

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 2006 calendar year, or tax year beginning **JUL 1, 2006** **and ending** **JUN 30, 2007**

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization UNITED WAY OF WASHINGTON COUNTY-EAST Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 305 City or town, state or country, and ZIP + 4 STILLWATER, MN 55082-0305	D Employer identification number 41-0855267 E Telephone number (651) 439-3838 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
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Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand 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.UNITEDWAYSTCROIX.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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,518,870.**

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

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

	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	1,216,074.		
	c Indirect public support (not included on line 1a)	1c	156,866.		
	d Government contributions (grants) (not included on line 1a)	1d	19,332.		
	e Total (add lines 1a through 1d) (cash \$ 1,314,157. noncash \$ 78,115.)	1e			1,392,272.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			18,767.
	5 Dividends and interest from securities	5			
Revenue	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss). Subtract line 6b from line 6a	6c			
	7 Other investment income (describe)	7			
	8 a Gross amount from sales of assets other than inventory		(A) Securities	(B) Other	
			78,116.	8a	
	b Less: cost or other basis and sales expenses		80,083.	8b	
	c Gain or (loss) (attach schedule)		<1,967.>	8c	
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	STMT 1		<1,967.>
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a		27,544.		
b Less: direct expenses other than fundraising expenses	9b		12,551.		
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 2		14,993.	
10 a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c				
11 Other revenue (from Part VII, line 103)	11			2,171.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			1,426,236.	
Expenses	13 Program services (from line 44, column (B))	13			1,115,410.
	14 Management and general (from line 44, column (C))	14			122,251.
	15 Fundraising (from line 44, column (D))	15			150,209.
	16 Payments to affiliates (attach schedule)	16	SEE STATEMENT 3		11,891.
	17 Total expenses. Add lines 16 and 44, column (A)	17			1,399,761.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			26,475.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			354,502.
	20 Other changes in net assets or fund balances (attach explanation)	20			0.
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			380,977.

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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a 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"/>			STATEMENT 4	
22b Other grants and allocations (attach schedule) (cash \$ <u>1066219</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	1,066,219.	1,066,219.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	34,272.	3,926.	26,201.	4,145.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	30,878.	4,690.	21,925.	4,263.
25c 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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	84,523.	19,496.	19,538.	45,489.
27 Pension plan contributions not included on lines 25a, b, and c	1,254.	45.	697.	512.
28 Employee benefits not included on lines 25a - 27	16,675.	4,453.	3,566.	8,656.
29 Payroll taxes	11,519.	2,127.	5,300.	4,092.
30 Professional fundraising fees				
31 Accounting fees	8,474.		8,425.	49.
32 Legal fees				
33 Supplies	16,082.	751.	3,603.	11,728.
34 Telephone	3,920.	740.	1,648.	1,532.
35 Postage and shipping	8,026.	555.	340.	7,131.
36 Occupancy	14,609.	2,932.	4,910.	6,767.
37 Equipment rental and maintenance	1,906.	244.	1,432.	230.
38 Printing and publications	25,085.	448.	1,041.	23,596.
39 Travel	6,045.	3,543.	1,213.	1,289.
40 Conferences, conventions, and meetings	1,860.	1,054.	100.	706.
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	1,081.	215.	361.	505.
43 Other expenses not covered above (itemize):				
a DUES	1,149.	474.	525.	150.
b INSURANCE	2,459.	488.	822.	1,149.
c ADVERTISING	1,739.	0.	1,453.	286.
d OTHER	161.	44.	101.	16.
e PROFESSIONAL FEES	26,619.	0.	2,204.	24,415.
f CONTRACTED SERVICES	17,517.	1,979.	15,200.	338.
g TECHNOLOGY SUPPORT	5,798.	987.	1,646.	3,165.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,387,870.	1,115,410.	122,251.	150,209.

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? ► SEE STATEMENT 5	Program Service Expenses (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.)	
a SEE STATEMENT #11	1,115,410.
(Grants and allocations \$ 1,066,219.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	1,115,410.

