

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.

A For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF THURSTON COUNTY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1211 FOURTH AVENUE EAST 101 City, town, or post office, state, and ZIP code OLYMPIA, WA 98506 F Name and address of principal officer: PAUL KNOX 1211 FOURTH AVENUE EAST, SUITE 101, OLYMPIA,	D Employer identification number 91-0713462 E Telephone number 360-943-2773 G Gross receipts \$ 1,572,094. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UNITEDWAY-THURSTON.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1959 M State of legal domicile: WA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO STRENGTHEN OUR COMMUNITY BY MOBILIZING PEOPLE AND RESOURCES TO MEET IDENTIFIED HUMAN NEEDS. 2 Check this box <input type="checkbox"/> 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 27 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 27 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 14 6 Total number of volunteers (estimate if necessary) 6 1166 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 2,064. b Net unrelated business taxable income from Form 990-T, line 34 7b 439.													
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,337,588. 9 Program service revenue (Part VIII, line 2g) 35,584. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,934. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 80,273. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,457,379.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>1,337,588.</td> <td>1,397,825.</td> </tr> <tr> <td>35,584.</td> <td>33,428.</td> </tr> <tr> <td>3,934.</td> <td>24,211.</td> </tr> <tr> <td>80,273.</td> <td>72,878.</td> </tr> <tr> <td>1,457,379.</td> <td>1,528,342.</td> </tr> </tbody> </table>	Prior Year	Current Year	1,337,588.	1,397,825.	35,584.	33,428.	3,934.	24,211.	80,273.	72,878.	1,457,379.	1,528,342.
Prior Year	Current Year													
1,337,588.	1,397,825.													
35,584.	33,428.													
3,934.	24,211.													
80,273.	72,878.													
1,457,379.	1,528,342.													
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 473,450. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 509,013. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 169,827. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 528,996. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,511,459. 19 Revenue less expenses. Subtract line 18 from line 12 -54,080.	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>501,263.</td> <td>482,554.</td> </tr> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>528,996.</td> <td>569,616.</td> </tr> <tr> <td>1,511,459.</td> <td>1,553,433.</td> </tr> <tr> <td>-54,080.</td> <td>-25,091.</td> </tr> </tbody> </table>	501,263.	482,554.	0.	0.	528,996.	569,616.	1,511,459.	1,553,433.	-54,080.	-25,091.		
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Net Assets or Fund Balances	20 Total assets (Part X, line 16) 1,590,479. 21 Total liabilities (Part X, line 26) 230,021. 22 Net assets or fund balances. Subtract line 21 from line 20 1,360,458.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Beginning of Current Year</th> <th style="width:50%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>1,590,479.</td> <td>1,632,332.</td> </tr> <tr> <td>230,021.</td> <td>212,294.</td> </tr> <tr> <td>1,360,458.</td> <td>1,420,038.</td> </tr> </tbody> </table>	Beginning of Current Year	End of Year	1,590,479.	1,632,332.	230,021.	212,294.	1,360,458.	1,420,038.				
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1,590,479.	1,632,332.													
230,021.	212,294.													
1,360,458.	1,420,038.													

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 PAUL KNOX, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MICHAEL MCCRABB	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00058953
	Firm's name ▶ JOHNSON STONE & PAGANO, P.S. Firm's address ▶ 1501 REGENTS BLVD., SUITE 100 FIRCREST, WA 98466	Firm's EIN ▶ 91-1623649 Phone no. (253) 566-7070

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: TO STRENGTHEN OUR COMMUNITY BY CONNECTING PEOPLE AND RESOURCES TO MEET IDENTIFIED HUMAN NEEDS.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 956,023. including grants of \$ 501,263.) (Revenue \$ 31,364.) WITH A FOCUS ON BRINGING LASTING CHANGE, UNITED WAY OF THURSTON COUNTY AWARDED OVER \$500,000 IN GRANTS SUPPORTING HEALTH AND HUMAN SERVICE PROGRAMS AND INITIATIVES. WITH EMPHASIS ON KEY AREAS OF EDUCATION, INCOME AND HEALTH, COMMUNITY INVESTMENT GRANTS, FUNDED THROUGH UWTC COMMUNITY CARE FUND SUPPORTED 44 LOCAL PROGRAMS. EACH PROGRAM DEMONSTRATED THE ABILITY TO MEASURABLY IMPROVE THE LIVES OF THURSTON COUNTY RESIDENTS. VOLUNTEERS FROM ACROSS THE COMMUNITY EVALUATE FUNDING REQUESTS EVERY TWO YEARS TO ENSURE THAT UNITED WAY OF THURSTON COUNTY FUNDS PROGRAMS MAKING THE GREATEST IMPACT IN OUR COMMUNITY. THE VOLUNTEERS MAKE FUNDING RECOMMENDATIONS TO THE UWTC BOARD OF DIRECTORS AND EVALUATE THE AGENCIES' PROGRESS REPORTS AND ENSURE PROGRAMS ARE ON TRACK TO ACHIEVE THEIR GOALS. CURRENT GRANTS ARE FUNDED BY

