See a Social Security Number? Say Something!
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Form **990**

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)

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization **UNITED WAY OF PIERCE COUNTY**

Doing Business As

Number and street (or P O box if mail is not delivered to street address) **PO BOX 2215** Room/suite

City or town, state or country, and ZIP + 4 **TACOMA WA 98401-2215**

D Employer identification number **91-0650669**

E Telephone number **253 272 4263**

G Gross receipts $ **12,948,729**

F Name and address of principal officer **ETHAN R ALLEN PRESIDENT**
1501 PACIFIC AVE 4TH FLOOR TACOMA WA 98402

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **WWW.UWPC.ORG**

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **1951**

M State of legal domicile **WA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **United Way of Pierce County convenes volunteers, non profits, private business, government and donors to help create innovative approaches and verifiable results in key human service areas of income, education and health. We work with community partners to address long term issues while funding urgent basic needs such as food, housing, health and childcare.**

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	37
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	37
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	69
6	Total number of volunteers (estimate if necessary)	6	2,622
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	10,274,127	11,321,627
9	Program service revenue (Part VIII, line 2g)	296,121	583,777
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	63,898	41,908
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	194,644	186,855
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,828,790	12,134,167
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,913,832	6,914,058
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,179,832	2,233,898
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,182,302	1,575,693
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	11,275,966	10,723,649
19	Revenue less expenses. Subtract line 18 from line 12	(447,176)	1,410,518

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	11,814,396	13,171,158
21	Total liabilities (Part X, line 26)	1,955,874	1,923,014
22	Net assets or fund balances. Subtract line 21 from line 20	9,858,522	11,248,144

SCANNED AUG 10 2012

RECEIVED
AUG 06 2012
IRS-OSC
OGDEN, UT

Part II Signature Block

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

Sign Here

Signature of officer Rick Allen, Presidt Date August 1, 2012

Type or print name and title Rick Allen, President

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no

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

9-19 12

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

Make measurable improvements in the lives of people in our coummunity.

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: **N/A**) (Expenses $ **2,863,578** including grants of $ **2,863,578**) (Revenue $)

Community Safety Net - Distributions to various not for proift agencies providing health and human service programs in the area of educaition, income stability, health and emergency services.

4b (Code: **N/A**) (Expenses $ **2,870,423** including grants of $) (Revenue $)

DonorVoice Program - United Way provides donors the opportunity to designate money to community not for proifts. This is the amount paid out in 2011.

4c (Code **N/A**) (Expenses $ **1,259,288** including grants of $) (Revenue $)

Gifts in kind distributions to various not for profits. See schedule O for more detailed information on the progam.

4d Other program services (Describe in Schedule O)
(Expenses $ **1,934,055** including grants of $) (Revenue $)

4e **Total program service expenses** ▶ **8,927,344**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	✓	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25*	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		✓
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	69		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	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)?	4a			✓
b	If "Yes," enter the name of the foreign country ▶ ---------- See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	N/A		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	37		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	37		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			✓
6	Did the organization have members or stockholders?	6			✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			✓

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ **WASHINGTON**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ **PETER J GRIGNON, CFO, CPA 1501 PACIFIC AVE 4TH FLOOR TACOMA WA 98402 253 272-4263**

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH BAILEY DIRECTOR	2	✓								
(2) SILVIA BARAJAS DIRECTOR	2	✓								
(3) MARIA CASELLA DIRECTOR	2	✓								
(4) DR. ANTHONY CHEN,, MD DIRECTOR	2	✓								
(5) JO ANNE COY DIRECTOR	2	✓								
(6) BRUCE DAMMEIER DIRECTOR	8	✓								
(7) MICHAEL FEREIRA DIRECTOR	2	✓								
(8) DIANNE FESSLER DIRECTOR	2	✓								
(9) DERREK GAFFORD DIRECTOR	2	✓								
(10) CHRIS GIBEAULT DIRECTOR	2	✓								
(11) DAVID GRAYBILL DIRECTOR	2	✓								
(12) LYNNE GRIFFITH DIRECTOR	2	✓								
(13) AMBER HAVENS DIRECTOR	2	✓								
(14) DONNA HAYNES DIRECTOR	2	✓								

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CONTINUATION PAGE										
(2) CARLA SANTORNO DIRECTOR	2	✓								
(3) ANNE SPRUTE DIRECTOR	2	✓								
(4) DR GEORGE TANBARA DIRECTOR	2	✓								
(5) PAMELA TRANSUE DIRECTOR	2	✓								
(6) JEFFREY VERNOR DIRECTOR	2	✓								
(7) JAN WEST DIRECTOR	2	✓								
(8) SCOTT WINSHIP DIRECTOR	2	✓								
(9) ARTEE YOUNG DIRECTOR	2	✓								
(10) MICHAEL TUREK BOARD CHAIR	2	✓		✓						
(11) JAMES KRUEGER BOARD CHAIR ELECT	2	✓		✓						
(12) JENNIFER NINO TREASURER	2	✓		✓						
(13) DEBRA YOUNG SECRETARY	2	✓		✓						
(14) ETHAN R ALLEN PRESIDENT	40			✓				178,256	0	33,765

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) TIM HOLMES DIRECTOR	2	✓								
(16) ROD KOON DIRECTOR	2	✓								
(17) MATT LEVI DIRECTOR	2	✓								
(18) GENERAL GARY MOGONIGLE DIRECTOR	2	✓								
(19) JAMES MCCORMICK DIRECTOR	2	✓								
(20) MIKE MCCRABB DIRECTOR	2	✓								
(21) RICHARD MEEDER DIRECTOR	2	✓								
(22) SHARON NESS DIRECTOR	2	✓								
(23) LINDA NGUYEN DIRECTOR	2	✓								
(24) KENT ROBERTS DIRECTOR	2	✓								
(25) PATTY ROSE DIRECTOR	2	✓								
1b **Sub-total** . . . . . ▶								0	0	0
c **Total from continuation sheets to Part VII, Section A** . . . . . ▶								329,771	0	63,519
d **Total (add lines 1b and 1c)** . . . . . ▶								329,771	0	63,519

