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Form **990**

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2012

Open to Public Inspection

A **For the 2012 calendar year, or tax year beginning** , 2012, 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, town or post office, state, and ZIP code **TACOMA WA 98401-2215**

D Employer identification number **91-0650669**

E Telephone number **253-272-4263**

G Gross receipts $ **9,679,268**

F Name and address of principal officer **ETHAN R ALLEN 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)

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

J Website: ▶ **WWW.UWPC ORG**

H(c) Group exemption number ▶

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 leads, supports and invests in community efforts to ensure all our children are prepared to succeed in school and in life. To achieve meanigful and measurable improvements, we lead collaboratively, raise, leverage and invest funds strategically; advocate effectively; and engage and inspire volunteers. We also invest in community efforts to address immediate basic needs and supportive services.**

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	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	70
6	Total number of volunteers (estimate if necessary)	6	2,500
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

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,321,627	8,860,857
9	Program service revenue (Part VIII, line 2g)	583,777	302,129
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	41,908	118,729
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	186,855	144,003
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,134,167	9,425,718
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,914,058	6,103,820
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)	2,233,898	2,245,587
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,217,103		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,575,693	1,288,825
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	10,723,649	9,638,232
19	Revenue less expenses. Subtract line 18 from line 12	1,410,518	(212,514)

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	13,171,158	13,109,390
21	Total liabilities (Part X, line 26)	1,923,014	1,852,221
22	Net assets or fund balances. Subtract line 21 from line 20	11,248,144	11,257,169

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 — Date: July 30, 2013

ETHAN R. ALLEN, PRESIDENT

Type or print name and title

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

SCANNED AUG 27 2013

4 97

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:

We work from the heart to unite caring people to tackle our community's toughest challenges.

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 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 $ 2,271,803 including grants of $ 2,271,803) (Revenue $)

Community Safety Net - Distributions to various not for profit agencies providing health and human service programs in the areas of education, income stability, affordable housing, health and emergency services.

4b (Code: N/A) (Expenses $ 2,758,770 including grants of $ 2,758,770) (Revenue $)

DonorVoice Program - United Way provides donors the opportunity to designate money to community not for profits. This is the amount paid out in 2012

4c (Code: N/A) (Expenses $ 1,154,513 including grants of $ 1,073,247) (Revenue $)

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

4d Other program services (Describe in Schedule O.)
(Expenses $ 1,610,658 including grants of $) (Revenue $ 302,129)

4e **Total program service expenses** ▶ 7,795,744

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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✓
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 and XII*	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 and XII 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, highest 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, Part II, III, or IV, and Part V, line 1*	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, 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 11b 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	5		
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	70		
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 as charitable contributions?	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			
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	24		
b	Enter the number of voting members included in line 1a, above, who are independent .	1b	24		
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 ☐ Other *(explain in Schedule O)*

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH BAILEY DIRECTOR	2	✓								
(2) SILVIA BARAJAS DIRECTOR	2	✓								
(3) JO ANNE COY DIRECTOR	2	✓								
(4) DERREK GAFFORD DIRECTOR	2	✓								
(5) DAVID GRAYBILL DIRECTOR	2	✓								
(6) LYNNE GRIFFITH DIRECTOR	2	✓								
(7) AMBER HAVENS DIRECTOR	2	✓								
(8) TIM HOLMES DIRECTOR	2	✓								
(9) ROD KOON DIRECTOR	2	✓								
(10) MATT LEVI DIRECTOR	2	✓								
(11) GENERAL GARY MCGONIGLE DIRECTOR	2	✓								
(12) MIKE MCCRABB DIRECTOR	2	✓								
(13) RICHARD MEEDER DIRECTOR	2	✓								
(14) LINDA NGUYEN 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CONTINUATION PAGE										
(2) MAUREEN FACCIA EXECUTIVE VICE PRESIDENT	40			✓				87,152		8,697
(3) PETER J GRIGNON SR VICE PRESIDENT OF FINANCE AND CFO	40			✓				91,159		16,157
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KENT ROBERTS DIRECTOR	2	✓								
(16) PATTY ROSE DIRECTOR	2	✓								
(17) CARLA SANTORNO DIRECTOR	2	✓								
(18) JEFFREY VERNOR DIRECTOR	2	✓								
(19) JAN WEST DIRECTOR	2	✓								
(20) SCOTT WINSHIP DIRECTOR	2	✓								
(21) JAMES KRUEGER BOARD CHAIR	2	✓		✓						
(22) JAMES MCCORMICK SECRETARY	2	✓		✓						
(23) JENNIFER NINO TREASURER	2	✓		✓						
(24) DEBRA YOUNG BOARD CHAIR ELECT	2	✓		✓						
(25) ETHAN R ALLEN PRESIDENT	40			✓				387,629		19,971
1b **Sub-total** ▶								387,629		19,971
c **Total from continuation sheets to Part VII, Section A** ▶								178,311		24,854
d **Total (add lines 1b and 1c)** ▶								565,940		44,825

