

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2007 calendar year, or tax year beginning **FEB 1, 2007** and ending **JAN 31, 2008**

**B** Check if applicable:  Address change  Name change  Initial return  Termination  Amended return  Application pending

**C** Name of organization: **UNITED WAY OF SOUTHEAST ALASKA**  
 Number and street (or P.O. box if mail is not delivered to street address): **PO BOX 20249**  
 Room/suite: \_\_\_\_\_  
 City or town, state or country, and ZIP + 4: **JUNEAU, AK 99802**

**D** Employer identification number: **92-0103202**

**E** Telephone number: **(907) 463-5530**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H** and **I** are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates: **N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number: **N/A**

**G** Website: **WWW.UNITEDWAYSEAK.ORG**

**J** Organization type (check only one)  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **496,909.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

		1a		1b		1c		1d		1e	
<b>1</b> Contributions, gifts, grants, and similar amounts received:											
<b>a</b> Contributions to donor advised funds											
<b>b</b> Direct public support (not included on line 1a)				484,540.							
<b>c</b> Indirect public support (not included on line 1a)											
<b>d</b> Government contributions (grants) (not included on line 1a)											
<b>e</b> Total (add lines 1a through 1d) (cash \$ 463,718. noncash \$ 20,822.)										484,540.	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)										2	
<b>3</b> Membership dues and assessments										3	
<b>4</b> Interest on savings and temporary cash investments										4 5,501.	
<b>5</b> Dividends and interest from securities										5	
<b>6 a</b> Gross rents		6a									
<b>b</b> Less: rental expenses		6b									
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a										6c	
<b>7</b> Other investment income (describe SEE STATEMENT 1)										7 1,391.	
<b>8 a</b> Gross amount from sales of assets other than inventory		(A) Securities		(B) Other							
<b>b</b> Less: cost or other basis and sales expenses		8a		8b							
<b>c</b> Gain or (loss) (attach schedule)		8c									
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)										8d	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>											
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)		9a									
<b>b</b> Less: direct expenses other than fundraising expenses		9b									
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a										9c	
<b>10 a</b> Gross sales of inventory, less returns and allowances		10a									
<b>b</b> Less: cost of goods sold		10b									
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a										10c	
<b>11</b> Other revenue (from Part VII, line 103)										11 5,477.	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										12 496,909.	
<b>13</b> Program services (from line 44, column (B))										13 508,334.	
<b>14</b> Management and general (from line 44, column (C))										14 40,712.	
<b>15</b> Fundraising (from line 44, column (D))										15 24,980.	
<b>16</b> Payments to affiliates (attach schedule)										16	
<b>17</b> Total expenses. Add lines 16 and 44, column (A)										17 574,026.	
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12										18 <77,117.>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))										19 358,631.	
<b>20</b> Other changes in net assets or fund balances (attach explanation)										20 0.	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20										21 281,514.	

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>			<b>STATEMENT 3</b>		
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>258,155</u> • noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	258,155.	258,155.			
<b>23</b> Specific assistance to individuals (attach schedule)					
<b>24</b> Benefits paid to or for members (attach schedule)					
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	46,358.	38,125.		5,262.	2,971.
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.		0.	0.
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)					
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	141,099.	116,040.		16,014.	9,045.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c					
<b>28</b> Employee benefits not included on lines 25a - 27					
<b>29</b> Payroll taxes	16,190.	13,109.	2,060.	1,021.	
<b>30</b> Professional fundraising fees					
<b>31</b> Accounting fees	25,702.	22,540.	3,162.		
<b>32</b> Legal fees					
<b>33</b> Supplies	5,345.	4,025.	881.	439.	
<b>34</b> Telephone	3,785.	2,810.	650.	325.	
<b>35</b> Postage and shipping	1,027.	786.	155.	86.	
<b>36</b> Occupancy	20,287.	15,410.	3,015.	1,862.	
<b>37</b> Equipment rental and maintenance	684.	572.	55.	57.	
<b>38</b> Printing and publications	3,579.	2,176.	1,136.	267.	
<b>39</b> Travel	2,890.	2,315.	256.	319.	
<b>40</b> Conferences, conventions, and meetings	1,615.	1,121.	298.	196.	
<b>41</b> Interest					
<b>42</b> Depreciation, depletion, etc. (attach schedule)	499.		499.		
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> SEE STATEMENT 2	46,811.	31,150.	7,269.	8,392.	
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	574,026.	508,334.	40,712.	24,980.	