Form 990 (2006)

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	50.	45 50.
	46 Savings and temporary cash investments	623,583.	46 682,239.
	47 a Accounts receivable	47a	47c
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a 457,317.	48c
	b Less: allowance for doubtful accounts	48b 54,899.	48c 402,418.
	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	51a	51c
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	12,012.	53 17,907.
	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 49,628.	57c	
b Less: accumulated depreciation STMT 6	57b 45,856.	57c 3,772.	
58 Other assets, including program-related investments (describe ▶ ACCRUED INTEREST)	2,929.	58 4,816.	
59 Total assets (must equal line 74). Add lines 45 through 58	1,010,572.	59 1,111,202.	
Liabilities	60 Accounts payable and accrued expenses	21,278.	60 11,575.
	61 Grants payable	634,792.	61 718,650.
	62 Deferred revenue		62
	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 ▶)		65
66 Total liabilities. Add lines 60 through 65	656,070.	66 730,225.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	331,711.	67 308,911.
	68 Temporarily restricted	22,791.	68 72,066.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <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 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	354,502.	73 380,977.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,010,572.	74 1,111,202.	

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?		X
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.) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 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.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	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? N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 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
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
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.		
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
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
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
90 a	List the states with which a copy of this return is filed ▶ MN, WI		
b	Number of employees employed in the pay period that includes March 12, 2006 90b 4		
91 a	The books are in care of ▶ MARTHA NAEGELI Telephone no. ▶ 651-439-3838 Located at ▶ PO BOX 305, STILLWATER, MN ZIP + 4 ▶ 55082-0305		
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 ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X

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 Yes No
 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	18,767.	
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					
100 Gain or (loss) from sales of assets other than inventory			18	<1,967.>	
101 Net income or (loss) from special events			01	14,993.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					2,171.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		31,793.	2,171.
105 Total (add line 104, columns (B), (D), and (E))					33,964.

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	MISCELLANEOUS INCOME USED TO BUILD A STRONG AND CARING COMMUNITY.

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.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

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.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

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?

Yes	No

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

	Date
BARB GULBRANDSON, TREASURER Type or print name and title	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 RYAN J. TERRY, LTD 550 MAIN STREET ST. PAUL, MN 55112	EIN	Phone no. (651) 636-3806	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

Name of the organization UNITED WAY OF WASHINGTON COUNTY-EAST	Employer identification number 41 0855267
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	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.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	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	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	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 Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,296,652.	1,573,124.	1,039,466.	1,275,570.	5,184,812.
16 Membership fees received					
17 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					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	10,678.	6,717.	2,039.	6,105.	25,539.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	1,074.	1,991.	SEE STATEMENT 9 1,109.	157.	4,331.
23 Total of lines 15 through 22	1,308,404.	1,581,832.	1,042,614.	1,281,832.	5,214,682.
24 Line 23 minus line 17	1,308,404.	1,581,832.	1,042,614.	1,281,832.	5,214,682.
25 Enter 1% of line 23	13,084.	15,818.	10,426.	12,818.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 104,294.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 683,420.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 5,214,682.
d Add: Amounts from column (e) for lines: 18 25,539. 19 4,331. 22 4,331. 26b 683,420.					26d 713,290.
e Public support (line 26c minus line 26d total)					26e 4,501,392.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 86.3215%
27 Organizations described on line 12: 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					
(2005) (2004) (2003) (2002)					
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					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	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?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
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	41	
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

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
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 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 13 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
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i 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.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
721 SHARES OF 3M	47,715.	49,099.	0.	<1,384.>	
100 SHARES OF TARGET	5,704.	5,825.	0.	<121.>	
325 SHARES OF WELLS FARGO	10,899.	11,054.	0.	<155.>	
77 SHARES OF SUPERVALUE	2,470.	2,534.	0.	<64.>	
144 SHARES OF UPS	11,328.	11,571.	0.	<243.>	
TO FORM 990, PART I, LINE 8	78,116.	80,083.	0.	<1,967.>	

FORM 990	SPECIAL EVENTS AND ACTIVITIES			STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ZEPHYR TRAIN RIDE	9,956.	0.	9,956.	4,069.	5,887.
CASINO NIGHT	17,588.	0.	17,588.	8,482.	9,106.
TO FM 990, PART I, LINE 9	27,544.	0.	27,544.	12,551.	14,993.