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*		✓
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*	✓	
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*		✓

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 VIII Statement of Revenue

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

				(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 130,646				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 528,832				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 8,201,379				
	g	Noncash contributions included in lines 1a-1f: $ 1,151,188					
	h	**Total.** Add lines 1a–1f ▶		8,860,857			
Program Service Revenue			Business Code				
	2a	BMB Human Service Center	531120	302,129	302,129	0	0
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f ▶		302,129			
	3	Investment income (including dividends, interest, and other similar amounts) ▶		77,577	0	0	77,577
	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) ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	294,702				
	b	Less: cost or other basis and sales expenses	253,550				
	c	Gain or (loss)	41,152				
	d	Net gain or (loss) ▶		41,152	0	0	41,152
Other Revenue	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	144,003	144,003	0	0
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d ▶		144,003			
	12	**Total revenue.** See instructions. ▶		9,425,718	446,132	0	118,729

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A).

Check if Schedule O contains a response 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	6,103,820	6,103,820		
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	405,737	154,133	179,460	72,144
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	1,380,402	645,179	149,650	585,573
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	107,799	39,046	38,396	30,357
9	Other employee benefits	221,137	106,923	26,406	87,808
10	Payroll taxes	130,512	62,858	22,440	45,214
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	16,000		16,000	
d	Lobbying				
e	*Professional fundraising services. See Part IV, line 17*				
f	Investment management fees	27,182		27,182	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .	112,692	65,601	46,441	650
12	Advertising and promotion	72,223	969		71,254
13	Office expenses	66,007	27,573	20,998	17,436
14	Information technology	67,080	34,938	18,536	13,606
15	Royalties				
16	Occupancy	231,000	230,234	210	556
17	Travel	58,147	42,634	3,231	12,282
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	84,259	26,953	12,342	44,964
20	Interest				
21	Payments to affiliates	77,662	38,667	13,726	25,269
22	Depreciation, depletion, and amortization .	200,185	176,856	8,211	15,118
23	Insurance	19,502	13,513	1,748	4,240
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	94,096	15,693	3,843	74,560
b	Dues to professional orginizations	13,917	8,562	3,798	1,557
c	Combined Federal Campaign Contract	136,188		24,800	111,388
d					
e	All other expenses Miscellaneous	12,685	1,592	7,967	3,126
25	**Total functional expenses.** Add lines 1 through 24e	9,638,232	7,795,744	625,385	1,217,103
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		3,189,932	2	3,619,167
	3	Pledges and grants receivable, net		2,961,185	3	2,551,309
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		212,432	9	274,159
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,031,217			
	b	Less: accumulated depreciation	10b 3,465,562	3,718,438	10c	3,565,655
	11	Investments—publicly traded securities		2,814,669	11	3,005,499
	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		274,502	15	93,601
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		13,171,158	16	13,109,390
Liabilities	17	Accounts payable and accrued expenses		320,490	17	121,762
	18	Grants payable		1,391,324	18	1,545,659
	19	Deferred revenue		211,200	19	184,800
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to 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		1,923,014	26	1,852,221
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		7,378,502	27	8,007,451
	28	Temporarily restricted net assets		3,767,190	28	3,147,266
	29	Permanently restricted net assets		102,452	29	102,452
		Organizations that do not follow SFAS 117 (ASC 958), 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		11,248,144	33	11,257,169
	34	Total liabilities and net assets/fund balances		13,171,158	34	13,109,390

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	9,425,718
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,638,232
3	Revenue less expenses. Subtract line 2 from line 1	3	(212,514)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,248,144
5	Net unrealized gains (losses) on investments	5	221,539
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,257,169