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 4</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> OUR PRIMARY PROGRAM IS TO SERVICE THE APPROXIMATELY 30 HUMAN SERVICE AGENCIES UNDER OUR UNITED WAY UMBRELLA THROUGH CONDUCTING FUNDRAISING AND AWARENESS CAMPAIGNS & COORDINATING AGENCY EFFORTS AND RESOURCES.	
(Grants and allocations \$ 159,101. ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	508,339.
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	508,339.

Form 990 (2007)

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing .....	193,507.	45 191,285.
	46 Savings and temporary cash investments .....	32,739.	46 34,688.
	47 a Accounts receivable .....	47a	47c
	b Less: allowance for doubtful accounts .....	47b	47c
	48 a Pledges receivable .....	48a 317,070.	48c 317,070.
	b Less: allowance for doubtful accounts .....	48b	48c
	49 Grants receivable .....		49
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		50b
	51 a Other notes and loans receivable STMT 5 .....	51a 5,200.	51c 5,200.
	b Less: allowance for doubtful accounts .....	51b	51c
	52 Inventories for sale or use .....		52
	53 Prepaid expenses and deferred charges .....		53
	54 a Investments - publicly-traded securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55 a Investments - land, buildings, and equipment: basis .....	55a	55c
	b Less: accumulated depreciation .....	55b	55c
	56 Investments - other .....		56
	57 a Land, buildings, and equipment: basis .....	57a 23,131.	57c 791.
b Less: accumulated depreciation STMT 6 .....	57b 22,340.	57c	
58 Other assets, including program-related investments (describe ▶ _____ )		58	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	660,921.	59 549,034.	
Liabilities	60 Accounts payable and accrued expenses .....	19,514.	60 32,369.
	61 Grants payable .....		61
	62 Deferred revenue .....	25,000.	62 51,000.
	63 Loans from officers, directors, trustees, and key employees .....		63
	64 a Tax-exempt bond liabilities .....		64a
	b Mortgages and other notes payable .....		64b
	65 Other liabilities (describe ▶ <b>AGENCY ALLOCATIONS PAYABLE</b> )	257,776.	65 184,151.
66 <b>Total liabilities.</b> Add lines 60 through 65	302,290.	66 267,520.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	358,631.	67 281,514.
	68 Temporarily restricted .....		68
	69 Permanently restricted .....		69
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		70
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71
	72 Retained earnings, endowment, accumulated income, or other funds .....		72
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	358,631.	73 281,514.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	660,921.	74 549,034.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows (1-4, d1-d2). Columns include descriptions, sub-column codes (b1-b4, d1-d2), and numerical values. Total revenue is 496,909.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows (1-4, d1-d2). Columns include descriptions, sub-column codes (b1-b4, d1-d2), and numerical values. Total expenses are 574,026.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: SEE STATEMENT 9, 46,358, 0, 0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a-d), Yes, No. 75a: 17 meetings. 75b: X. 75c: X. 75d: X.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Row 1: NONE.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76-81b), Yes, No. 76: X. 77: X. 78a: X. 78b: N/A. 79: X. 80a: X. 81a: 0. 81b: X.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		X
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		
83b	N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85a	N/A		
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85b	N/A		
85c	Dues, assessments, and similar amounts from members		
85c	N/A		
85d	Section 162(e) lobbying and political expenditures		
85d	N/A		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities		
86a	N/A		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87a	N/A		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88a			
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
89 b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89c	0.		
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89d	0.		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed		
90a	AK		
90 b	Number of employees employed in the pay period that includes March 12, 2007	90b	5
91 a	The books are in care of <b>UNITED WAY OF SOUTHEAST ALASKA</b> Telephone no. <b>(907) 463-5530</b> Located at <b>3100 CHANNEL DR., JUNEAU, AK</b> ZIP + 4 <b>99801</b>		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
91b	N/A		

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,501.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	1,391.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a PENNY MACHINE INCOME			01	5,477.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		12,369.	0.
105 Total (add line 104, columns (B), (D), and (E))					12,369.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

103A THE PENNY MACHINE, WHICH IS LOCATED IN THE TERMINAL OF OUR AIRPORT IS AN ADVERTISING TOOL. INCOME IS POOLED WITH OUR UNDESIGNATED DONATIONS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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

**Please Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: *Dada S. Buck* Date: *11/10/08* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **SCHMITZ & BUCK, CPA'S, LLC**  
**8800 GLACIER HWY STE 226**  
**JUNEAU, AK 99801**

Preparer's SSN or PTIN (See Gen. Inst. X): \_\_\_\_\_

EIN: \_\_\_\_\_

Phone no.: **907-789-9868**

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

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **UNITED WAY OF SOUTHEAST ALASKA** Employer identification number **92: 0103202**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	▶ 0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	▶ 0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....		X
b	Lending of money or other extension of credit? .....		X
c	Furnishing of goods, services, or facilities? .....		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....		X
e	Transfer of any part of its income or assets? .....		X
3	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....		X
b	Did the organization have a section 403(b) annuity plan for its employees? .....		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....		X
4	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....		X
b	Did the organization make any taxable distributions under section 4966? .....	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person? .....	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year .....	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....	0.	