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	3
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<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>		<u>AMOUNT</u>
UNITED WAY OF AMERICA	701 N FAIRFAX STREET ALEXANDRIA, VA 22314		
<u>PURPOSE OF PAYMENT</u>			
MEMBERSHIP FEES			11,891.
TOTAL TO FORM 990, PART I, LINE 16			<u>11,891.</u>

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	4
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<u>CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS</u>	<u>AMOUNT</u>
PROGRAM AMERICAN HEART ASSOCIATION 4701 W 77TH ST MINNEAPOLIS, MN 55435	7,254.
PROGRAM AMERICAN RED CROSS 342 5TH AVE N BAYPORT, MN 55003	30,301.
PROGRAM ARC GREATER TWIN CITIES 1201 89TH AVE NE #305 BLAINE, MN 55434	3,197.
PROGRAM ARTHRITIS FOUNDATION 1902 MINNEHAHA AVE W ST. PAUL, MN 55104	1,141.
PROGRAM CAMP FIRE USA 2610 UNIVERSITY AVE W MINNEAPOLIS, MN 55114	1,607.

PROGRAM CHARITIES REVIEW COUNCIL OF MN 46 E 4TH ST #636 ST. PAUL, MN 55101	650.
PROGRAM CHILDREN'S HOME SOCIETY 166 E 4TH STREET, SUITE 200 ST. PAUL, MN 55101	6,468.
PROGRAM PORTICO HEALTHNET 5640 MEMORIAL AVE N STILLWATER, MN 55082	114,791.
PROGRAM COURAGE CENTER 1460 CURVE CREST BLVD STILLWATER, MN 55082	1,540.
PROGRAM EAST METRO WOMEN'S COUNCIL 3521 CENTURY AVE N #213 WHITE BEAR LAKE, MN 55110	26,593.
PROGRAM EAST SUBURBAN RESOURCES 1754 WASHINGTON AVE STILLWATER, MN 55082	13,393.
PROGRAM FAMILY MEANS 1875 NORTHWESTERN AVE STILLWATER, MN 55082	206,824.
PROGRAM FINANCIAL ASSISTANCE OF UNITED WAY 5898 OMAHA AVE N STILLWATER, MN 55082	28,266.
PROGRAM GIRL SCOUTS, ST CROIX VALLEY 400 S ROBERT ST ST PAUL, MN 55107	11,236.
PROGRAM GREATER TWIN CITIES UNITED WAY-211 404 S 8TH ST MINNEAPOLIS, MN 55404	5,293.

PROGRAM HAVE A HEART, INC. W 10356 HIGHWAY 29 RIVER FALLS, WI 54022	2,400.
PROGRAM HUMAN SERVICES, INC. 7066 STILLWATER BLVD N OAKDALE, MN 55128	117,912.
PROGRAM NORTHERN STAR COUNCIL/BSA 393 MARSHALL AVE ST PAUL, MN 55102	28,046.
PROGRAM KAY CLINT FUND PO BOX 305 STILLWATER, MN 55082	7,700.
PROGRAM LAKEVIEW HOSPITAL 5610 NORWICH PARKWAY OAK PARK HEIGHTS, MN 55082	21,763.
PROGRAM LEGAL ASSISTANCE OF WASHINGTON CNTY 275 S 3RD ST #103 STILLWATER, MN 55082	37,274.
PROGRAM LIFETRACK RESOURCES 709 UNIVERSITY AVE W ST. PAUL, MN 55104	5,295.
PROGRAM NAMI - MN WASHINGTON COUNTY 308 EDGEWOOD AVE STILLWATER, MN 55082	1,226.
PROGRAM TUBMAN FAMILY ALLIANCE 3111 FIRST AVE S MINNEAPOLIS, MN 55408	105,298.
PROGRAM VISION LOSS RESOURCES 216 S WABASHA ST ST PAUL, MN 55107	3,105.