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		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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.			
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

2012

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–Non-functionally integrated

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 monetary 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	11,086,092	10,108,763	10,274,127	11,321,627	8,860,857	51,651,466
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	11,086,092	10,108,763	10,274,127	11,321,627	8,860,857	51,651,466
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)						3,973,636
6 **Public support.** Subtract line 5 from line 4.						47,677,830

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	11,086,092	10,108,763	10,274,127	11,321,627	8,860,857	51,651,466
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	602,789	446,453	360,639	645,339	420,858	2,476,078
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						54,127,544
12 Gross receipts from related activities, etc. (see instructions)					12	51,651,466

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 2012 (line 6, column (f) divided by line 11, column (f))	14	88.08 %
15	Public support percentage from 2011 Schedule A, Part II, line 14	15	87.25 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))*	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2012.** 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—2011.** 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

2012

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)	892	
c	Total lobbying expenditures (add lines 1a and 1b)	892	
d	Other exempt purpose expenditures	9,637,340	
e	Total exempt purpose expenditures (add lines 1c and 1d)	9,638,232	
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	631,912	
g	Grassroots nontaxable amount (enter 25% of line 1f)	157,978	
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	0	0	686,182	631,912	1,318,094
b Lobbying ceiling amount (150% of line 2a, column (e))					1,977,141
c Total lobbying expenditures	0	0	18,693	892	19,585
d Grassroots nontaxable amount	0	0	0	0	0
e Grassroots ceiling amount (150% of line 2d, column (e))					0
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 (affiliated group list); Part II-A, line 2; 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 Washington.

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

2012

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF PIERCE COUNTY	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 XIII, 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 XIII, 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 XIII.

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . ☐

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	2,285,073	1,169,331	819,045	634,817	885,460
b Contributions		1,109,377	265,000	0	75,913
c Net investment earnings, gains, and losses	332,148	6,405	135,286	184,228	(326,556)
d Grants or scholarships			(50,000)	0	0
e Other expenditures for facilities and programs			0	0	0
f Administrative expenses			0	0	0
g End of year balance	2,617,221	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 ▶ 94.39%
b Permanent endowment ▶ 3.91%
c Temporarily restricted endowment ▶ 1.70%

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 XIII 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	2,957,058	2,813,288
c Leasehold improvements				
d Equipment		642,571	508,504	134,067
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				3,565,655

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	83,000
(2) Intangibles	10,601
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	93,601

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 XIII, 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). Check here if the text of the footnote has been provided in Part XIII . . . . . ☐

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

1	Total revenue, gains, and other support per audited financial statements			1	6,898,285
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	221,539		
b	Donated services and use of facilities	2b	145,986		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	367,525
3	Subtract line **2e** from line **1**			3	6,530,760
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	2,894,958		
c	Add lines **4a** and **4b**			4c	2,894,958
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	9,425,718

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

1	Total expenses and losses per audited financial statements			1	6,889,260
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	145,986		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	145,986
3	Subtract line **2e** from line **1**			3	6,743,274
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	2,894,958		
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	9,638,232

Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part III (4) We are holding 8 glass artwork pieces that Dale Chihuly donated from 1999 to 2002. We are holding these pieces for an opportune time whereby we can sell the artwork and then put that money into our endowment. The proceeds will help build our endowment and the income generated will further our mission.

Part V - Endowment Fund - The purpose of our endowment is to eventually use the earnings to offset a significant part of our overhead costs thus freeing up income for community program support. Our current policy has a goal of $10M before earnings can be used for that purpose.

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

Part XIII Supplemental Information *(continued)*

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

Schedule I From(990)

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

2012

Name of the organization

United Way of Pierce County

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 Organizatons, Governments, and other Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Line 21, for any recipiant that received more then $5,000.