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	596,532.	570,141.	501,929.	384,843.	2,053,445.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,447.	1,191.	752.	764.	7,154.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	4,004.	3,628.	2,976.	6,542.	17,150.
<b>23</b> Total of lines 15 through 22	604,983.	574,960.	505,657.	392,149.	2,077,749.
<b>24</b> Line 23 minus line 17	604,983.	574,960.	505,657.	392,149.	2,077,749.
<b>25</b> Enter 1% of line 23	6,050.	5,750.	5,057.	3,921.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 41,555.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 2,077,749.
d Add: Amounts from column (e) for lines: 18 7,154. 19 _____ 22 17,150. 26b _____					<b>26d</b> 24,304.
e Public support (line 26c minus line 26d total)					<b>26e</b> 2,053,445.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 98.8303%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A
d Add: Line 27a total _____ and line 27b total _____					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					
					NONE

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
	_____		
	_____		
	_____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
	_____		
	_____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
	_____		
	_____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -		
<b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>		
Not over \$500,000 .....	20% of the amount on line 40 .....	
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	
Over \$17,000,000 .....	\$1,000,000 .....	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

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

	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of organization

Employer identification number

UNITED WAY OF SOUTHEAST ALASKA

92-0103202

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

**General Rule-**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)



Name of organization

Employer identification number

UNITED WAY OF SOUTHEAST ALASKA

92-0103202

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JUNEAU EMPIRE 3100 CHANNEL DR. JUNEAU, ALASKA 99801	\$ 10,143.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

UNITED WAY OF SOUTHEAST ALASKA

92-0103202

**Part II Noncash Property** (See Specific Instructions.)

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

2007 DEPRECIATION AND AMORTIZATION REPORT  
 FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MANAGEMENT AND GENERAL											
1	PENNY MACHINE	060196SL		5.00	16	5,641.			5,641.	5,641.		0.
2	OFFICE EQUIPMENT PRIOR TO 1997	123196SL		5.00	16	5,707.			5,707.	5,707.		0.
3	OFFICE EQUIPMENT	VARIES SL		5.00	16	11,783.			11,783.	10,992.		499.
	* 990 PAGE 2 TOTAL					23,131.		0.	23,131.	22,340.	0.	499.
	MANAGEMENT AND GENERAL					23,131.		0.	23,131.	22,340.	0.	499.
	* GRAND TOTAL 990 PAGE 2 DEPR					23,131.		0.	23,131.	22,340.	0.	499.

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 OTHER INVESTMENT INCOME STATEMENT 1

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENT	104.
REALIZED GAIN	1,287.
TOTAL TO FORM 990, PART I, LINE 7	1,391.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	22,087.	17,027.	3,000.	2,060.
DUES AND MEMBERSHIPS	4,470.	1,282.	2,672.	516.
FEEES AND LICENSES	1,357.	992.	92.	273.
INSURANCE	3,539.	2,538.	719.	282.
TRAINING	5,479.	4,322.	688.	469.
MISCELLANEOUS	0.			
SHARE & CFC CAMPAIGN				
OVERHEAD FEES	9,529.	4,765.		4,764.
RESEARCH & ASSESSMENT	350.	224.	98.	28.
TOTAL TO FM 990, LN 43	46,811.	31,150.	7,269.	8,392.

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FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	3
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
DESIGNATED PASS THROUGH ALLOCATIONS UNITED WAY AFFILIATED ORGANIZATIONS  JUNEAU, ALASKA 99801	258,155.
 TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	258,155.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	4
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EXPLANATION

THE PURPOSE OF THE ORGANIZATION IS TO ASSESS THE NEED FOR HEALTH AND SOCIAL SERVICE PROGRAMS; TO SEEK SOLUTIONS TO HUMAN PROBLEMS; TO ASSIST UNITED WAY MEMBER AGENCIES; TO PROMOTE PREVENTATIVE ACTIVITIES; AND TO DEVELOP AND SECURE THE FINANCIAL RESOURCES NECESSARY TO SUPPORT HUMAN SERVICE NEEDS

FORM 990 OTHER NOTES AND LOANS REPORTED SEPARATELY STATEMENT 5

BORROWER'S NAME TERMS OF REPAYMENT  
 CATHOLIC COMMUNITY SERVICES YEARLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
09/25/06	09/25/09	8,700.	.00%	0.