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) PETER J GRIGNON SR VP OF FINANCE AND CFO	40			✓				88,882	0	15,322
(16) LYNN E T MOURER EXECUTIVE VICE PRESIDENT	40			✓				36,399	0	12,806
(17) MAUREEN FACCIA EXECUTIVE VICE PRESIDENT	40			✓				26,234	0	1,626
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Sub-total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 148,582				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 389,794				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 10,783,251				
	g	Noncash contributions included in lines 1a-1f: $ 1,175,095					
	h	**Total.** Add lines 1a–1f ▶		11,321,627			
Program Service Revenue			Business Code				
	2a	BMB Human Service Center	531120	583,777	583,777		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f ▶		583,777			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		61,562	61,562		
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities 794,908 / (ii) Other 0				
	b	Less. cost or other basis and sales expenses	811,419 / 3,143				
	c	Gain or (loss)	(16,511) / (3,143)				
	d	Net gain or (loss) ▶		(19,654)	(19,654)		
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
	c	Net income or (loss) from sales of inventory ▶					
		Miscellaneous Revenue	Business Code				
	11a	Donor Designation Fees	900099	186,855	186,855		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d ▶		186,855			
	12	**Total revenue.** See instructions. ▶		12,134,167			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,914,058	6,914,058		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	393,290	168,668	173,024	51,598
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,392,368	648,162	149,535	594,671
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	89,097	35,662	26,194	27,241
9	Other employee benefits	230,933	108,849	27,883	94,201
10	Payroll taxes	128,210	60,497	21,728	45,985
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying	30,200		30,200	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	23,797		23,797	
g	Other	96,644	69,520	26,234	890
12	Advertising and promotion	75,809	1,640		74,169
13	Office expenses	60,773	21,285	19,280	20,208
14	Information technology	70,280	37,660	20,468	12,152
15	Royalties				
16	Occupancy	536,088	536,026	19	43
17	Travel	64,474	50,828	4,464	9,182
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	62,316	14,821	13,050	34,445
20	Interest				
21	Payments to affiliates	75,898	41,621	11,917	22,360
22	Depreciation, depletion, and amortization	206,080	179,819	9,130	17,131
23	Insurance	27,057	17,107	3,066	6,884
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	**Printing and Publications**	85,920	13,504	3,622	68,794
b	**Dues to professional organizations**	11,379	6,813	4,035	531
c	**Combined Federal Campaign Contract**	138,273		25,180	113,093
d					
e	All other expenses **Miscellaneous**	10,705	804	8,785	1,116
25	**Total functional expenses.** Add lines 1 through 24e	10,723,649	8,927,344	601,610	1,194,695
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		2,074,998	2	3,189,932
	3	Pledges and grants receivable, net		3,018,528	3	2,961,185
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		170,100	9	212,432
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,993,174			
	b	Less: accumulated depreciation	10b 3,274,736	3,840,030	10c	3,718,438
	11	Investments—publicly traded securities		2,449,638	11	2,814,669
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		261,102	15	274,502
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		11,814,396	16	13,171,158
Liabilities	17	Accounts payable and accrued expenses		292,670	17	320,490
	18	Grants payable		1,425,604	18	1,391,324
	19	Deferred revenue		237,600	19	211,200
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,955,874	26	1,923,014
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,124,663	27	7,378,502
	28	Temporarily restricted net assets		3,631,407	28	3,767,190
	29	Permanently restricted net assets		102,452	29	102,452
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		9,858,522	33	11,248,144
	34	Total liabilities and net assets/fund balances		11,814,396	34	13,171,158

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,134,167
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,723,649
3	Revenue less expenses. Subtract line 2 from line 1	3	1,410,518
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,858,522
5	Other changes in net assets or fund balances (explain in Schedule O)	5	(20,896)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,248,144

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990. ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF PIERCE COUNTY	91-0650669

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% 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).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	12,074,863	11,086,092	10,108,763	10,274,127	11,321,627	54,856,472
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3 . . .	12,074,683	11,086,092	10,108,763	10,274,127	11,321,627	54,856,472
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,721,387
6 **Public support.** Subtract line 5 from line 4.						50,144,085

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	12,074,683	11,086,092	10,108,763	10,274,127	11,321,627	54,865,472
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	652,957	602,789	446,453	360,639	645,339	2,708,177
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 **Total support.** Add lines 7 through 10						57,573,649

12	Gross receipts from related activities, etc. (see instructions)	12	54,865,472

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	87.25 %
15	Public support percentage from 2010 Schedule A, Part II, line 14	15	86.37 %

16a **33⅓% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33⅓% support test—2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6 **Total.** Add lines 1 through 5 . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f)) .	17	%
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . ▶ ☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations· Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations· Complete Part III

Name of organization	Employer identification number
UNITED WAY OF PIERCE COUNTY	91-0650669

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures . . . . . ▶ $

3 Volunteer hours . . . . . .

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV.

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	18,693	
c	Total lobbying expenditures (add lines 1a and 1b)	18,693	
d	Other exempt purpose expenditures	10,704,956	
e	Total exempt purpose expenditures (add lines 1c and 1d)	10,723,649	
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	686,182	
g	Grassroots nontaxable amount (enter 25% of line 1f)	171,546	
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
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.
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.

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	0	0	0	686,182	686,182
b Lobbying ceiling amount (150% of line 2a, column (e))					1,029,273
c Total lobbying expenditures	0	0	0	0	18,693
d Grassroots nontaxable amount	0	0	0	0	0
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures	0	0	0	0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
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 similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information

United Way of Pierce County advocates for issues in the focus areas of education, income stability, and health and works with other partners to bring positive community change to Pierce County.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

UNITED WAY OF PIERCE COUNTY

Employer identification number

91-0650669

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ----------

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ----------

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ----------
(ii) Assets included in Form 990, Part X ▶ $ ----------

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ----------
b Assets included in Form 990, Part X ▶ $ 83,000

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☑ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☑ Other **Holding for future investment increase**

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,169,331	819,045	634,817	885,460	
b Contributions	1,109,337	265,000	0	75,913	
c Net investment earnings, gains, and losses	6,405	135,286	184,228	(326,556)	
d Grants or scholarships			0	0	
e Other expenditures for facilities and programs		(50,000)	0	0	
f Administrative expenses		0	0	0	
g End of year balance	2,285,073	1,169,331	819,045	634,817	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 95 %
- b Permanent endowment ▶ 4 %
- c Temporarily restricted endowment ▶ 1 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		✓
(ii) related organizations	3a(ii)		✓
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		618,300		618,300
b Buildings		5,770,346	2,803,054	2,967,292
c Leasehold improvements				
d Equipment		604,528	471,682	132,846
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				3,718,438

