chair X X 0. 0. 0. 0. (5) Yadira Rosales 1.00 X X 0. 0. 0. Treasure://inance Chair X X 0. 0. 0. 0. (7) Novelli Haddick 1.00 X X 0. 0. 0. Director X X 0. 0. 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. 0. 0. 0. Director X 0. 0. 0.			istee	truste		e.	pens		•	1099-NEC)	, e
(1) Craig Chambers 40.00 X 40,821. 0. 809. Past Executive Director 40.00 X 21,842. 0. 3,261. (3) Debra Lancaster 40.00 X 21,842. 0. 3,261. (4) Jeff Brown 1.00 X 17,040. 0. 341. (4) Jeff Brown 1.00 X X 0. 0. 0. Vice President/Early Learning Chair X X 0. 0. 0. 0. (5) Yadira Rosales 1.00 X X 0. 0. 0. Treasure://inance Chair X X 0. 0. 0. 0. (7) Novelli Haddick 1.00 X X 0. 0. 0. Director X X 0. 0. 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. 0. 0. 0. Director X 0. 0. 0.			ual tru	ional		ploye	t com		1099-NEC)		
(1) Craig Chambers 40.00 X 40,821. 0. 809. Past Executive Director 40.00 X 21,842. 0. 3,261. (3) Debra Lancaster 40.00 X 21,842. 0. 3,261. (4) Jeff Brown 1.00 X 17,040. 0. 341. (4) Jeff Brown 1.00 X X 0. 0. 0. Vice President/Early Learning Chair X X 0. 0. 0. 0. (5) Yadira Rosales 1.00 X X 0. 0. 0. Treasure://inance Chair X X 0. 0. 0. 0. (7) Novelli Haddick 1.00 X X 0. 0. 0. Director X X 0. 0. 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. 0. 0. 0. Director X 0. 0. 0.			Idivid	Istitut	fficer	ey em	ighest	ormer			organizations
Past Executive Director X 40,821. 0. 809. (2) Amanda Rothman 40.00 X 21,842. 0. 3,261. (3) Debra Lancaster 40.00 X 17,040. 0. 341. (4) Jeff Brown 1.00 X 0. 0. 0. (4) Jeff Brown X X 0. 0. 0. (5) Yadira Rosales 1.00 X 0. 0. 0. Vice President/Barly Learning Chair X X 0. 0. 0. (6) Ken Johnson 1.00 X X 0. 0. 0. Treasurer/Finance Chair X X 0. 0. 0. 0. (7) Novelli Haddick 1.00 X X 0. 0. 0. (9) Randi Breuer 1.00 X 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. (10) Sonia Garza 1	(1) Craig Chambers	,	_		0	×	Ξæ	<u> </u>			
(2) Amanda Rothman 40.00 x 21,842. 0. 3,261. Bxecutive Director X 17,040. 0. 341. (4) Jeft Brown 1.00 X 17,040. 0. 341. (4) Jeft Brown 1.00 X 0. 0. 341. (4) Jeft Brown 1.00 X 0. 0. 0. (5) Yadira Rosales 1.00 X 0. 0. 0. (6) Ken Johnson 1.00 X X 0. 0. 0. Treasurer/Finance Chair X X 0. 0. 0. 0. Resource Development Chair X X 0. 0. 0. 0. (6) Deb Davis Bundy 1.00 X X 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. (9) Radi Breuer 1.00 X 0. 0. 0. 0. 0. 0.	Past Executive Director				х				40,821.	0.	809.
(3) Debra Lancester 40.00 X 17,040. 0. 341. (4) Jeff Brown 1.00 X X 0. 0. 0. President X X 0. 0. 0. 0. Yice President/Barly Learning Chair X X 0. 0. 0. (6) Ken Johnson 1.00 X X 0. 0. 0. Treasurer/Finance Chair X X 0. 0. 0. 0. (7) Novelli Haddick 1.00 X X 0. 0. 0. Resource Development Chair X X 0. 0. 0. 0. (9) Randi Breuer 1.000 X 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. (10) Sonia Garza 1.000 X 0. 0. 0. 0. 0. Director X 0. 0. 0.	(2) Amanda Rothman	40.00									
Past Interim Executive Director X 17,040. 0. 341. (4) Jeff Brown 1.00 X X 0. 0. 341. President/Early Learning Chair X X 0. 0. 0. 0. (6) Ken Johnson 1.00 X X 0. 0. 0. 0. (7) Novelli Haddick 1.00 X X 0. 0. 0. (8) Deb Davis Bundy 1.00 X 0. 0. 0. 0. (9) Randi Breuer 1.00 X 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. Director X 0.<	Executive Director				Х				21,842.	0.	3,261.
(4) Jeff Brown1.00XXX0.0.0.President1.00XX0.0.0.0.(5) Yadira Rosales1.00XX0.0.0.(6) Ken Johnson1.00XX0.0.0.Treasurer/Finance ChairXX0.0.0.(7) Novelli Haddick1.00XX0.0.0.Resource Development ChairXX0.0.0.(8) Deb Davis Bundy1.00X0.0.0.DirectorX0.0.0.0.(9) Randi Breuer1.00X0.0.0.DirectorX0.0.0.0.(10) Sonia Garza1.00X0.0.0.DirectorX0.0.0.0.(11) Lisa Janicki1.00X0.0.0.DirectorX0.0.0.0.(13) Bill Aslett1.00X0.0.0.DirectorX0.0.0.0.(15) Sarah Hinman1.00X0.0.0.DirectorX0.0.0.0.(16) Jodi Rose1.00X0.0.0.DirectorX0.0.0.0.DirectorX0.0.0.0.(16) Jodi Rose1.00X0.<	(3) Debra Lancaster	40.00									
President X X 0. 0. 0. (5) Yadira Rosales 1.00 X X 0. 0. 0. Vice President/Barly Learning Chair X X 0. 0. 0. 0. (6) Ken Johnson 1.00 X X 0. 0. 0. 0. Treasurer/Finance Chair X X 0. 0. 0. 0. Resource Development Chair X X 0. 0. 0. 0. Director X X 0. 0. 0. 0. 0. Director X X 0. 0. 0. 0. 0. Director X 0.					Х				17,040.	0.	341.
(5) Yadira Rosales 1.00 X X 0. 0. 0. Vice President/Early Learning Chair X X 0. 0. 0. 0. (6) Ken Johnson 1.00 X X 0. 0. 0. 0. (7) Novelli Haddick 1.00 X X 0. 0. 0. 0. Resource Development Chair X X 0. 0. 0. 0. (8) Deb Davis Bundy 1.00 X 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. (10) Sonia Garza 1.00 X 0. 0. 0. 0. 0. Director X 0.	(4) Jeff Brown	1.00									