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN  
 NONE FUNDING STARTUP

RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
AGENCY/PARTNER	CASH	0.	5,200.
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51		0.	5,200.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
PENNY MACHINE	5,641.	5,641.	0.
OFFICE EQUIPMENT PRIOR TO 1997	5,707.	5,707.	0.
OFFICE EQUIPMENT	11,783.	11,491.	292.
TOTAL TO FORM 990, PART IV, LN 57	23,131.	22,839.	292.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
DESIGNATED CONTRIBUTIONS TREATED AS PUBLIC SUPPORT FOR TAX PURPOSES, NOT REPORTED AS REVENUE ON FINANCIAL STATEMENTS PER FASB 136	159,101.
TOTAL TO FORM 990, PART IV-A	159,101.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 8

DESCRIPTION	AMOUNT
DESIGNATED ALLOCATIONS TREATED AS EXPENSES FOR TAX PURPOSES, NOT REPORTED AS EXPENSES ON FINANCIAL STATEMENTS PER FASB 136	159,101.
TOTAL TO FORM 990, PART IV-B	159,101.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KATHLEEN FREDERICK PO BOX 32819 JUNEAU, AK 99801	MEMBER 2.00	0.	0.	0.
SHERI CROLL 4257 MARION DR. JUNEAU, AK 99801	MEMBER 2.00	0.	0.	0.
DEANA HALE PO BOX 22166 JUNEAU, AK 99802	MEMBER 2.00	0.	0.	0.
GAYLE WOOD 5601 TONSGARD CT JUNEAU, AK 99801	MEMBER 2.00	0.	0.	0.
SAM FURUNESS PO BOX 20249 JUNEAU, AK 99802	TREASURER 4.00	0.	0.	0.
JOHN WILLIAMS 8800 GLACIER HWY, STE 231 JUNEAU, AK 99801	CHAIR 4.00	0.	0.	0.
MICHELLE CASEY 3260 HOSPITAL DR JUNEAU, AK 99801	CHAIR - ELECT 4.00	0.	0.	0.

UNITED WAY OF SOUTHEAST ALASKA

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KATHY VILANDRE 123 SEWARD ST JUNEAU, AK 99801	SECRETARY 4.00	0.	0.	0.
BEN CORONELL PO BOX 20249 JUNEAU, AK 99801	MEMBER 2.00	0.	0.	0.
BRENDA HEWITT PO BOX 20249 JUNEAU, AK 99801	DIRECTOR 40.00	46,358.	0.	0.
LARRY HARRIS 4944 WREN DR JUNEAU, AK 99801	MEMBER 2.00	0.	0.	0.
ROLLO POOL 115 DARRIN ST SITKA, AK 99835	MEMBER 2.00	0.	0.	0.
ANDREA DOLL STATE CAPITOL, RM 426 JUNEAU, AK 99801	MEMBER 2.00	0.	0.	0.
CAMERYN FLYNN 419 6TH STREET JUNEAU, AK 99801	EX-OFFICIO LARGE AGENCY 2.00	0.	0.	0.
SCOTT JONES PO BOX 110405 JUNEAU, AK 99811	MEMBER 2.00	0.	0.	0.
CATHY LECOMPTE, UAS KETCHIKAN 2617 SECOND AVE. KETCHIKAN, AK 99901	MEMBER 2.00	0.	0.	0.
JOAN O'KEEFE 3225 HOSPITAL DR. #300 JUNEAU, AK 99801	EX-OFFICIO SMALL AGENCY 2.00	0.	0.	0.
MICHELLE PREBULA 2890 SIMPSON AVE. JUNEAU, AK 99801	MEMBER 2.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

46,358.	0.	0.
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SCHEDULE A	OTHER INCOME			STATEMENT 10
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER	4,004.	3,628.	2,976.	6,542.
TOTAL TO SCHEDULE A, LINE 22	4,004.	3,628.	2,976.	6,542.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.	
<b>Type or print</b> File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number	
	UNITED WAY OF SOUTHEAST ALASKA	92-0103202	
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 20249	For IRS use only	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JUNEAU, AK 99802		

- Check type of return to be filed** (File a separate application for each return):
- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **UNITED WAY OF SOUTHEAST ALASKA**  
Telephone No. **(907) 463-5530** FAX No. \_\_\_\_\_
  - If the organization does not have an office or place of business in the United States, check this box
  - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **DECEMBER 15, 2008**.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **FEB 1, 2007**, and ending **JAN 31, 2008**.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date