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)	**Chihuly Glass Donation**	**83,000**
(2)	**CSV - Life Insurance - Key Person**	**175,740**
(3)	**Intangibles**	**15,762**
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶		**274,502**

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,134,167
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,723,649
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,410,518
4	Net unrealized gains (losses) on investments	4	(20,896)
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net). Add lines 4 through 8	9	(20,896)
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,389,622

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	9,227,090
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	(20,896)		
b	Donated services and use of facilities	2b	122,515		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	101,619
3	Subtract line **2e** from line **1**			3	9,125,471
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1** :				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	3,008,696		
c	Add lines **4a** and **4b**			4c	3,008,696
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	12,134,167

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	7,837,468
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	122,515		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	122,515
3	Subtract line **2e** from line **1**			3	7,714,953
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	3,008,696		
c	Add lines **4a** and **4b**			4c	3,008,696
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	10,723,649

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V - Endowment Fund - $2,156,322 of the endowment fund is unrestricted and has been designated by the board. $128,750 is donor restricted. The board designated $1,109,337 from bequests received in 2011 to the fund. The purpose of the fund is to increase it to a certain point, and then use the earnings to cover overhead costs, thus driving more money back into community program services

Part XII line 4b other· These are designated gifts from donors where we raise the money and incur the costs. Generally accepted accounting principles do not allow us to record it as revenue.

Part XIV Supplemental Information *(continued)*

Part XIII Line 4b other· Same as XII, line 4b other. These are designated gifts from donors where we raise the money and incur the costs.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

UNITED WAY OF PIERCE COUNTY

Employer identification number

91-0650669

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of Valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A Step Ahead In Pierce County 8717 S Hosmer St Ste A, Tacoma, WA 98444	91-2145470	501c3	$ 142				Designated Gifts
A Step Ahead in Pierce County 8717 S Hosmer St Ste A, Tacoma, WA 98444	91-2145470	501c3	$ 6,375				Program Support
American Cancer Society - Tacoma 1313 Broadway Ste 100, Tacoma, WA 98402	84-1316555	501c3	$ 2,189				Designated Gifts
American Cancer Society - Tacoma 1313 Broadway Ste 100, Tacoma, WA 98402	84-1316555	501c3	$ 7,500				Program Support
American Red Cross - Tacoma 1235 South Tacoma Way, Tacoma, WA 98409	53-0196605	501c3	$ 14,118				Designated Gifts
American Red Cross - Tacoma 1235 South Tacoma Way, Tacoma, WA 98409	53-0196605	501c3	$ 60,309				Program Support
Associated Ministries of Tacoma 1224 S I St, Tacoma, WA 98405	91-0847534	501c3	$ 293				Designated Gifts
Associated Ministries of Tacoma 1224 S I St, Tacoma, WA 98405	91-0847534	501c3	$ 15,375				Program Support
Bates Technical College Foundation 1101 S Yakima Ave #M332, Tacoma, WA 98405	94-3165935	501c3	$ 728				Designated Gifts
Bates Technical College Foundation 1101 S Yakima Ave #M332, Tacoma, WA 98405	94-3165935	501c3	$ 17,500				Program Support
Bellarmine Preparatory School 2300 S Washington St, Tacoma, WA 98405	91-1109930	501c3	$ 20,202				Designated Gifts
Bethany Christian Services of WA 12360 Lake City Way NE #301, Seattle, WA 98125	91-0541847	501c3	$ 5,832				Designated Gifts
Big Brothers/Big Sisters of Puget Sound 1600 Graham St, Seattle, WA 98108	91-0673185	501c3	$ 3,073				Designated Gifts
Big Brothers/Big Sisters of Puget Sound 1600 Graham St, Seattle, WA 98108	91-0673185	501c3	$ 23,686				Program Support
Birth to Three Development Center PO Box 24269, Federal Way, WA 98093	91-0889019	501c3	$ 1,983				Designated Gifts
Birth to Three Development Center PO Box 24269, Federal Way, WA 98093	91-0889019	501c3	$ 9,707				Program Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 104

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

UNITED WAY OF PIERCE COUNTY

Employer identification number

91-0650669

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of Valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boy Scouts - Pacific Harbors Council 4802 S 19th St, Tacoma, WA 98405	91-0564954	501c3	$ 12,586				Designated Gifts
Boys & Girls Clubs of S Puget Sd 3875 S 66th St #101, Tacoma, WA 98409	91-0759832	501c3	$ 13,350				Designated Gifts
Boys & Girls Clubs of S. Puget Sd 3875 S 66th St #101, Tacoma, WA 98409	91-0759832	501c3	$ 139,892				Program Support
Camp Fire USA Orca Council PO Box 18170, Tacoma, WA 98419	91-0564955	501c3	$ 3,581				Designated Gifts
Camp Fire USA Orca Council PO Box 18170, Tacoma, WA 98419	91-0564955	501c3	$ 5,700				Program Support
CARES of Washington 1501 Pacific Ave #B-01, Tacoma, WA 98402	13-4237286	501c3	$ 74				Designated Gifts
CARES of Washington 1501 Pacific Ave #B-01, Tacoma, WA 98402	13-4237286	501c3	$ 35,500				Program Support
Caring For Kids 237 Eldorado Ave, Fircrest, WA 98466	22-3888577	501c3	$ 6,649				Designated Gifts
Catholic Community Services PO Box 1637, Tacoma, WA 98401	91-1585652	501c3	$ 32,721				Designated Gifts
Catholic Community Services PO Box 1637, Tacoma, WA 98401	91-1585652	501c3	$ 87,070				Program Support
CenterForce 5204 Solberg Dr SW, Lakewood, WA 98499	51-0209800	501c3	$ 1,301				Designated Gifts
CenterForce 5204 Solberg Dr SW, Lakewood, WA 98499	51-0209800	501c3	$ 9,382				Program Support
Centro Latino SER 1208 S 10 St, Tacoma, WA 98405	91-1488193	501c3	$ 762				Designated Gifts
Centro Latino SER 1208 S 10 St, Tacoma, WA 98405	91-1488193	501c3	$ 27,443				Program Support
Children's Emergency Fund 214 W Main St, Puyallup, WA 98371	91-1182856	501c3	$ 27,715				Designated Gifts
Children's Home Society of WA 5929 N Westgate Blvd #D, Tacoma, WA 98406	91-0575958	501c3	$ 3,478				Designated Gifts