Vice President/Early Learning ChairXXX0.0.0.Treasurer/Finance Chair1.00XX0.0.0.(7) Novelli Haddick1.00XX0.0.0.(7) Novelli Haddick1.00XX0.0.0.Resource Development ChairXX0.0.0.DirectorX0.0.0.0.(9) Randi Breuer1.00X0.0.0.DirectorX0.0.0.0.DirectorX0.0.0.0.(10) Sonia Garza1.00X0.0.0.DirectorX0.0.0.0.(11) Lisa Janicki1.00X0.0.0.DirectorX0.0.0.0.(13) Bill Aslett1.00X0.0.0.DirectorX0.0.0.0.(15) Sarah Hinman1.00X0.0.0.DirectorX0.0.0.0.(16) Joid Rose1.00X0.0.0.DirectorX0.0.0.0.(16) Joid Rose1.00X0.0.0.DirectorX0.0.0.0.DirectorX0.0.0.0.(16) Joid Rose1.00X0.0.0.			Х		Х				0.	0.	0.
(6) Ken Johnson 1.00 X X X 0. 0. 0. Treasurer/Finance Chair X X X 0. 0. 0. 0. Resource Development Chair X X 0. 0. 0. 0. Director X X 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. (10) Sonia Garza 1.00 X 0.<		1.00									
Treasurer/Finance Chair X X X X 0. <td></td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х		Х				0.	0.	0.
(7) Novelli Haddick 1.00 X X X 0. 0. 0. Resource Development Chair X X X 0. 0. 0. 0. Beb Davis Bundy 1.00 X X 0. 0. 0. 0. Director X 0.		1.00									
Resource Development Chair X X X 0. 0. 0. (8) Deb Davis Bundy 1.00 X 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 9) Randi Breuer 1.00 X 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. (11) Lisa Janicki 1.00 X 0. 0		1 00	Х		х				0.	0.	0.
(8) Deb Davis Bundy 1.00 X 0.		1.00								•	
Director X 0 0. <th< td=""><td></td><td>1 00</td><td>X</td><td></td><td>X</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>		1 00	X		X				0.	0.	0.
(9) Randi Breuer 1.00 X 0. 0. 0. Director X 0. 0. 0. 0. (10) Sonia Garza 1.00 X 0. 0. 0. Director X 0. 0. 0. 0. (11) Lisa Janicki 1.00 X 0. 0. 0. Director X 0. 0. 0. 0. (12) Marie Erbstoeszer 1.00 X 0. 0. 0. Director X 0. 0. 0. 0. (13) Bill Aslett 1.00 X 0. 0. 0. Director X 0. 0. 0. 0. (14) Scott Campbell 1.00 X 0. 0. 0. Director X 0. 0. 0. 0. 0. (15) Sarah Hinman 1.00 X 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. Director	-	1.00	v						0	0	
Director X 0. <t< td=""><td></td><td>1 00</td><td>~</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>		1 00	~						0.	0.	0.
(10) Sonia Garza 1.00 X 0. 0. 0. Director X 0. 0. 0. 0. (11) Lisa Janicki 1.00 X 0. 0. 0. Director X 0. 0. 0. 0. 0. (12) Marie Erbstoeszer 1.00 X 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. (13) Bill Aslett 1.00 X 0. 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. 0. (14) Scott Campbell 1.00 X 0.		1.00	v						0	0	0
Director X 0. <t< td=""><td></td><td>1 00</td><td>Λ</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>		1 00	Λ						0.	0.	0.
(11) Lisa Janicki 1.00 X 0. 0. 0. Director 1.00 X 0. 0. 0. 0. (12) Marie Erbstoeszer 1.00 X 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. (13) Bill Aslett 1.00 X 0. 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. 0. (14) Scott Campbell 1.00 X 0.		1.00	x						0.	0.	0.
Director X 0. <t< td=""><td></td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td>``</td><td></td><td>```</td></t<>		1.00							``		```
(12) Marie Erbstoeszer 1.00 X 0.		1.00	x						0.	0.	0.
Director X 0. </td <td></td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		1.00									
(13) Bill Aslett 1.00 X 0. 0. 0. Director X 0. 0. 0. 0. (14) Scott Campbell 1.00 X 0. 0. 0. Director X 0. 0. 0. 0. (15) Sarah Hinman 1.00 X 0. 0. 0. Director X 0. 0. 0. 0. (16) Jodi Rose 1.00 X 0. 0. 0. Director X 0. 0. 0. 0. (17) Germaine Kornegay 1.00 X 0. 0. 0. Director X 0. 0. 0. 0.	Director		х						0.	0.	0.
(14) Scott Campbell 1.00 X 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. (15) Sarah Hinman 1.00 X 0. 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. (16) Jodi Rose 1.00 X 0. 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. (17) Germaine Kornegay 1.00 X 0. 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0.	(13) Bill Aslett	1.00									
Director X 0. <t< td=""><td>Director</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	Director		Х						0.	0.	0.
(15) Sarah Hinman 1.00 X 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. (16) Jodi Rose 1.00 X 0. 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. (17) Germaine Kornegay 1.00 X 0. 0. 0. 0. Director X 0. 0. 0. 0. 0.	(14) Scott Campbell	1.00									
Director X 0. <t< td=""><td>Director</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	Director		Х						0.	0.	0.
(16) Jodi Rose 1.00 X 0.	(15) Sarah Hinman	1.00									
Director X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(17) Germaine Kornegay 1.00 X 0.	(16) Jodi Rose	1.00									
Director X 0. 0. 0.			Х						0.	0.	0.
	(17) Germaine Kornegay	1.00									
	Director		Х						0.	0.	0 • Form 990 (2022)