4b (Code:) (Expenses \$ 53,498. including grants of \$) (Revenue \$) RIGHT FROM THE START PROVIDES EARLY LEARNING RESOURCES AND SUPPORT FOR VULNERABLE AND LOW-INCOME FAMILIES IN SOUTH THURSTON COUNTY. RIGHT FROM THE START AIMS TO INCREASE, BY 25% ANNUALLY, THE NUMBER OF CHILDREN WHO START SCHOOL WITH THE SKILLS AND CONFIDENCE TO BE SUCCESSFUL LEARNERS. STRATEGICALLY BASED INSIDE THE NEIGHBORHOOD ELEMENTARY SCHOOL, RIGHT FROM THE START IS A PARENT RESOURCE CENTER WORKING TO CREATE AN EARLY CONNECTION BETWEEN YOUNG FAMILIES, EARLY LEARNING RESOURCES AND THE SCHOOL SYSTEM. BY PROVIDING OUTREACH AND SUPPORT, PARENTS ARE EMPOWERED TO DRAMATICALLY SHAPE THEIR CHILD'S LEARNING AND SCHOOL READINESS. SCHOOL READINESS, IN TURN, SHAPES A CHILD'S EDUCATIONAL PATHWAY AND ENHANCES THE ECONOMIC AND SOCIAL PROGRESS OF OUR COMMUNITY.

4c (Code:) (Expenses \$ 103,341. including grants of \$) (Revenue \$) RSVP, OR THE RETIRED AND SENIOR VOLUNTEER PROGRAM, IS A FREE, FEDERAL PROGRAM TO SUPPORT VOLUNTEERS 55+ IN LEWIS, MASON AND THURSTON COUNTIES. THE LOCAL RSVP IS SPONSORED BY UNITED WAY OF THURSTON COUNTY, WORKING TO ADVANCE THE COMMON GOOD BY CREATING A BETTER LIFE FOR ALL.

RSVP STAFF HELPS GUIDE VOLUNTEERS TO MATCH THEIR SKILLS, EXPERIENCE AND LIFESTYLE TO FOCUS ON EDUCATION, INCOME AND HEALTH ISSUES- THE BUILDING BLOCKS FOR A GOOD QUALITY LIFE. UNITED WAY RECRUITS RSVP VOLUNTEERS WHO BRING THE PASSION, EXPERTISE AND RESOURCES NEEDED TO GET THINGS DONE. DURING 2012-13, THE UNITED WAY OF THURSTON COUNTY RSVP PROGRAM PLACED 375 VOLUNTEERS TO ASSIST 13,736 INDIVIDUALS IN THE COMMUNITY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 64,817. including grants of \$) (Revenue \$)

4e Total program service expenses 1,177,679.

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

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (27), 1b (27), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WA
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. [X] Own website [] Another's website [X] 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: PHIL BROWN - 360-943-2773 1211 FOURTH AVE E #101, OLYMPIA, WA 98506

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 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) REID BATES DIRECTOR	1.00	X					0.	0.	0.	
(2) PABLO BELLON DIRECTOR	1.00	X					0.	0.	0.	
(3) CASEY COCHRANE DIRECTOR	1.00	X					0.	0.	0.	
(4) MARGRET BROST DIRECTOR	1.00	X					0.	0.	0.	
(5) CAROLYN HARDEE TREASURER	2.00	X		X			0.	0.	0.	
(6) KATHI GUTIERREZ SECRETARY	2.00	X		X			0.	0.	0.	
(7) KEVIN HAUGHTON DIRECTOR	1.00	X					0.	0.	0.	
(8) CHRISTIAN LEE PAST PRESIDENT	1.00	X					0.	0.	0.	
(9) DOUG MAH DIRECTOR	1.00	X					0.	0.	0.	
(10) DENNIS MAHAR DIRECTOR	1.00	X					0.	0.	0.	
(11) ROBERT CAMPBELL DIRECTOR	1.00	X					0.	0.	0.	
(12) NANCY LAPOINTE DIRECTOR	1.00	X					0.	0.	0.	
(13) BEN MORALES DIRECTOR	1.00	X					0.	0.	0.	
(14) MARY ROSIER DIRECTOR	1.00	X					0.	0.	0.	
(15) SARAH SALVA DIRECTOR	1.00	X					0.	0.	0.	
(16) MARIELLA CUMMINGS DIRECTOR	1.00	X					0.	0.	0.	
(17) RHODETTA SEWARD DIRECTOR	1.00	X					0.	0.	0.	