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 104

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

UNITED WAY OF PIERCE COUNTY

Employer identification number

91-0650669

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of Valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Home Society of WA 5929 N Westgate Blvd #D, Tacoma, WA 98406	91-0575958	501c3	$ 30,942				Program Support
Children's Museum of Tacoma 936 Broadway, Tacoma, WA 98402	94-3036465	501c3	$ 2,333				Designated Gifts
Children's Museum of Tacoma 936 Broadway, Tacoma, WA 98402	94-3036465	501c3	$ 45,975				Program Support
Children's Therapy Center/Dynamic Families 8717 S Hosmer Center, Tacoma, WA 98444	20-5356206	501c3	$ 514				Designated Gifts
Children's Therapy Center/Dynamic Families 8717 S Hosmer Center, Tacoma, WA 98444	20-5356206	501c3	$ 6,750				Program Support
Communities in Schools of Lakewood 6402 100th St SW, Lakewood, WA 98499	91-1732922	501c3	$ 1,277				Designated Gifts
Communities in Schools of Lakewood 6402 100th St SW, Lakewood, WA 98499	91-1732922	501c3	$ 15,000				Program Support
Communities in Schools of Orting PO Box 1214, Orting, WA 98360	30-0019360	501c3	$ 1,558				Designated Gifts
Communities in Schools of Orting PO Box 1214, Orting, WA 98360	30-0019360	501c3	$ 10,000				Program Support
Communities in Schools of Penninsula PO Box 684, Vaughn, WA 98394	91-2024847	501c3	$ 696				Designated Gifts
Communities in Schools of Penninsula PO Box 684, Vaughn, WA 98394	91-2024847	501c3	$ 7,500				Program Support
Communities in Schools of Puyallup 302 2nd St SE, Puyallup, WA 98371	26-0028759	501c3	$ 2,157				Designated Gifts
Communities in Schools of Puyallup 302 2nd St SE, Puyallup, WA 98371	26-0028759	501c3	$ 5,250				Program Support
Communities in Schools of Tacoma 708 S G St, Tacoma, WA 98405	91-2138848	501c3	$ 754				Designated Gifts
Communities in Schools of Tacoma 708 S G St, Tacoma, WA 98405	91-2138848	501c3	$ 9,750				Program Support
Community Health Care 101 E 26th St #100, Tacoma, WA 98421	91-1349657	501c3	$ 5,923				Designated Gifts

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 104

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

UNITED WAY OF PIERCE COUNTY

Employer identification number

91-0650669

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of Valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Health Care 101 E 26th St #100, Tacoma, WA 98421	91-1349657	501c3	$ 30,690				Program Support
Community Montessori 1407 S I St, Tacoma, WA 98405	91-0833082	501c3	$ 1,212				Designated Gifts
Community Montessori 1407 S I St, Tacoma, WA 98405	91-0833082	501c3	$ 20,860				Program Support
Comprehensive Life Resources 1201 S Proctor St, Tacoma, WA 98405	91-0854239	501c3	$ 1,315				Designated Gifts
Comprehensive Life Resources 1201 S Proctor St, Tacoma, WA 98405	91-0854239	501c3	$ 12,000				Program Support
DASH Centers for the Arts 1504 MLK Jr Way, Tacoma, WA 98405	57-1162646	501c3	$ 6,000				Program Support
Diabetes Association of Pierce County PO Box 110427, Tacoma, WA 98411	91-1192064	501c3	$ 8,190				Designated Gifts
Diabetes Association of Pierce County PO Box 110427, Tacoma, WA 98411	91-1192064	501c3	$ 9,000				Program Support
Eatonville Family Agency PO Box 1764, Eatonville, WA 98328	91-1059530	501c3	$ 4,210				Designated Gifts
Eatonville Family Agency PO Box 1764, Eatonville, WA 98328	91-1059530	501c3	$ 7,000				Program Support
Exodus Housing PO Box 1006, Sumner, WA 98390	91-1660137	501c3	$ 3,765				Designated Gifts
Exodus Housing PO Box 1006, Sumner, WA 98390	91-1660137	501c3	$ 23,438				Program Support
Families Unlimited Network PO Box 65672, Tacoma, WA 98464	20-0435496	501c3	$ 2,609				Designated Gifts
Families Unlimited Network PO Box 65672, Tacoma, WA 98464	20-0435496	501c3	$ 13,000				Program Support
Federal Way Foursquare Church 34800 21st Ave SW, Federal Way, WA 98023	91-0966294	501c3	$ 8,621				Designated Gifts
First Five Fundamentals PO Box 2215, Tacoma, WA 98401	80-0209462	501c3	$ 131,000				Program Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 104

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

UNITED WAY OF PIERCE COUNTY

Employer identification number

91-0650669

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of Valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FISH Food Bank of Pierce County 621 Tacoma Ave S #202, Tacoma, WA 98402	91-1198391	501c3	$ 23,827				Designated Gifts
FISH Food Bank of Pierce County 621 Tacoma Ave S #202, Tacoma, WA 98402	91-1198391	501c3	$ 18,750				Program Support
Franciscan Foundation 1149 Market St, Tacoma, WA 98402	91-0564491	501c3	$ 4,989				Designated Gifts
Franciscan Foundation 1149 Market St, Tacoma, WA 98402	91-0564491	501c3	$ 22,875				Program Support
Girl Scouts of Western Washington 601 Valley Street, Seattle, WA 98109	91-6060940	501c3	$ 3,292				Designated Gifts
Girl Scouts of Western Washington 601 Valley Street, Seattle, WA 98109	91-6060940	501c3	$ 22,000				Program Support
Good Samaritan Community Healthcare 407 14th Ave SE, Puyallup, WA 98372	91-1203264	501c3	$ 4,304				Designated Gifts
Good Samaritan Community Healthcare 407 14th Ave SE, Puyallup, WA 98372	91-1203264	501c3	$ 75,209				Program Support
Good Samaritan Foundation 402 15th Ave SE Ste 101, Puyallup, WA 98371	91-2004312	501c3	$ 10,998				Designated Gifts
Good Samaritan Foundation 402 15th Ave SE Ste 101, Puyallup, WA 98371	91-2004312	501c3	$ 15,750				Program Support
Greater Lakes Mental Healthcare 9330 59th Ave SW, Lakewood, WA 98499	91-6064184	501c3	$ 3,936				Designated Gifts
Greater Lakes Mental Healthcare 9330 59th Ave SW, Lakewood, WA 98499	91-6064184	501c3	$ 19,860				Program Support
Habitat for Humanity - Tacoma PO Box 7124, Tacoma, WA 98417	06-1764737	501c3	$ 2,523				Designated Gifts
Habitat for Humanity - Tacoma PO Box 7124, Tacoma, WA 98417	06-1764737	501c3	$ 20,000				Program Support
Hearing, Speech and Deafness Center 1625 19th Ave, Seattle, WA 98122	91-0681207	501c3	$ 21				Designated Gifts
Hearing, Speech and Deafness Center 1625 19th Ave, Seattle, WA 98122	91-0681207	501c3	$ 16,500				Program Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 104