232007 12-13-22

Form 990 (2022)

7

	990 (2022) United Wa									91-07	5570	5 Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box	not cl , unles	heck i ss per	C) ition more f rson is irector	than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)	C/ c	ompensat from the organization and relate rganization	e on ed
(18)	Jennifer Larson	1.00		_	-	-							
Dire			Х						0.		0.		0.
(19) Andrew Miller 1.00 Director									0.		0.		0.
	Subtotal								79,703.		0.	4,41	
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.79,703.		0.	4,41	0. L1.
	Total number of individuals (including but n compensation from the organization								eceived more than \$100	,000 of reportable			0
3	Did the organization list any former officer.	director, truste	e. k	ev e	mol	over	e. or	hia	hest compensated emp	lovee on		Yes	No
	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual	, 				, 				3		X
	and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	dule	J fo	or such individual	-	4		x
	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," cont tion B. Independent Contractors										5		X
1	Complete this table for your five highest co	•	•							, 1	ensation	from	
	the organization. Report compensation for (A)					ith o	or wit	thin	(B)			(C)	
	Name and business	address	NC	ONE	2			+	Description of s	services	Com	pensatior	ו
								_					
								+					
								_					
								+					
2	Total number of independent contractors (i	ncluding but no	ot lin	nitec	to	thos	e lis	ted	above) who received m	ore than			
	\$100,000 of compensation from the organi	•		-		0			, , ,		For	m 990 (2	2022)

		(2022) United Way of	Skagit (County		91-0755	705 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line		<u> </u>	(-)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts S	1 a	Federated campaigns 1a	40,471.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	-				
Š, G	с	Fundraising events 1c					
àifts ar ∕	d	Related organizations 1d					
is, (imil	е	Government grants (contributions) 1e	240,745.				
tion sr S	f	All other contributions, gifts, grants, and					
ibu			<u>275,959.</u>				
ontr od O	g		31,964.	FF9 195			
a C	h	Total. Add lines 1a-1f	Business Code	557,175.			
			Business Code				
Program Service Revenue	2 a						
Ser/	b c						
m S ven	d						
ogra Re	e						
Pro	f	All other program service revenue					
	g						
	3	Investment income (including dividends, intere					
		other similar amounts)		11,791.			11,791
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a						
	b						
	C	Rental income or (loss)					
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	' a	assets other than inventory 7a					
	ь	Less: cost or other basis					
er	-	and sales expenses					
venue	с	Gain or (loss) 7c					
0	d	Net gain or (loss)					
Other Re	8 a	Gross income from fundraising events (not					
đ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	чa	Gross income from gaming activities. See					
	h	Part IV, line 19 9a Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
s			Business Code				
e e	11 a						
Miscellaneous Revenue	b						
Sev	с		000000	2 7 7 7			2 7 7 7
Mis	d	All other revenue	900099	<u>2,797.</u> 2,797.			2,797
	<u>е</u> 12	Total. Add lines 11a-11d		571,763.	0.	0.	14,588.
		Total revenue. See instructions		5,1,105.			Form 990 (2022