Check this box if no one recipiant received more then $5,000 Part II can be duplicated if more space is needed ☐

1 (e) Name and Address of organization or government	(b) EIN	(c) section if applicable	amount of cash grant	amount of non cash assistance	Method of valuation	Description of Non-cash Assistance	Purpose of grant or assistance
A Step Ahead in Pierce County 8717 S Hosmer St #ATacoma	91-2145470	501c3	7225.00				Program Support
American Cancer Society 1313 Broadway Ste 100Tacoma	84-1316555	501c3	8500.00				Program Support
American Red Cross - Tacoma Federated Payment ProcessingChicago	53-0196605	501c3	9067 84				Designations
American Red Cross - Tacoma Federated Payment ProcessingChicago	53-0196605	501c3	26000.00				Program Support
Associated Ministries of Tacoma 901 S 13th StTacoma	91-0847534	501c3	17425.00				Program Support
Bates Technical College Foundation Attn. Kimberly Pleger, Foundation	94-3165935	501c3	17500 00				Program Support
Bellarmine Preparatory School Attn: Development OfficeTacoma	91-1109930	501c3	25178 79				Designations
Big Brothers-Big Sisters 1600 S Graham St.Seattle	91-0673185	501c3	11000.00				Program Support
Birth to Three Development Center PO Box 24269Federal Way	91-0889019	501c3	6000 00				Program Support
Boy Scouts - Pacific Harbors 4802 S 19th StTacoma	91-0564954	501c3	7808.37				Designations
Boys & Girls Clubs of S Puget Sd. 3875 S 66th Street Suite 101Tacoma	91-0759832	501c3	20105 42				Designations

Schedule I From(990)

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

2012

Name of the organization

United Way of Pierce County

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 Organizatons, Governments, and other Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Line 21, for any recipiant that received more then $5,000.

Check this box if no one recipiant received more then $5,000 Part II can be duplicated if more space is needed..... ☐

1 (e) Name and Address of organization or government	(b) EIN	(c) section if applicable	amount of cash grant	amount of non cash assistance	Method of valuation	Description of Non-cash Assistance	Purpose of grant or assistance
Boys & Girls Clubs of S. Puget Sd. 3875 S 66th Street Suite 101Tacoma	91-0759832	501c3	18000.00				Program Support
CARES Of Washington 1501 Pacific Ave #B-1Tacoma	13-4237286	501c3	11900.00				Program Support
Camp Fire USA PO BOX 18170Tacoma	91-0564955	501c3	5700.00				Program Support
Care Net of Pierce County 11102 Sunrise Blvd E Ste 107Puyallup	91-1226978	501c3	5557.27				Designations
Catholic Community Services SW 1323 S Yakima AveTacoma	91-1585652	501c3	28231.25				Designations
Catholic Community Services SW 1323 S Yakima AveTacoma	91-1585652	501c3	75200.00				Program Support
Centro Latino Ser 1208 S 10th StTacoma	91-1488193	501c3	19700.00				Program Support
Children's Emergency Fund 214 W Main StPuyallup	91-1182856	501c3	32962.49				Designations
Children's Home Society of WA PO Box 15190Seattle	91-0575958	501c3	18000 00				Program Support
Children's Therapy Center 8717 S Hosmer Sttacoma	20-5356206	501c3	7650 00				Program Support
Communities in Schools of Tacoma 708 G StreetTacoma	91-2138848	501c3	11050.00				Program Support

Schedule I From(990)

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

2012

Name of the organization

United Way of Pierce County

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 Organizatons, Governments, and other Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, Line 21, for any recipiant that received more then $5,000.

Check this box if no one recipiant received more then $5,000. Part II can be duplicated if more space is needed ☐

1 (e) Name and Address of organization or government	(b) EIN	(c) section if applicable	amount of cash grant	amount of non cash assistance	Method of valuation	Description of Non-cash Assistance	Purpose of grant or assistance
Communities in Schools - Puyallup 302 2nd St SEPuyallup	26-0028759	501c3	5950.00				Program Support
Communities in Schools of Lakewood 6402 100th St SWLakewood	91-1732922	501c3	17000.00				Program Support
Communities in Schools of Peninsula PO Box 684Vaughn	91-2024847	501c3	8500.00				Program Support
Communities in Schools-Orting PO Box 1214Orting	30-0019360	501c3	10000 00				Program Support
Community Health Care 1019 Pacific AveTacoma	91-1349657	501c3	5749 22				Designations
Community Health Care 1019 Pacific AveTacoma	91-1349657	501c3	8000.00				Program Support
Community Montessori 1407 S I StTacoma	91-0833082	501c3	6500 00				Program Support
Comprehensive Mental Health 1201 S Proctor StTacoma	91-0854239	501c3	12000 00				Program Support
DASH Centers for the Arts 1504 Martin Luther King Jr WyTacoma	57-1162646	501c3	6800.00				Program Support
Diabetes Association of Pierce Co PO Box 110427Tacoma	91-1192064	501c3	5854 95				Designations
Diabetes Association of Pierce Co PO Box 110427Tacoma	91-1192064	501c3	10200 00				Program Support

Schedule I From(990)

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

2012

Name of the organization

United Way of Pierce County 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 Organizatons, Governments, and other Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, Line 21, for any recipiant that received more then $5,000.