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

UNITED WAY OF PIERCE COUNTY

Employer identification number

91-0650669

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of Valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Help-A-Student Fund PO Box 1357, Tacoma, WA 98401	91-1007459	501c3	$ 32,771				Designated Gifts
Helping Hand House PO Box 710, Puyallup, WA 98371	91-1275046	501c3	$ 15,376				Designated Gifts
Helping Hand House PO Box 710, Puyallup, WA 98371	91-1275046	501c3	$ 53,813				Program Support
Hilltop Artists in Residence PO Box 6829, Tacoma, WA 98407	91-667476	501c3	$ 697				Designated Gifts
Hilltop Artists in Residence PO Box 6829, Tacoma, WA 98407	91-667476	501c3	$ 15,000				Program Support
HopeSparks 6424 N Ninth St, Tacoma, WA 98406	91-0598103	501c3	$ 2,892				Designated Gifts
HopeSparks 6424 N Ninth St, Tacoma, WA 98406	91-0598103	501c3	$ 78,134				Program Support
Humane Society of Tacoma 2608 S Center St, Tacoma, WA 98409	91-0577128	501c3	$ 7,772				Designated Gifts
Korean Women's Association 125 E 96th St, Tacoma, WA 98445	91-1066806	501c3	$ 104				Designated Gifts
Korean Women's Association 125 E 96th St, Tacoma, WA 98445	91-1066806	501c3	$ 25,000				Program Support
Lake City Community Church 8810 Lawndale Ave SW, Lakewood, WA 98498	91-0684801	501c3	$ 7,000				Designated Gifts
Lakewood Area Shelter Association PO Box 98619, Lakewood, WA 98498	91-1470619	501c3	$ 19,125				Program Support
Lakewood Senior Activity Center 9112 Lakewood Dr SW, Lakewood, WA 98499	91-1470619	501c3	$ 104				Designated Gifts
Lakewood Senior Activity Center 9112 Lakewood Dr SW, Lakewood, WA 98499	91-1470619	501c3	$ 5,583				Program Support
L'Arche Tahoma Hope Community 12303 36th Ave E, Tacoma, WA 98445	91-1206208	501c3	$ 6,532				Designated Gifts
L'Arche Tahoma Hope Community 12303 36th Ave E, Tacoma, WA 98445	91-1206208	501c3	$ 8,500				Program Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 104

3 Enter total number of other organizations listed in the line 1 table . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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2011

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Name of the organization

UNITED WAY OF PIERCE COUNTY

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91-0650669

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Life Christian Center 1717 S Union Ave, Tacoma, WA 98405	91-0579229	501c3	$ 10,571				Designated Gifts
Lindquist Dental Clinic for Children 130 131st St S, Tacoma, WA 98444	91 0615378	501c3	$ 1,320				Designated Gifts
Lindquist Dental Clinic for Children 130 131st St S, Tacoma, WA 98444	91-0615378	501c3	$ 25,160				Program Support
Lutheran Community Services NW 223 N Yakima Ave, Tacoma, WA 98403	91-152804	501c3	$ 5,132				Designated Gifts
Lutheran Community Services NW 223 N Yakima Ave, Tacoma, WA 98403	91-152804	501c3	$ 8,500				Program Support
Mary Bridge Children's Foundation PO Box 5296, Tacoma, WA 98415	94-3030039	501c3	$ 52,769				Designated Gifts
Mary Bridge Children's Foundation PO Box 5296, Tacoma, WA 98415	94-3030039	501c3	$ 24,000				Program Support
Mercy Housing Northwest 2505 Third Ave #204, Seattle, WA 98121	91-1546525	501c3	$ 346				Designated Gifts
Mercy Housing Northwest 2505 Third Ave #204, Seattle, WA 98121	91-1546525	501c3	$ 34,500				Program Support
MultiCare Health System PO Box 5299 MS: 315-M2, Tacoma, WA 98415	91-1352172	501c3	$ 36,819				Designated Gifts
MultiCare Health System PO Box 5299 MS 315-M2, Tacoma, WA 98415	91-1352172	501c3	$ 36,377				Program Support
Nativity House 2304 S Jefferson Ave, Tacoma, WA 98402	91-1224563	501c3	$ 7,506				Designated Gifts
Neighborhood Clinic 1323 S Yakima Ave, Tacoma, WA 98405	91-1318144	501c3	$ 3,656				Designated Gifts
Neighborhood Clinic 1323 S Yakima Ave, Tacoma, WA 98405	91-1318144	501c3	$ 15,000				Program Support
New DAY - Diaz Art for Youth PO Box 2161, Tacoma, WA 98401	91-1675836	501c3	$ 1,101				Designated Gifts
New DAY - Diaz Art for Youth PO Box 2161, Tacoma, WA 98401	91-1675836	501c3	$ 5,738				Program Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 104

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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OMB No. 1545-0047