Form 990 (2022) United Way of Skagit County
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).

	n <u>501(c)(3) and 501(c)(4) organizations must compl</u> Check if Schedule O contains a respons				
Don	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21	262,585.	262,585.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,711.	3,711.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	79,471.	21,833.	28,273.	29,365.
	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	131,622.	64,618.	37,580.	29,424.
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	6,648.	2,326.	2,869.	<u>1,</u> 453.
	Other employee benefits	17,574.	8,662.	5,060.	<u>1,453.</u> 3,852.
	Payroll taxes	18,526.	5,166.	8,988.	4,372.
	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	79,314.		79,314.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch O.)	32,970.	29,014.	1,918.	2,038.
12	Advertising and promotion	2,672.	1,907.	123.	2,038. 642.
	Office expenses	755.	235.	308.	212.
	Information technology	18,410.	6,384.	4,516.	7,510.
	Royalties				
	Occupancy	29,618.	13,676.	8,100.	7,842.
	Travel	597.	335.	110.	152.
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	713.	484.	207.	22.
	Interest				
21	Payments to affiliates	8,434.	3,859.	1,832.	2,743.
	Depreciation, depletion, and amortization	3,763.	2,421.	614.	728.
	Insurance	4,019.	1,657.	680.	1,682.
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 0.)				
а	Program supplies	11,845.	8,871.	1,115.	1,859.
b	Dues and subscriptions	6,206.	3,468.	1,069.	1,669.
с	Events	4,997.	1,071.	7.	3,919.
d					
е	All other expenses	756.	301.	308.	147.
25	Total functional expenses. Add lines 1 through 24e	725,206.	442,584.	182,991.	99,631.
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)				
232010	12-13-22				Form 990 (2022)

10

Form 990 (2022)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			100,051.	1	408,896
	2	Savings and temporary cash investments			625,855.	2	249,927
	3	Pledges and grants receivable, net	167,568.	3	46,463		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ntributor, or 35%			
		controlled entity or family member of any of the	se perso	าร		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				1,000.	9	1,000
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	30,879.			
	b	Less: accumulated depreciation		29,533.	5,109.	10c	1,346
	11	Investments - publicly traded securities				11	-
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	F		14		
	15	Other assets. See Part IV, line 11	0.	15	40,150		
	16	Total assets. Add lines 1 through 15 (must equ			899,583.	16	747,782
	17	Accounts payable and accrued expenses	55,029.	17	30,467		
	18	Grants payable		14,557.	18		
	19	Deferred revenue	-	19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete		21			
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				22	
<u> </u> ۳	23	Secured mortgages and notes payable to unrela		Γ		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa		Г			
		parties, and other liabilities not included on lines	•				
		of Schedule D			0.	25	40,761
	26	Total liabilities. Add lines 17 through 25			69,586.	26	71,228
		Organizations that follow FASB ASC 958, che					
se		and complete lines 27, 28, 32, and 33.					
and	27				756,990.	27	657,089
Bal	28	Net assets with donor restrictions			73,007.	28	19,465
2		Organizations that do not follow FASB ASC 9					
<u></u>		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or ec				30	
Äs	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			829,997.	32	676,554
-	33	Total liabilities and net assets/fund balances			899,583.	33	747,782

United Way of Skagit County

	90 (2022) United Way of Skagit County	91-0	755705	Pag	_{ge} 12			
Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1 1	Fotal revenue (must equal Part VIII, column (A), line 12)	1		1,70				
2	Fotal expenses (must equal Part IX, column (A), line 25)	2		5,2				
3 F	Revenue less expenses. Subtract line 2 from line 1	3	-15					
4 1	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	82	9,9	<u>97.</u>			
5 1	Net unrealized gains (losses) on investments	5						
6 [Donated services and use of facilities	6						
	nvestment expenses	7						
	Prior period adjustments 8							
	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
1 0 I	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			5,5				
	column (B))							
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: $\hfill \square$ Cash $\hfill X$ Accrual $\hfill \square$ Other $\hfill _$		_					
I	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a \	Nere the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
I	f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
5	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b١	Nere the organization's financial statements audited by an independent accountant?		2b	Х				
I	f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
(consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
c I	f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
r	eview, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
I	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a /	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
ι	Jniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b l	f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
,	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2022)

|--|

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Т

Name of the organization

Nam	e of t	he organization							identification number
D		Unit	ed Way of S	Skagit County	Y				1-0755705
Par	tI	Reason for Public (Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 [Х	An organization that norma	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	public described in
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9 [An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
_		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acquii	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section &	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	ipporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	d organizatio	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	-						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
		its supported organization		-					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	reness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or		nally integrated supportion	ng organiz	ation.			
		r the number of supported o	•						
g		vide the following information Name of supported	i about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetany	(vi) Amount of other
	(organization		(described on lines 1-10	(iv) Is the orga in your governi		support (see ir		support (see instructions)
				above (see instructions))	Yes	No		,	, , ,
Total									