Check this box if no one recipiant received more then $5,000. Part II can be duplicated if more space is needed ☐

1 (e) Name and Address of organization or government	(b) EIN	(c) section if applicable	amount of cash grant	amount of non cash assistance	Method of valuation	Description of Non-cash Assistance	Purpose of grant or assistance
Eatonville Family Agency 305 W Center StEatonville	91-1059530	501c3	7000.00				Program Support
Emergency Food Network 3318 S 92ndLakewood	91-3131776	501c3	6680.12				Designations
Exodus Housing PO Box 1006Sumner	91-1660137	501c3	26563.00				Program Support
FISH Food Bank of Pierce County 621 Tacoma Ave STacoma	91-1198391	501c3	25305.73				Designations
FISH Food Bank of Pierce County 621 Tacoma Ave STacoma	91-1198391	501c3	21250.00				Program Support
Families Unlimited Network P O. Box 65672University Place	20-0435496	501c3	13000 00				Program Support
Federal Way Foursquare Church DBA NW ChurchFederal Way	91-0966294	501c3	8776 91				Designations
Franciscan Foundation Health Care 1149 Market StTacoma	91-0564491	501c3	6540 57				Designations
Franciscan Foundation Health Care 1149 Market StTacoma	91-0564491	501c3	25925 00				Program Support
Girl Scouts of Western Washington 601 Valley StSeattle	91-0832669	501c3	22000 00				Program Support
Good Samaritan Community Healthcare 407 14th Ave SEPuyallup	91-1203494	501c3	6840 77				Designations

Schedule I From(990) | **Grants and Other Assistance to Organizations, Governments, and other Individuals in the United States** | **2012**

Name of the organization

United Way of Pierce County 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 Organizatons, Governments, and other Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, Line 21, for any recipiant that received more then $5,000.

Check this box if no one recipiant received more then $5,000 Part II can be duplicated if more space is needed. ☐

1 (e) Name and Address of organization or government	(b) EIN	(c) section if applicable	amount of cash grant	amount of non cash assistance	Method of valuation	Description of Non-cash Assistance	Purpose of grant or assistance
Good Samaritan Foundation 402 15th Ave SEPuyallup	91-2004312	501c3	11798.79				Designations
Good Samaritan Foundation 402 15th Ave SEPuyallup	91-2004312	501c3	17850.00				Program Support
Good Samaritan Outreach Services 325 Pioneer Ave EPuyallup	91-1203264	501c3	39700 00				Program Support
Greater Lakes Mental Health 9330 59th Ave SWLakewood	91-6064184	501c3	5000.00				Program Support
Hearing, Speech and Deafness Center 1625 19th AveSeattle	91-0681207	501c3	18700.00				Program Support
Help-A-Student Fund PO Box 1357Tacoma	91-1007459	501c3	24697.97				Designations
Helping Hand House PO Box 710Puyallup	91-1275046	501c3	11429.63				Designations
Helping Hand House PO Box 710Puyallup	91-1275046	501c3	60988.00				Program Support
Hilltop Artists in Residence PO Box 6829Tacoma	91-667476	501c3	17000.00				Program Support
Holy Disciples Catholic Church 10425 187th St EPuyallup	91-1705041	501c3	5111 92				Designations
HopeSparks 6424 N Ninth StTacoma	91-0598103	501c3	58250.00				Program Support

Schedule I From(990)

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

2012

Name of the organization

United Way of Pierce County 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 Organizatons, Governments, and other Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Line 21, for any recipiant that received more then $5,000

Check this box if no one recipiant received more then $5,000 Part II can be duplicated if more space is needed. ☐