2011

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Name of the organization

UNITED WAY OF PIERCE COUNTY

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of Valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Phoebe House Association PO Box 5245, Tacoma, WA 98415	33-1023012	501c3	$ 1,613				Designated Gifts
New Phoebe House Association PO Box 5245, Tacoma, WA 98415	33-1023012	501c3	$ 44,188				Program Support
New Song City Central 2522 N Proctor St #1, Tacoma, WA 98406	20-8503537	501c3	$ 6,000				Designated Gifts
Northwest Leadership Foundation 717 Tacoma Ave S Ste A, Tacoma, WA 98402	91-1462508	501c3	$ 388				Designated Gifts
Northwest Leadership Foundation 717 Tacoma Ave S Ste A, Tacoma, WA 98402	91-1462508	501c3	$ 22,500				Program Support
Olive Crest 2130 E 4th St, Santa Ana, CA 92705	95-2877102	501c3	$ 7 500				Program Support
Peace Lutheran Community Center 2106 S Cushman, Tacoma, WA 98405	91-1746986	501c3	$ 580				Designated Gifts
Peace Lutheran Community Center 2106 S Cushman, Tacoma, WA 98405	91-1746986	501c3	$ 17,250				Program Support
Pierce County - Early Learning 930 Tacoma Ave S, Tacoma, WA 98402	91-1385245	115	$ 27,585				Program Support
Pierce County AIDS Foundation 3520 S Pine St, Tacoma, WA 98409	91-1385245	501c3	$ 9,217				Designated Gifts
Pierce County AIDS Foundation 3520 S Pine St, Tacoma, WA 98409	91-1385245	501c3	$ 15,226				Program Support
Pierce County Housing Authority PO Box 45410, Tacoma, WA 98448	91-1105806	501c3	$ 30,000				Program Support
Pierce County Labor Community Servi 3049 S 36th St Ste 201, Tacoma, WA 98409	91-1704941	501c3	$ 31,375				Program Support
Planned Parenthood of the Greater NW 2001 E Madison, Seattle, WA 98122	91-0686012	501c3	$ 19,625				Designated Gifts
Prison Pet Partnership Program 9601 Bujacich Rd, Gig Harbor, WA 98335	91-1487894	501c3	$ 11,677				Designated Gifts
Prison Pet Partnership Program 9601 Bujacich Rd, Gig Harbor, WA 98335	91-1487894	501c3	$ 14,000				Program Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 104

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

UNITED WAY OF PIERCE COUNTY

Employer identification number

91-0650669

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000 Part II can be duplicated if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of Valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Project Homeless Connect 747 Market St 8th Floor, Tacoma, WA 98402	91-6001283	115	$ 99				Designated Gifts
Project Homeless Connect 747 Market St 8th Floor, Tacoma, WA 98402	91-6001283	115	$ 14,000				Program Support
Puget Sound ESD 800 Oaksdale Ave SW, Renton, WA 98057	91-0851413	115	$ 63,608				Program Support
Puyallup Playcare Center 120 McElroy Pl, Puyallup, WA 98371	91-0837459	501c3	$ 3,117				Designated Gifts
Puyallup Playcare Center 120 McElroy Pl, Puyallup, WA 98371	91-0837459	501c3	$ 11,779				Program Support
Reach Out and Read - Washington State 155 NE 100th St Ste 301, Seattle, WA 98125	04-3481253	501c3	$ 149				Designated Gifts
Reach Out and Read - Washington State 155 NE 100th St Ste 301, Seattle, WA 98125	04-3481253	501c3	$ 6,750				Program Support
Salvation Army - Puyallup Valley Corp 4009 9th SW, Puyallup, WA 98373	94-1156347	501c3	$ 2,214				Designated Gifts
Salvation Army - Puyallup Valley Corp 4009 9th SW, Puyallup, WA 98373	94-1156347	501c3	$ 15,375				Program Support
Salvation Army Tacoma Corps 1501 6th Ave, Tacoma, WA 98405	91-1192064	501c3	$ 9,589				Designated Gifts
Salvation Army Tacoma Corps 1501 6th Ave, Tacoma, WA 98405	91-1192064	501c3	$ 57,617				Program Support
Schools Out Washington 801 23rd Ave S #A, Seattle, WA 98144	91-0482890	501c3	$ 10,000				Program Support
Sexual Assault Center of Pierce Co 633 N Mildred #J, Tacoma, WA 98406	91-0962226	501c3	$ 5,341				Designated Gifts
Sexual Assault Center of Pierce Co 633 N Mildred #J, Tacoma, WA 98406	91-0962226	501c3	$ 35,250				Program Support
South Sound Outreach Services 1106 MLK Jr Way, Tacoma, WA 98405	91-1741624	501c3	$ 28,688				Program Support
St Clare Hospital PO Box 1502, Tacoma, WA 98401	91-1487485	501c3	$ 5,538				Designated Gifts

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 104

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011

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Name of the organization

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91-0650669

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of Valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Leo's Food Connection 710 S 13th St, Tacoma, WA 98405	91-0622353	501c3	$ 14,278				Designated Gifts
St Leo's Food Connection 710 S 13th St, Tacoma, WA 98405	91-0622353	501c3	$ 6,000				Program Support
St Vincent dePaul School 30527 8th St S, Federal Way, WA 98003		501c3	$ 5,040				Designated Gifts
TACID 6315 S 19th St, Tacoma, WA 98466	91-1125538	501c3	$ 1,307				Designated Gifts
TACID 6315 S 19th St, Tacoma, WA 98466	91-1125538	501c3	$ 48,875				Program Support
Tacoma 360 2618 N Puget Sound, Tacoma, WA 98407	80-0568401	501c3	$ 70,000				Program Support
Tacoma Community College Foundation 6501 S 19th St, Tacoma, WA 98466	91-6073780	501c3	$ 12,500				Program Support
Tacoma Community House PO Box 5107, Tacoma, WA 98415	91-0570872	501c3	$ 2,776				Designated Gifts
Tacoma Community House PO Box 5107, Tacoma, WA 98415	91-0570872	501c3	$ 66,400				Program Support
Tacoma Day Care & Preschool Assoc. 1113 S I St, Tacoma, WA 98405	91-0568709	501c3	$ 1,814				Designated Gifts
Tacoma Day Care & Preschool Assoc 1113 S I St, Tacoma, WA 98405	91-0568709	501c3	$ 26,681				Program Support
Tacoma Pierce County Child Care Resources 1551 Broadway Suite 301, Tacoma, WA 98402	91-6001283	115	$ 149,742				Program Support
Tacoma-Pierce County Health Dept 3629 S D St MS 006, Tacoma, WA 98418	91-1488160	115	$ 1,606				Designated Gifts
Tacoma-Pierce County Health Dept. 3629 S D St MS 006, Tacoma, WA 98418	91-1488160	115	$ 433,467				Program Support
The Rescue Mission 425 S Tacoma Way, Tacoma, WA 98402	91-0565014	501c3	$ 24,306				Designated Gifts
The Rescue Mission 425 S Tacoma Way, Tacoma, WA 98402	91-0565014	501c3	$ 43,125				Program Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 104