United Way of Skagit County

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	895,306.	845,014.	780,021.	780,554.	557,175.	3858070.
2	Tax revenues levied for the organ-						
	ization'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	005 206	045 014	700 001			2050070
	Total. Add lines 1 through 3	895,306.	845,014.	780,021.	780,554.	557,175.	3858070.
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)						262 060
~							362,869. 3495201.
	Public support. Subtract line 5 from line 4.						5495201.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	895,306.	845,014.	780,021.	780,554.	557,175.	3858070.
8	Gross income from interest,		010/011	,00,0210	,00,0010	33772730	
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	10,954.	8,089.	4,369.	679.	11,791.	35,882.
9	Net income from unrelated business		.,	_,		,	
Ŭ	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.)	20,867.	7,516.	2,485.	3,468.	2,797.	37,133.
11	Total support. Add lines 7 through 10					-	3931085.
	Gross receipts from related activities,	etc. (see instructio	ins)			12	
	First 5 years. If the Form 990 is for th					D1(c)(3)	
	organization, check this box and stop	-		-			
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	88.91 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	89.22 %
16a	33 1/3% support test - 2022. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo>	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or
	more, and if the organization meets the	ne facts-and-circum	istances test, cheo	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
						Schedule A	(Form 990) 2022

232022 12-09-22

Schedule A					Skagit		
Part III	Support	: Schedule 1	for Organizat	ions Des	cribed in Se	ction 509(a	a)(2)

United Way of Skagit County

(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 y	ear (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2	2022	(f) Total
1 Gifts	, grants, contributions, and							
mem	bership fees received. (Do not							
inclu	de any "unusual grants.")							
merc forme any a	s receipts from admissions, chandise sold or services per- ed, or facilities furnished in activity that is related to the nization's tax-exempt purpose							
	s receipts from activities that ot an unrelated trade or bus-							
iness	under section 513							
izatio	evenues levied for the organ- on's benefit and either paid to pended on its behalf							
5 The v	value of services or facilities shed by a governmental unit to							
	organization without charge							
	I. Add lines 1 through 5							
	unts included on lines 1, 2, and eived from disqualified persons							
from of exceed amoun	the included on lines 2 and 3 received ther than disqualified persons that d the greater of \$5,000 or 1% of the tt on line 13 for the year							
c Add	lines 7a and 7b							
	ic support. (Subtract line 7c from line 6.) B. Total Support							
Calendar y	ear (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2	2022	(f) Total
	unts from line 6							
10a Gros divid secu	s income from interest, ends, payments received on rities loans, rents, royalties, ncome from similar sources							
b Unrela	ated business taxable income							
	section 511 taxes) from businesses red after June 30, 1975							
c Add	lines 10a and 10b							
activi whet	ncome from unrelated business ities not included on line 10b, her or not the business is arly carried on							
or los asset	r income. Do not include gain ss from the sale of capital ts (Explain in Part VI.)							
	support. (Add lines 9, 10c, 11, and 12.)		l					
	5 years. If the Form 990 is for th	•					•	·
	k this box and stop here						<u></u>	
	ic support percentage for 2022 (li			oolump (f))		15		04
	ic support percentage for 2022 (il			.,,		16		<u> </u>
	D. Computation of Inves							70
	stment income percentage for 20			ne 13. column (f))		17		%
	stment income percentage from 2					18		<u> </u>
	/3% support tests - 2022. If the						and line 17	
	than 33 1/3%, check this box ar							
	/3% support tests - 2021. If the						3 1/3%, a	nd
	8 is not more than 33 1/3%, che							
	te foundation. If the organizatio							
232023 12-09	9-22					So	chedule A	(Form 990) 2022

23180423 163146 1215

15

Yes No

Part IV Supporting Organizations

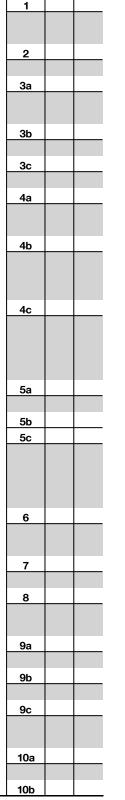
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in* Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

16

232024 12-09-22



Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 Officed way of Skagic Councy	91-075570	D Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		1
Sec	tion C. Type II Supporting Organizations			

			Yes	L
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	ſ	
Sec	ction 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?	1		
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).	2		
3	By reason of the relationship described on 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			
	a supervised a supervised for a state of the supervised	2		1

supported organizations played in this regard. 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 (s	C	on used to satisfy the Integral Part Test during the year (see instruction	ns).
--	---	--	------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governme	ental entity. Describe in Part VI how	w you supported a governmental entity (see instruction <u>s).</u>
---	--	---------------------------------------	---------------------------------------	---

- 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.
- b Did the activities described on 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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

766706

No

Yes No

23180423 163146 1215

1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	1
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022United Way of Skagit CountyPart VType III Non-Functionally Integrated 509(a)(3) Supporting Organizations

91-0755705 Page 6

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

18 2022.05090 UNITED WAY OF SKAGIT COUN 1215___1

23180423 163146 1215

Schedule A						Skagit			
Part V	Type III	Non-Function	ally Integ	grated	509(a)(3) Suppo	orting Organ	izations	(continued)

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

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.)