1 (e) Name and Address of organization or government	(b) EIN	(c) section if applicable	amount of cash grant	amount of non cash assistance	Method of valuation	Description of Non-cash Assistance	Purpose of grant or assistance
Humane Society of Pierce County 2608 Center StTacoma	91-0577128	501c3	5924.11				Designations
Korean Women's Association 125 E 96th StTacoma	91-1066806	501c3	25000 00				Program Support
L'Arche Tahoma Hope 12303 36th Ave ETacoma	91-1206208	501c3	8500 00				Program Support
Lake City Community Church 8810 Lawndale Ave SWLakewood	91-0684801	501c3	8400.00				Designations
Lakewood Area Shelter Association PO Box 98619Lakewood	91-1470619	501c3	21675.00				Program Support
Life Center 1717 S Union AveTacoma	91-0579229	501c3	7306 32				Designations
Lindquist Clinic for Children 130 - 131st Street SouthTacoma	91-0615378	501c3	41748 55				Designations
Lindquist Clinic for Children 130 - 131st Street SouthTacoma	91-0615378	501c3	20000.00				Program Support
Lutheran Community Services NW 223 N Yakima AveTacoma	91-0963214	501c3	8500.00				Program Support
Mary Bridge Children's Foundation PO Box 5296 MS 409-1-PHILTacoma	94-2020039	501c3	41723.94				Designations
Mary Bridge Children's Health Cente PO Box 5299Tacoma	94-3030039	501c3	27200.00				Program Support

Schedule I From(990) | **Grants and Other Assistance to Organizations, Governments, and other Individuals in the United States** | **2012**

Name of the organization

United Way of Pierce County 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 Organizatons, Governments, and other Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, Line 21, for any recipiant that received more then $5,000

Check this box if no one recipiant received more then $5,000. Part II can be duplicated if more space is needed. ☐

1 (e) Name and Address of organization or government	(b) EIN	(c) section if applicable	amount of cash grant	amount of non cash assistance	Method of valuation	Description of Non-cash Assistance	Purpose of grant or assistance
Mercy Housing Northwest 2505 Third Avenue #204Seattle	91-1546525	501c3	13600.00				Program Support
MultiCare Health Systems PO Box 5299Tacoma	91-1352172	501c3	5000.00				Program Support
Multicare Health Foundation PO Box 5299Tacoma	91-1352172	501c3	22185.91				Designations
Neighborhood Clinic 1323 S Yakima AveTacoma	91-1318144	501c3	17000.00				Program Support
New Phoebe House Association PO Box 5245Tacoma	33-1023012	501c3	27413 00				Program Support
New Song City Central 2522 N Proctor St #1Tacoma	20-8503537	501c3	6240.00				Designations
Northwest Leadership Foundation 717 Tacoma Ave South, Ste ATacoma	91-1462508	501c3	25500.00				Program Support
Olive Crest 2130 E Fourth StSanta Ana	95-2877102	501c3	8500 00				Program Support
Peace Community Center 2106 S CushmanTacoma	91-1746986	501c3	11404 15				Program Support
Peace Community Center 2106 S CushmanTacoma	91-1746986	501c3	8145.85				Program Support
Pierce County AIDS Foundation 3520 South Pine StTacoma	91-1385245	501c3	6595 68				Designations

Schedule I From(990)

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

2012

Name of the organization

United Way of Pierce County 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 Organizatons, Governments, and other Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Line 21, for any recipiant that received more then $5,000.

Check this box if no one recipiant received more then $5,000. Part II can be duplicated if more space is needed ☐

1 (e) Name and Address of organization or government	(b) EIN	(c) section if applicable	amount of cash grant	amount of non cash assistance	Method of valuation	Description of Non-cash Assistance	Purpose of grant or assistance
Pierce County AIDS Foundation 3520 South Pine StTacoma	91-1385245	501c3	10000.00				Program Support
Pierce County Budget & Finance Dept. 615 S 9th St #100Tacoma	91-6001359	501c3	7618.43				Program Support
Pierce County Libary System 3005 112th St ETacoma	91-6001359	501c3	5110.13				Program Support
Planned Parenthood of the Great NW 2001 E Madison StSeattle	91-0686012	501c3	16469.24				Designations
Prison Pet Partnership Program Wash Correction Ctr. for WomenGig	91-1487894	501c3	9792.58				Designations
Prison Pet Partnership Program Wash. Correction Ctr. for WomenGig	91-1487894	501c3	14000.00				Program Support
Puget Sound ESD MS KR-01Renton	91-0851413	501c3	14028.88				Program Support
Reach Out And Read 155 NE 100th Street Suite 301Seattle	04-3481253	501c3	7650 00				Program Support
Rescue Mission PO Box 1912Tacoma	91-0565014	501c3	70049.07				Designations
Rescue Mission PO Box 1912Tacoma	91-0565014	501c3	48875.00				Program Support
Salvation Army - Puyallup Corps 11311 94th Ave EPuyallup	94-1156347	501c3	17425 00				Program Support