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

UNITED WAY OF PIERCE COUNTY

Employer identification number

91-0650669

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of Valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tillicum /American Lake Gardens 14916 Washington Ave SW, Lakewood, WA 98498	91-1300366	501c3	$ 573				Designated Gifts
Tillicum /American Lake Gardens 14916 Washington Ave SW, Lakewood, WA 98498	91-1300366	501c3	$ 5,000				Program Support
Underprivileged Children's Fund PO Box 33, Milton, WA 98354	94-3124765	501c3	$ 6,277				Designated Gifts
United Way of King County 720 2nd Ave, Seattle, WA 98104	91-0565555	501c3	$ 79,586				Designated Gifts
United Way of Kitsap County 647 4th St, Bremerton, WA 98337	91-0623990	501c3	$ 7,243				Designated Gifts
United Way of Thurston County 1211 4th Ave E Ste 101, Olympia, WA 98506	91-0713462	501c3	$ 7,277				Designated Gifts
Washington Women's Employment 3516 S 47th St Ste 205, Tacoma, WA 98409	91-1161700	501c3	$ 14,134				Designated Gifts
Washington Women's Employment 3516 S 47th St Ste 205, Tacoma, WA 98409	91-1161700	501c3	$ 75,250				Program Support
Workforce Central 3650 S Cedar St, Tacoma, WA 98409	91-1185418	501c3	$ 20,000				Program Support
YMCA of Tacoma-Pierce County 1614 S Mildred Ste 1, Tacoma, WA 98465	91-1920048	501c3	$ 7,926				Designated Gifts
YMCA of Tacoma-Pierce County 1614 S Mildred Ste 1, Tacoma, WA 98465	91-1920048	501c3	$ 32,075				Program Support
Youth for Christ PO Box 834, Tacoma, WA 98401	91-0584100	501c3	$ 9,286				Designated Gifts
Youth for Christ PO Box 834, Tacoma, WA 98401	91-0584100	501c3	$ 19,000				Program Support
Youth Resources 17719 Pacific Ave S PMB 401, Spanaway, WA 98387	84-1633143	501c3	$ 124				Designated Gifts
Youth Resources 17719 Pacific Ave S PMB 401, Spanaway, WA 98387	84-1633143	501c3	$ 6,515				Program Support
YWCA of Pierce County 405 Broadway, Tacoma, WA 98402	91-0565026	501c3	$ 19,003				Designated Gifts

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 104

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

UNITED WAY OF PIERCE COUNTY

Employer identification number

91-0650669

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of Valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA of Pierce County 405 Broadway, Tacoma, WA 98402	91-0565026	501c3	$ 61,500				Program Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 104

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Grants made to agency programs are reviewed by volunteers knowledgable about community needs and recommended to the board for approval. Agencies receiving funding are asked to give semi-annual updates on their outcomes and how they are using the money. Agencies receiving donor designated gifts from individuals or corporations must show proof of tax exempt status and sign a Patriot Act Certification Compliance form which includes their tax identification number.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

UNITED WAY OF PIERCE COUNTY

Employer identification number

91-0650669

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	✓	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		✓
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		✓
b	Any related organization?	**5b**		✓
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		✓
b	Any related organization?	**6b**		✓
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		✓
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ETHAN R ALLEN 1	(i)	172,256		6,000	27,513	6,252	212,021	27,266
	(ii)							
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

4 (b) regarding a supplemental non-qualified retirement plan. We have an agreement with the President, Ethan R Allen, to pay him $1,000 a month upon reaching age 65. If his spouse lives beyond his life, she will receive $667 until death. Money has been set aside each year into a life insurance plan to provide for that liability. The current contribution to that plan for 2011 was $14,500

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization

UNITED WAY OF PIERCE COUNTY

Employer identification number

91-0650669

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	✓		25,765	Resale Value
5	Clothing and household goods	✓		1,018,598	Resale Value
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Event Tickets)	✓	8,873	130,732	Face Value
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 **0**

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		✓
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	✓	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✓
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

United Way of Pierce County runs a four county-wide (Pierce, King, Thurston and Kitsap) Gifts in Kind "GIK" program. Donations come from store partners such as· Bed Bath and Beyond, Office Depot, Men's Warehouse, Borders Books. We also receive donated tickets from various local performing art centers as well as the local zoo and Multcare's Festival of Trees event. These tickets are donated to other community non-profits so they can give them to low income clients that they serve who otherwise could not afford to attend. Donations also come from corporations and individuals. All donations are distributed to other nonprofit organizations who distribute the goods to their clients who are in need of assistance.

SCHEDULE O SUPPLEMENTAL INFORMATION TO FORM 990 OMB No. 1545-0047
(Form 990 or 990 EZ) 2011
Open to Public Inspection

UNITED WAY OF PIERCE COUNTY 91-0650669

Part III Form 990 Statement of Program Accomplishments

4a Community Safety Net – United Way of Pierce County has a three-year funding/contracting cycle that involves over 100 volunteers who prioritize community needs and award grants to address those needs. In 2011, 117 human service programs were funded. Program contracts include requirements for outcomes to be measured. The funding breakdown was as follows: 28% to Education; 19% to Health; 25% to Income; and 28% to emergency services. There were additional awards given to agencies doing work in the community priority areas. **$2,863,578**

4b Donor Designated Gifts to Community Not For Profits – United Way of Pierce County offers donors the opportunity to designate their gift directly to a nonprofit of their choice. Our staff reviews each agency to make sure they are a legitimate nonprofit and Patriot Act compliant before sending the gift. The gross amount of designations raised was $3,057,278. Fees of $186,855 were withheld to recover costs associated with fundraising and administration for a net payout of **$2,870,423**.