Schedule A, Part II, Line 10, Explanation for Other Income:

Service fees and other miscellaneous revenue

Schedule A (Form 990) 2022

23180423 163146 1215

SCHEDULE D

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.



Department of the Treasury Internal Revenue Service

Nam	e of the organization United Way of Skag:	it County	Employer identification number 91-0755705
Pa		d Funds or Ōther Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held in donor advised	t funds
-	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion 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 qualit	ied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic stru		<u>2c</u>
d	Number of conservation easements included in (c) acquired a	• • •	
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguisned, or terminated by the o	rganization during the tax
4	year	amont is located	
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per		
Ű	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
-	5, T 5,	5	3
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	on easements during the year
8	Does each conservation easement reported on line 2(d) abov		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	atement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	ts that describes the
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Oth	er Similar Assets
Iu	Complete if the organization answered "Yes" on Form	-	
1a	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
	of art, historical treasures, or other similar assets held for put		
	service, provide in Part XIII the text of the footnote to its finar		•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	. ,	. ,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treat		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	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.
232051	1 09-01-22

23180423 163146 1215

2'	7	
2022	05000	т

Sche		Way of Skag						<u>91-07</u>	<u>55705</u>	D Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Other	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the f	ollowing that	make sig	gnificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	1 🗌 L	oan or exc	hange progra	m					
b	Scholarly research	е	, 🗌 o	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how the	y further th	e organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hist	orical treas	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the o	organizatio	n answered "'	Yes" on	Form 990	, Part IV,	ine 9, or		
1a	Is the organization an agent, trustee, custod		liarv for co	ontribution	s or other ass	ets not i	ncluded				
	on Form 990, Part X?		2						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	, I		5						Amount	:	
с	Beginning balance						1c				
d	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on F						ty?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Par	rt V Endowment Funds. Complete	if the organization an	swered "	Yes" on Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) Pri	ior year	(c) Two years	s back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1g,	column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held ar	nd administere	ed for the	Э		r		
	organization by:								ł	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the to the total tended uses of tended		wment fu	nds.							
Fai				line 11e C	aa Farm 000	Dout V I	ine 10				
	Complete if the organization answere							.	<u> </u>		
	Description of property	(a) Cost or o basis (investr		.,	or other (other)	• •	ccumulate preciation	d	(d) Bool	< value	9
1a	Land										
	Buildings										
с	Leasehold improvements										
d	Equipment				6,129.		24,78		-	L,34	
е	Other				4,750.		4,7	50.		-	0.
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	<u>X. columr</u>	<u>1 (B), line 1</u>	0c.)				-	L,34	<u>4</u> 6.

Schedule D (Form 990) 2022

232052 09-01-22

Complete if the organization answered "Yes"	on Form 990, Part IV, line	· · ·	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-y	vear 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"		•	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-y	ear 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 Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1) ROU asset	Description		40,150
			40,130
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Totol (0. /	45)		40,150
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			40,130
Complete if the organization answered "Yes" ((a) Description of liability	on oni 350, Fait IV, Ine		(b) Book value
			(W) DOOR VAIUE
(1) Federal income taxes (2) Lease liability			40,761
			40,/01
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			10 701
Total. (Column (b) must equal Form 990, Part X, col. (B) line		the organization's financial statements that r	40,761

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

Schedule D (Form 990) 2022

232053 09-01-22

23180423 163146 1215

Schedule D (Form 990) 2022 United Way of Skagit County

Part VII Investments - Other Securities.

91-0755705 Page 3

Sche	dule D (Form 990) 2022 United Way of Skagit Count	У		91-0	755705	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.				
1	Total revenue, gains, and other support per audited financial statements			1	573	,547.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	1,784.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	1	<u>,784.</u> ,763.
3	Subtract line 2e from line 1			3	571	<u>,763.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	. 4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		,763.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per l	Return	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	726	,990.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		4 = 6 4			
а	Donated services and use of facilities	. 2a	1,784.	_		
b	Prior year adjustments	. 2 b		_		
С	Other losses	. 2c		_		
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		,784.
3	Subtract line 2e from line 1			3	725	,206.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4 a				
b	Other (Describe in Part XIII.)	. 4b				
С	Add lines 4a and 4b			4c	- 4 -	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	725	,206.
Pa	t 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.