PROGRAM YOUTH SERVICE BUREAU 101 WEST PINE ST STILLWATER, MN 55082	96,187.
PROGRAM AMERICAN RED CROSS-ST CROIX VALLEY 342 5TH AVE N BAYPORT, MN 55003	4,089.
PROGRAM COMMUNITY REFERRAL AGENCY PO BOX 365 MILLTOWN, WI 64858	2,500.
PROGRAM COURAGE CENTER 3915 GOLDEN VALLEY RD GOLDEN VALLEY, MN 55422	56,612.
PROGRAM DRESSER OSCEOLA GARFIELD FIRE ASSN PO BOX 153 DRESSER, WI 54009	2,032.
PROGRAM FINANCIAL ASSISTANCE OF UNITED WAY PO BOX 541 OSCEOLA, WI 54020	5,000.
PROGRAM GIRL SCOUTS, ST CROIX VALLEY 400 S ROBERT ST ST PAUL, MN 55107	1,416.
PROGRAM NORTHERN STAR COUNCIL/BSA 393 MARSHALL AVE ST PAUL, MN 55102	2,550.
PROGRAM KINSHIP OF POLK COUNTY 118 CENTER STREET AMERY, WI 54001	1,770.
PROGRAM LAUF II CLOWNS 740 MAPLE DRIVE ST CROIX FALLS, WI 54024	800.

PROGRAM LAKEVIEW HOSPICE 5620 MEMORIAL AVE N STILLWATER, MN 55082	2,274.
PROGRAM MULTIPLE SCLEROSIS SOCIETY 200 12TH AVE S MINNEAPOLIS, MN 55415	500.
PROGRAM THE OPEN CUPBOARD PO BOX 541 OSCEOLA, WI 54020	2,290.
PROGRAM OSCEOLA AREA AMBULANCE SERVICE PO BOX 411 OSCEOLA, WI 54020	1,350.
PROGRAM POLK COUNTY ADULT DEVELOPMENT CENTER 101 150TH ST BALSAM LAKE, WI 54810	5,156.
PROGRAM POLK COUNTY TRANSPORTATION 100 POLK COUNTY PLAZA SUITE 190 BALSAM LAKE, WI 54810	500.
PROGRAM ST. CROIX REGIONAL MEDICAL CENTER 204 SOUTH ADAMS ST ST. CROIX FALLS, WI 54024	1,500.
PROGRAM ST. CROIX FALLS FOOD SHELF 5898 OMAHA AVE N STILLWATER, MN 55082	500.
PROGRAM ST. CROIX VALLEY COMMUNITY FOUNDATION 516 2ND STREET, STE 214, PO BOX 39 HUDSON, WI 54016	605.
PROGRAM HOPE HOUSE 451 N EVERETT STREET STILLWATER, MN 55082	4,531.

PROGRAM	2,516.
INTERFAITH CAREGIVERS	
515 S MOORE STREET	
BLUE EARTH, MN 56013	
PROGRAM	2,000.
LOAVES AND FISHES FOOD PANTRY	
1917 LOGAN AVENUE SOUTH	
MINNEAPOLIS, MN 55403	
PROGRAM	500.
POSITIVE ALTERNATIVES	
603 TERRILL ROAD	
MENOMONIE, WI 54751	
PROGRAM	10,292.
FAMILY RESOURCE CENTER	
214 N 3RD STREET	
STILLWATER, MN 55082	
PROGRAM	16,467.
SALVATION ARMY FIREWALL YOUTH CENTER	
1912 S GREELEY STREET	
STILLWATER, MN 55082	
PROGRAM	40,980.
COMMUNITY VOLUNTEER SERVICES	
2300 W ORLEANS STREET	
STILLWATER, MN 55082	
PROGRAM	500.
FAMILY RESOURCE CENTER	
857 MAIN STREET	
BALDWIN, WI 54002	
PROGRAM	2,175.
NORTHERN WATERS LITERACY	
PO BOX 67	
BALSAM, WI 54810	
PROGRAM	6,300.
FAMILY MEANS	
1875 NORTHWESTERN AVE	
STILLWATER, MN 55082	
PROGRAM	500.
COURAGE CENTER	
3915 GOLDEN VALLEY RD	
GOLDEN VALLEY, MN 55422	