4c Gifts In Kind Program – This program receives in-kind product donations from individual donors and businesses, such as technology equipment, office and home furniture, vehicles, toys, clothing, bedding, food and household appliances. These donations are then distributed to nonprofit agencies free of charge. We have established ongoing relationships with local businesses that make consistent donations of quality goods on a scheduled basis. The total value of goods distributed to community nonprofits in the Puget Sound area of Washington was $1,180,057. The cost to run the program was $79,231. Combined together: **$1,259,288.**

4d Other Program Services:

Community Building and Investment (CBI) – United Way of Pierce County continues to measurably improve the lives of people in our community by funding critical programs and working with community partners to tackle the toughest health and human service issues in Pierce County. CBI has four major focus areas: education, income, health and emergency services. There are two goals in education, income and health:

Education: 1) increase the number of children ready to succeed when starting school
2) improve on-time high school graduation rates

Income: 1) increase the number of affordable housing units
2) increase economic self-sufficiency for financially distressed individuals and families

Health: 1) improve access to health care services
2) improve the health of children and adults through education and prevention

Emergency and Support Services: Provide needed services for those finding themselves in crisis

Education, income and health goals are long-term and are premature to report statistical accomplishments at this point, however, each impact area is successfully engaging the community in creating and implementing comprehensive business plans designed to achieve the goals listed above using well-researched systemic approaches.
The final CBI focus, emergency services, funds immediate needs such as food and shelter and help with rent and utility assistance. This area helped over 500,000 people in need. **$621,777**

Betye Martin Baker Human Service Center – The Betye Martin Baker Human Service Center provides office space for seven nonprofits, offering services such as volunteer opportunities, referrals, education, counseling, daycare, employment training and youth support. By making reduced rent available, we aid these nonprofits in furthering their exempt purpose. **$695,145**

South Sound 211 –The South Sound 2-1-1 call center receives calls from people who need assistance in Pierce, Thurston and Lewis counties. South Sound 2-1-1 received **60,572 calls during 2011** compared to 76, 503 calls in 2010. The most requested needs were utility assistance, rent, mortgage and move-in assistance, emergency shelter and transitional shelter, health and dental issues, affordable housing, food, transportation, clothing, furniture and personal needs, legal issues and holiday assistance. In addition to phone contacts, South Sound 2-1-1 web page continues to be one of the most visited pages of the UWPC website. **$260,873 (4.31 per call)**

Retired Senior Volunteer Program – United Way of Pierce County was awarded sponsorship of this program in 2007. RSVP engages individuals ages 55 and over in meaningful service to the community. RSVP engaged **741** volunteers in **155,233** service hours at **53** partner agencies; **2010 814** volunteers in **170,618** hours of service at **56** partner agencies. **$137,645**

Youth United (YU) - Youth United empowers youth to identify and act on emerging community issues. This program offers local teens an opportunity to be part of a countywide youth council that plans and carries out community service projects throughout the year. YU engaged **367** youth volunteers in **1,324** hours of service through monthly service projects and Youth Leadership Councils. YU recognized **408** students receiving their varsity letter completing **131,950** hours of service; **2010 318** students with the Varsity Letter in Community Service for contributing **78,465** hours of service. Students honored were representative of all public high schools in Pierce County. **$119,086**

SCHEDULE O SUPPLEMENTAL INFORMATION TO FORM 990 OMB No. 1545-0047
(Form 990 or 990 EZ) 2011
Open to Public Inspection

UNITED WAY OF PIERCE COUNTY 91-0650669

Volunteer Center – The Volunteer Center engaged **2,074** people with opportunities to serve; **2010 1,362** people served, creating a way for them to share their time and talents with others. United Way volunteers include individuals, families, youth, seniors, groups, businesses, schools, churches, service clubs and others with a desire to serve their community.

In addition the Volunteer Center connected sponsors to **1,509** students for the Back to School program; **2010 1,318** students. The Season of Caring program helped **2,302** individuals during the holidays; **2010 1,282** people were helped. **$57,909**

United Way Worldwide Program Support – United Way of Pierce County invests in educational opportunities, research, advocacy support and the concept of local community impact to assist its various program activities. **$41,620**

Part VI Governance, Management, and Disclosure

Section A. Governing Body and Management

Line 11 A Process that the Board uses to review the 990: All Board members are provided a copy of the 990 and related schedules. A member of the Finance Committee reviews the document with them at a scheduled Board meeting. After that meeting, the document is signed and filed with the Internal Revenue Service and posted on our website under "About Us".

Section B. Policies

Line 12c Conflict of Interest – Does the organization regularly and consistently monitor and enforce compliance with the policy?

Annually, board and staff review the conflict of interest and ethics policy and sign statements disclosing any conflict. The Board Chair reviews the conflict of interest statements and monitors during the year.

SCHEDULE O SUPPLEMENTAL INFORMATION TO FORM 990 **OMB No. 1545-0047**
(Form 990 or 990 EZ) **2011**
Open to Public Inspection

UNITED WAY OF PIERCE COUNTY **91-0650669**

Line 15b Compensation of CEO, other officers and key employees.

Each year the organization conducts a salary and benefits survey using data from local and regional not for profits and from United Way Worldwide. This information is shared with our volunteer compensation committee. Our CEO's benefit and salary package is approved by the Executive Committee. There is also a policy in place that has been reviewed and approved by the Board, which documents the steps for reviewing compensation.

Section C. Disclosure

United Way of Pierce County posts its 990 and Financial Audit on its website under "About Us". Conflict of Interest Statement and other governing documents are available upon verbal or written request.

Part XI Reconciliation of Net Assets

Line 5 – Other changes in net assets or fund balances

The ($20,896) reflects the change in unrealized gains and losses on investments.

CALCULATION OF OVERHEAD COST - 2011

Part I Cur Yr Line 12 Tot Revenue	$12,134,167
Overhead Calculation 2011 990	
Part IX Line 25 Col c (M & G)	601,610
Part IX Line 25 Col d (Fundraising)	1,194,695
TOTAL M&G; Fundraising	$1,796,305

M&G and Fundraising, $1,796,305 divided by $12,134,167 = 14.80%

OVERHEAD COST **14.80%**

NOTE: United Way received a large bequest of 1.062M. This is not typical. Adjusting for this amount, the overhead costs would have been 16.22%

Filing Requirement
The organization was approved by the IRS for an automatic extension for the May 15, 2012 filing deadline to August 15, 2012. UWPC needed this additional time to prepare the 990 and have it reviewed by a member of the Finance Committee and then presented to the Board.