232054 09-01-22

CHEDULE I orm 990) 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.							OMB No. 1545-0047
Department of the Treasury	Comp		Attach to Form				Open to Public
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.							
Name of the organization United Way of Skagit County							
Part I General Information on Grants a		-					
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?						on X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$	•				anization answered "	/es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Anacortes Family Center 2707 Commercial Ave Anacortes, WA 98221	20-0775618	501(c)(3)	8,000.	0.			Self-sufficiency and education program for women, children and families
Brigid Collins 1331 N Garden St Suite 200 Bellingham, WA 98225	94-3121951	501(c)(3)	27,000.	8,580.	FMV	Diapers and other supplies	Family support prevention and parenting for school readiness
Foundation for Academic Endeavors PO Box 945 Mount Vernon, WA 98273	47-4347441	501(c)(3)	15,000.	0.			Summer Academy early childhood
Foundation of District #304 2241 Hospital Dr Sedro Woolley, WA 98284	46-1035355	501(c)(3)	45,000.	0.			Youth United amd Children's Council early learning coordinator
Skagit Domestic Violence & Sexual Assault - PO Box 301 - Mount Vernon, WA 98273	91-1092350	501(c)(3)	10,000.	0.			Safe, Healthy, Resilient Families community program
Skagit Preschool & Resource Center 320 Pacific Place Mount Vernon, WA 98273	91-0775902	501(c)(3)	8,000.	0.			Preschool program
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in the	e line 1 table				10.

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) United Way of Skagit County

Part II Continuation of Grants and Other A		nestic Organizations			edule I (Form 990), Pa	т п.) 	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Touthnet							Promoting children's
20 Box 217							success by promoting
fount Vernon, WA 98273	91-0850397	501(c)(3)	30,000.	0.			parental involvement
Community Action of Skagit County							
330 Pacific Place	01 1140006			10 252		Diapers and	Maternity support
Mount Vernon, WA 98273	91-1140086	501(c)(3)	20,000.	10,353.	F.WA	other supplies	services
United General District 304							
2031 Hospital Dr						Diapers and	Diapers and other
Sedro Woolley, WA 98284	46-1035355	501(c)(3)	0.	8,088.	FMV	other supplies	supplies
Skagit County Department of Public							
Health - 301 Valley Mall Way Suite						Diapers and	Diapers and other
110 - Mount Vernon, WA 98273	91-6001361	501(c)(3)	0.	9,625.	FMV	other supplies	supplies
Helping Hands Food Bank							
PO Box 632						Diapers and	Diapers and other
Sedro Woolley, WA 98284	91-1203572	501(c)(3)	0.	14,045.	FMV	other supplies	supplies
Searce woorrey, why sozo4	51 1205572	501(0)(3)	0.	14,043.	r H v	other suppries	puppiles

Schedule I (Form 990)

Schedule I (Form 990) 2022

91-0755705

Page 2

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 req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.		
Part I, Line 2:						
Organizations receiving discretion	ary fundi	.ng from Ur	nited Way u	ndergo		
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 >Verification of current status as an IRS code section 501

(c)(3) nonprofit organization and, are required to provide United Way with

Schedule I (Form 990) United Way of Skagit County Part IV Supplemental Information	91-0755705 Page 2
a final report at the end of the allocation period that verif	ies that all
funding has been used for the purposes intended and what the	results were
compared to the proposed results from the original application	n. Donor
Designations: Organizations receiving donor designated contri	butions
through United Way undergo screening prior to distribution of	funding. Such
screening includes: >Verification of compliance with the prov	isions of the
Patriot Act >Verification of 501(c)(3) nonprofit organization	additionally,
annually United Way checks all agencies against the OFAC list	with the US
Department of Treasury.	

Schedule I (Form 990)

232291 04-01-22

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Part I

Noncash Contributions

OMB No. 1545-0047

Open to Public

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

	Inspection
Employer	identification number

6

United Way o	f Skag:	it County		91-0755705
Types of Property				
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
orks of art				
istorical treasures				

1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		13,293.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (Diapers)	X	56,730	18,671.	per National Diaper
26	Other ()				
27	Other ()				
28	Other ()				
29	Number of Forms 8283 received by the organized	zation durinç	g the tax year for cor	ntributions	
	for which the organization completed Form 82	83, Part V, D	onee Acknowledger	ment 29	
					Yes No

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it			
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?	. 30a		Х
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	. 31		Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		Х
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			
	For Denergy and Deduction Act Nation, and the Instructions for Form 000	N /Farm	~ ^^^	0000

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

Schedule M (Form 990) 2022

232141 09-09-22

	A (Form 990) 2022					
Part II	Supplemental	Informatio	Dn. Pro	vide th	e information	required by Pa

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

	Schedule	М,	Part	I,	Column	(b)	:
--	----------	----	------	----	--------	-----	---

The organization is reporting number of items received for diaper

contributions.

Schedule M (Form 990) 2022

232142 09-09-22

23180423 163146 1215

SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



91-0755705

Form 990, Part III, Line 3, Changes in Program Services:

United Way of Skagit County

The Welcome Baby program ended in December of 2022 due to financial

capacity. Skagit County Public Health was able to re-launch thr

program in May of 2023.

Form 990, Part III, Line 4b, Program Service Accomplishments:

the well-being of parents is crucial to their children's

social-emotional, physical, and economic well-being. At the same time,

a parent's ability to succeed in school and the workplace is

substantially affected by how well their children are doing. In early

2023, the diaper bank moved to the Helping Hands Food Bank facility in

a partnership program that allows the diaper bank to operate with low

overhead and high results. This partnership allows UWSC to reach

families in East Skagit County who were typically underserved.