Schedule I From(990) | **Grants and Other Assistance to Organizations, Governments, and other Individuals in the United States** | **2012**

Name of the organization

United Way of Pierce County 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 Organizatons, Governments, and other Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Line 21, for any recipiant that received more then $5,000.

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1 (e) Name and Address of organization or government	(b) EIN	(c) section if applicable	amount of cash grant	amount of non cash assistance	Method of valuation	Description of Non-cash Assistance	Purpose of grant or assistance
Salvation Army - Tacoma Corps 1501 6th AveTacoma	91-1192064	501c3	7537.71				Designations
Salvation Army - Tacoma Corps 1501 6th AveTacoma	91-1192064	501c3	35000 00				Program Support
Sexual Assault Center 101 East 26th St., Ste 200Tacoma	91-0962226	501c3	39950.00				Program Support
South Sound Outreach Services 1106 Martin Luther King WyTacoma	91-1741624	501c3	32513.00				Program Support
St Clare Hospital PO Box 1502Tacoma	91-1487485	501c3	5000 00				Designations
St Leo's Food Connection 710 S 13th StTacoma	61-1709455	501c3	10308.46				Designations
St Leo's Food Connection 710 S 13th StTacoma	61-1709455	501c3	6000.00				Program Support
St Vincent dePaul Catholic Church 30525 8th Ave SFederal Way	91-0756413	501c3	5040.00				Designations
TACID 6315 S 19th StTacoma	91-1125538	501c3	24225.00				Program Support
Tacoma 360 2618 N Puget SoundTacoma	80-0568401	501c3	12500.00				Program Support
Tacoma Community College TCC Foundation - Early Learning	91-0824677	501c3	12500.00				Program Support

Schedule I From(990)

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

2012

Name of the organization

United Way of Pierce County 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 Organizatons, Governments, and other Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Line 21, for any recipiant that received more then $5,000

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1 (e) Name and Address of organization or government	(b) EIN	(c) section if applicable	amount of cash grant	amount of non cash assistance	Method of valuation	Description of Non-cash Assistance	Purpose of grant or assistance
Tacoma Community House 1314 S L StTacoma	91-0570872	501c3	46920 00				Program Support
Tacoma Day Care & Preschool Assoc 1113 S I StTacoma	91-0568709	501c3	6000.00				Program Support
Tacoma Pierce County Health Dept 3629 S D St MS 1004851Tacoma	91-1488160	501c3	32693.50				Program Support
Child Care Aware of Tacoma Pierce City of TacomaTacoma	91-6001283	501c3	5930.00				Program Support
Tacoma-Pierce County Health Dept MS 002Tacoma	91-1488160	501c3	6800.00				Program Support
Tillicum /American Lake Gardens 14916 Washington Ave SWLakewood	91-1300366	501c3	5000 00				Program Support
Underprivileged Children's Fund PO Box 33Milton	94-3124765	501c3	5304.40				Designations
United Way of King County 720 2nd AveSeattle	91-0565555	501c3	18183 25				Designations
United Way of Thurston County 1211 Fourth Ave E Suite 101Olympia	91-0713462	501c3	8016.20				Designations
VFW of Washington 5213 Pacific Highway EFife	91-0454080	501c3	50000.00				Designations
Washington Women's Employment 3516 S 47th St Ste 205Tacoma	91-1161700	501c3	8951 25				Designations

Schedule I From(990)

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

2012

Name of the organization

United Way of Pierce County 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 Organizatons, Governments, and other Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Line 21, for any recipiant that received more then $5,000.