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 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			
(18) PATRICK TOWNSEND DIRECTOR	1.00	X						0.	0.	0.
(19) JON TUNHEIM DIRECTOR	1.00	X						0.	0.	0.
(20) FAITH TRIMBLE VICE PRESIDENT	2.00	X		X				0.	0.	0.
(21) BETH WARD DIRECTOR	1.00	X						0.	0.	0.
(22) SHELBY WILSON DIRECTOR	1.00	X						0.	0.	0.
(23) LEE WOJNAR DIRECTOR	1.00	X						0.	0.	0.
(24) CATHY WOLFE DIRECTOR	1.00	X						0.	0.	0.
(25) TONY SALAS DIRECTOR	1.00	X						0.	0.	0.
(26) TREVOR ZANDELL PRESIDENT	2.00	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								130,147.	0.	7,710.
d Total (add lines 1b and 1c)								130,147.	0.	7,710.

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 **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(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			
(27) RUSSELL LIDMAN DIRECTOR	1.00	X						0.	0.	0.
(28) PAUL KNOX EXECUTIVE DIRECTOR	40.00			X				75,000.	0.	722.
(29) PHIL BROWN FINANCE OFFICER	40.00			X				55,147.	0.	6,988.
Total to Part VII, Section A, line 1c								130,147.		7,710.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 875,056.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 117,102.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 405,667.				
	g	Noncash contributions included in lines 1a-1f: \$	3,056.				
	h	Total. Add lines 1a-1f	▶ 1,397,825.				
	Program Service Revenue	2 a	FEEES FROM CONTRACTS	Business Code 561000	33,428.	31,364.	2,064.
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f	▶ 33,428.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶ 24,211.			24,211.	
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
	6 a	Gross rents	(i) Real (ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)	▶				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		Less: cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)	▶				
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 116,630.				
		Less: direct expenses	b 43,752.				
		Net income or (loss) from fundraising events	▶ 72,878.				72,878.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities		▶					
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶				
12	Total revenue. See instructions.	▶ 1,528,342.	31,364.	2,064.	97,089.		

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	501,263.	501,263.		
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				
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	399,377.	183,885.	126,396.	89,096.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	49,971.	23,008.	15,815.	11,148.
10 Payroll taxes	33,206.	15,289.	10,509.	7,408.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,600.		12,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	73,750.	49,029.		24,721.
13 Office expenses	13,318.	8,186.	3,072.	2,060.
14 Information technology	10,625.	7,329.	1,973.	1,323.
15 Royalties				
16 Occupancy	50,127.	26,513.	14,135.	9,479.
17 Travel	2,568.	2,568.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,154.	17,916.	2,736.	1,502.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,238.	6,659.	5,135.	3,444.
23 Insurance	3,040.	1,505.	919.	616.
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 DONOR DESIGNATION EXPEN	298,437.	298,437.		
b MEMBERSHIP DUES	17,544.	7,922.	5,640.	3,982.
c MISCELLANEOUS	15,626.	7,385.	4,815.	3,426.
d POSTAGE AND PRINTING	9,438.	4,491.	283.	4,664.
e All other expenses	25,151.	16,294.	1,899.	6,958.
25 Total functional expenses. Add lines 1 through 24e	1,553,433.	1,177,679.	205,927.	169,827.
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	421,844.	1	523,607.	
	2 Savings and temporary cash investments	328,280.	2	330,508.	
	3 Pledges and grants receivable, net	550,036.	3	474,273.	
	4 Accounts receivable, net	25,666.	4	32,490.	
	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 instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 123,881.			
	b Less: accumulated depreciation	10b 81,478.	56,359.	10c	42,403.
	11 Investments - publicly traded securities			11	
	12 Investments - other securities. See Part IV, line 11	205,794.	12	226,551.	
	13 Investments - program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11	2,500.	15	2,500.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,590,479.	16	1,632,332.		
Liabilities	17 Accounts payable and accrued expenses	16,411.	17	24,537.	
	18 Grants payable	213,610.	18	187,757.	
	19 Deferred revenue		19		
	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	230,021.	26	212,294.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	717,603.	27	720,685.	
	28 Temporarily restricted net assets	607,330.	28	663,828.	
	29 Permanently restricted net assets	35,525.	29	35,525.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	1,360,458.	33	1,420,038.		
34 Total liabilities and net assets/fund balances	1,590,479.	34	1,632,332.		