Listening sessions with local churches lead to the inclusion of adult

incontinence items for seniors.

Form 990, Part III, Line 4c, Program Service Accomplishments: text to respond to questions and 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, support, 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 20211 10-28-22

37

Schedule O (Form 990) 2022 Page 2				
Name of the organization United Way of Skagit County	Employer identification number 91-0755705			
Skagit County.) This program was transferred to Skagit County Public				
Health.				

Form 990, Part III, Line 4d, Other Program Services:

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 reduction, 3)

bank services and checking accounts, 4) credit, 5) loans and 6)

savings. Since inception, 208 participants and 19 peer leaders have

graduated from the Skagit Financial PEOPLE Project. In 2022-23, four

six-week sessions were held and fifty-one individuals graduated and

received a Skagit Asset Building Coalition Certificate.

Varsity in Volunteerism:

Youth United Varsity in Volunteerism (ViV) is a program of the United
Way of Skagit County and United General District 304 in partnership
with local school districts. ViV clubs are active in Anacortes,
Burlington, Concrete, La Conner, Mount Vernon, and Sedro-Woolley High
Schools. The program provides an extracurricular option for students
who want to make a difference in their community and gain important
skills for success. Like other school-based clubs and teams, ViV is led
by a coach. At each school, the ViV coach works with students who learn
topics such as communication and job skills, exploring school and
232212 10-28-22 Schedule O (Form 990) 2022 38

Schedule O (Form 990) 2022 Name of the organization United Way of Skagit County	Page 2 Employer identification number 91-0755705			
career interests, and more. The coach helps students find	volunteer			
opportunities and track their hours. Those who complete 1	00 hours of			
service receive a varsity letter in volunteerism from the	ir high school			
during a spring ceremony. Varsity in Volunteerism (ViV)	encourages and			
recognizes high school students to give back to their com	munities			
through service.				
Since ViV began in 2011, students have collectively provi	ded over			
50,000 hours of service!				
Health and Income Programs:				
United Way of Skagit County works with many community par	tners to			
provide support for health and financial security. We ar	e on the			
advisory board of Population Health Trust. The Population	n 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. PHT is				
appointed by the Skagit County Board of Health to advise on issues that				
can improve the health and wellness of all. PHT believes	that by			
coordinating our efforts we can create opportunities that	strengthen			
health. PHT works to create healthier and more equitable	communities			
by: 1) encouraging health and wellness within the communi	ty, 2) working			
together across sectors on projects designed to improve w	ell-being, and			
3) strengthening Integration of health services and other	systems such			
as Public Health, education, and social service agencies.	In addition,			
United Way provides financial support to create and maint	ain a website			
disseminating Skagit County community indicators in coord	ination 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.				
232212 10-28-22 39	Schedule O (Form 990) 2022			

United Way of Skagit County also serves on the board of directors for

the Economic Development Alliance of Skagit County. This endeavor

works to provide economic growth programs and opportunities for small,

medium, large, and emerging businesses, with an emphasis on services

for underserved communities.

Dolly Parton Imagination Library:

Dolly Parton's Imagination Library is a book gifting program that mails

free, high-quality books to children

from birth to age five, no matter their family's income. After

launching in 1995, the program grew quickly.

The mission of the Imagination Library of Washington is to foster a

love of reading among young learners by ensuring equitable access to

free monthly books mailed directly to their homes from Dolly Parton's

Imagination Library.

Our vision is that all early learners have developed a quality,

inclusive home library, are inspired to read, ready to learn, and are

excelling academically, creating a thriving child and a vibrant,

healthy community.

Reading begins at birth and the benefits of a home library go far

beyond the books. Parents and guardians are a child's first and best

teacher. By providing books every month at no cost to families, the

Imagination Library increases childhood literacy rates, fosters a love

of books, and promotes a culture of reading among all families in
232212 10-28-22
40

23180423 163146 1215

Name of the organization United Way of Skagit County	Employer identification number 91-0755705
Washington. The Imagination Library launched throughout	
on June 14, 2023 and enrolled over 500 children within t	<u> </u>
hours of launch. 747 children registered to receive book	
2023.	

Expenses \$ 77,916. including grants of \$ 13,696. Revenue \$ 0.

Form 990, Part VI, Section A, line 2:

Bill Aslett, Director on the board, has a family relationship with Debra

Lancaster, Interim Executive Director during the year.

Form 990, Part VI, Section B, line 11b:

The Board of Directors has delegated the responsibility for review of the 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 the 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 C, Line 19:

Governing documents/conflicts of interest are made available to the public
232212 10-28-22
41

23180423 163146 1215

Schedule O (Form 990) 2022	Page 2
Name of the organization United Way of Skagit County	Employer identification number 91-0755705
upon request to the United Way office. Audited financial	statements and
Form 990 are available on the Organization's website.	
232212 10-28-22	Schedule O (Form 990) 2022