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1 (e) Name and Address of organization or government	(b) EIN	(c) section if applicable	amount of cash grant	amount of non cash assistance	Method of valuation	Description of Non-cash Assistance	Purpose of grant or assistance
Washington Women's Employment 3516 S 47th St Ste 205Tacoma	91-1161700	501c3	45250 00				Program Support
YMCA of Tacoma/Pierce County 1002 Pearl StTacoma	91-1920048	501c3	6446 34				Designations
YMCA of Tacoma/Pierce County 1002 Pearl StTacoma	91-1920048	501c3	19000.00				Program Support
YWCA of Pierce County 405 BroadwayTacoma	91-0565026	501c3	13237.99				Designations
YWCA of Pierce County 405 BroadwayTacoma	91-0565026	501c3	61500.00				Program Support
Youth for Christ - Tacoma Area PO Box 834Tacoma	91-0584100	501c3	7305 54				Designations
Youth for Christ - Tacoma Area PO Box 834Tacoma	91-0584100	501c3	19000 00				Program Support

2 Enter total number of section 501(c)(3) and government organizations. 117

3 Enter total number of other organizations. 0

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, Part III, column (b), and any other additional information.

Grants made to agency programs are reviewed by volunteers knowledgeable 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

2012

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, but 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 and Title		(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				
1 ETHAN R ALLEN	(i)	176,601		211,028	13,330	6,641	407,600	27,513
	(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. Upon hiring our President 20 years ago, the United Way Board approved a supplemental nonqualified retirment plan for his benefit. Upon attaining age 65, the defined age in the plan, a $211,028 lump sum payment was made and the plan was terminated

This is reflected as part of Part II (B) (iii) other reportable compensation.

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

2012

Open To Public Inspection

Name of the organization

Employer identification number

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				
5	Clothing and household goods	✓		936,713	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)	✓	15,076	214,475	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, Home Depot. 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.

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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 2012, 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. **$2,271,803**

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 $2,902,773. Fees of $144,003 were withheld to recover costs associated with fundraising and administration for a net payout of **$2,758,770.**

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, toys, clothing, bedding, household appliances event tickets. Donations are 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 $1,073,247. The cost to run the program was $81,266. Combined together: **$1,154,513.**

4d Other Program Services:

Community Investment (CI) – 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. We lead, support and invest in community efforts to ensure all of our children are prepared to succeed in school and in life. We have two goals under CI:

Goal 1: Increase the number of children ready to succeed upon starting school

Goal 2: Increase the percentage of 3rd graders reading at grade level.

Basic Needs and Support Services – We continue to invest in community efforts to address immediate needs and supportive services

Program costs for this core area $614,723

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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. **$388,769**

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 **58,934 calls during 2012** compared to 60,572 calls in 2011. 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. **$263,454 ($4.47 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. In 2012, RSVP engaged **617** volunteers in **102,092,** hours of service at **47** partner agency locations; 2011 RSVP engaged **714** volunteers in **155,233** hours of service at **53** partner agency locations. **$120,440**

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. In **2012** YU engaged **42** unduplicated student leaders through Youth Leadership Councils resulting in **356 hours of service**; **115** students in **20** service projects resulting in **452 hours** of service. This included projects commemorating MLK Jr. Day of Service and Veteran's Day.

YU recognized **554** students with the Varsity Letter in Community Service in 2012 completing **134,000 hours** of service. This compares with **408** students receiving letters in 2011 completing **131,950 hours** of service. Students honored were representative of all public high schools in Pierce County. **$118,115**

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Volunteer Center – The Volunteer Center connected **1,763** people with opportunities to serve, creating a way for them to share their time and talents with others. In 2011, 2,074 people were connected. 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 2,235 students through the Back to School program and 2,161 people during the holidays through the Season of Caring program. **$66,490**

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. **$38,667**

Part VI Governance, Management, and Disclosure

Section B. Policies

Line 11 b 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".

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.

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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. Any change in CEO compensation, including bonuses, are approved by the board.

Section C. Disclosure line 19

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.

CALCULATION OF OVERHEAD COST - 2012

Part I Cur Yr Line 12 Tot Revenue	$9,425,718
Overhead Calculation 2012 990	
Part IX Line 25 Col c (M & G)	625,385
Part IX Line 25 Col d (Fundraising)	1,217,103
TOTAL M&G; Fundraising	$1,842,488

M&G and Fundraising, $1,842,488 divided by $9,425,718 = 19.55%

OVERHEAD COST **19.55%**

Average annual costs over the last five years is 16.76%

Filing Requirement

The organization was approved by the IRS for an automatic extension for the May 15, 2013 filing deadline to August 15, 2013 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.