PROGRAM 1,000.
 GIRL SCOUTS, ST CROIX VALLEY
 400 S ROBERT ST
 ST. PAUL, MN 55107

PROGRAM 2,254.
 ST. CROIX FALLS FOOD SHELF
 5898 OMAHA AVE N
 STILLWATER, MN 55082

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B 1,066,219.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
 PART III

EXPLANATION

THE ST. CROIX AREA UNITED WAY'S MISSION IS TO STRENGTHEN THE COMMUNITY BY RAISING AWARENESS AND FUNDING FOR THE DELIVERY OF EFFECTIVE HEALTH AND HUMAN SERVICE PROGRAMS.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	46,683.	45,610.	1,073.
EQUIPMENT	2,945.	246.	2,699.
TOTAL TO FORM 990, PART IV, LN 57	49,628.	45,856.	3,772.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARTHA NAEGELI PO BOX 305 STILLWATER, MN 55082	EXECUTIVE DIRECTOR 40.00	32,841.	1,431.	0.
KATHY ANDERSON PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
JOHN BAIRD PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
JOAN BEAVER PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
ARBA-DELLA BECK PO BOX 305 STILLWATER, MN 55082	SECRETARY 1.00	0.	0.	0.
BRIAN BEEDLE PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
KEVIN CORBID PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
BARBARA CYSIEWSKI PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
BEVERLY DUSSO PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
JAMES GILLESPIE PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
BARBARA GULBRANDSEN PO BOX 305 STILLWATER, MN 55082	TREASURER 1.00	0.	0.	0.

MARK HOLLERMANN PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
JAMES HONSVALL PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
VALERIE JONES PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
BARBARA KELLEY PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
LORI KELLEY PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
SAM LEON PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
CHRIS LINDSTROM PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
DIANE LUND PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
HARRY MARTIN PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
GWEN NICKLESKI PO BOX 305 STILLWATER, MN 55082	PRESIDENT 1.00	0.	0.	0.
DAVID PALMER PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
SUSAN ROCKWOOD PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
DAVID SCHMIECHEN PO BOX 305 STILLWATER, MN 55082	SECRETARY 1.00	0.	0.	0.

UNITED WAY OF WASHINGTON COUNTY-EAST

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JERRY SERFLING PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
DOUG SMITH PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
MELANIE SULLIVAN PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
DIANE THOMPSON PO BOX 305 STILLWATER, MN 55082	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>32,841.</u>	<u>1,431.</u>	<u>0.</u>

FORM 990

OFFICERS, DIRECTORS, TRUSTEES AND
KEY EMPLOYEES COMPENSATION EXPLANATION
PART V-A

STATEMENT 8

PERSON'S NAME

MARK KRISTENSEN - FORMER EXECUTIVE DIRECTOR

COMPENSATION EXPLANATION

COMPENSATION CONSISTS OF WAGES OF \$28,601. BENEFITS CONSIST OF PENSION OF \$2,077 AND SECTION 125 PLAN OF \$200.

PERSON'S NAME

MARTHA NAEGELI

COMPENSATION EXPLANATION

COMPENSATION CONSISTS OF WAGES OF \$32,841. BENEFITS CONSIST OF PENSION OF \$1,231 AND SECTION 125 PLAN OF \$200.

SCHEDULE A	OTHER INCOME			STATEMENT	9
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	
OTHER	1,074.	1,991.	1,109.	157.	
TOTAL TO SCHEDULE A, LINE 22	<u>1,074.</u>	<u>1,991.</u>	<u>1,109.</u>	<u>157.</u>	