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	1,528,342.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,553,433.
3	Revenue less expenses. Subtract line 2 from line 1	3	-25,091.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,360,458.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	84,671.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,420,038.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
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?		X
3b	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		

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 UNITED WAY OF THURSTON COUNTY	Employer identification number 91-0713462
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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 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (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	
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.")	1,376,029.	1,427,258.	1,603,014.	1,337,588.	1,397,825.	7,141,714.
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	1,376,029.	1,427,258.	1,603,014.	1,337,588.	1,397,825.	7,141,714.
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)						
6 Public support. Subtract line 5 from line 4.						7,141,714.

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	1,376,029.	1,427,258.	1,603,014.	1,337,588.	1,397,825.	7,141,714.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,311.	11,644.	39,957.	35,584.	33,428.	139,924.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					439.	439.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	10.	664.				674.
11 Total support. Add lines 7 through 10						7,282,751.
12 Gross receipts from related activities, etc. (see instructions)					12	406,715.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	98.06	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	98.21	%
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	▶ <input checked="" type="checkbox"/>		
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	▶ <input type="checkbox"/>		
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	▶ <input type="checkbox"/>		
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	▶ <input type="checkbox"/>		
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	▶ <input type="checkbox"/>		

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

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

UNITED WAY OF THURSTON COUNTY

Employer identification number

91-0713462

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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

▶ \$ _____

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 _____

- 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	205,794.	204,178.	174,093.	132,912.	155,717.
b Contributions				25,000.	
c Net investment earnings, gains, and losses	20,757.	1,616.	30,085.	22,857.	-19,451.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses				6,676.	3,354.
g End of year balance	226,551.	205,794.	204,178.	174,093.	132,912.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 84.32 %
 - b Permanent endowment 15.68 %
 - c Temporarily restricted endowment _____ %
- 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 | X | |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |

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				
b Buildings				
c Leasehold improvements		28,838.	11,029.	17,809.
d Equipment		95,043.	70,449.	24,594.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				42,403.

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) COMMUNITY FOUNDATION		
(B) ENDOWMENT	226,551.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	226,551.	

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. (Col. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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	1,358,327.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	84,671.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	43,752.
e	Add lines 2a through 2d	2e	128,423.
3	Subtract line 2e from line 1	3	1,229,904.
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	298,438.
c	Add lines 4a and 4b	4c	298,438.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,528,342.

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

1	Total expenses and losses per audited financial statements	1	1,298,747.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	43,752.
e	Add lines 2a through 2d	2e	43,752.
3	Subtract line 2e from line 1	3	1,254,995.
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	298,438.
c	Add lines 4a and 4b	4c	298,438.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,553,433.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EVENT EXPENSES REPORTED NET ON FORM 990 PAGE 9

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS FOR OTHER NFP ORGANIZATIONS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

DIRECT EVENT EXPENSES REPORTED NET ON FORM 990 PAGE 9

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS FOR OTHER NFP ORGANIZATIONS

SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open To Public
Inspection

Name of the organization **UNITED WAY OF THURSTON COUNTY** Employer identification number **91-0713462**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> a Mail solicitations | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants |
| <input type="checkbox"/> c Phone solicitations | <input type="checkbox"/> g Special fundraising events |
| <input type="checkbox"/> d In-person solicitations | |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		STRAIGHT FROM THE HEAP (event type)	POWER OF THE PURSE WLC (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	66,127.	29,783.	20,720.	116,630.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	66,127.	29,783.	20,720.	116,630.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	18,019.	11,864.	13,869.	43,752.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(43,752)
	11 Net income summary. Combine line 3, column (d), and line 10				72,878.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(_____)	
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

13a			%
13b			%

 - a The organization's facility
 - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF THURSTON COUNTY** Employer identification number **91-0713462**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHER/BIG SISTERS CLUB THURSTON COUNTY - 3434 MARTIN WAY EAST - OLYMPIA, WA 98506	91-1225443	501(C)(3)	10,400.	0.			ONETOONE PROGRAM SUPPORT
CATHOLIC COMMUNITY SERVICES P O BOX 11399 OLYMPIA, WA 98508	91-1585652	501(C)(3)	18,600.	0.			KITCHEN ASSISTANCE AND COUNSELING
CHILD CARE ACTION COUNCIL P O BOX 446 OLYMPIA, WA 98507	91-1373181	501(C)(3)	7,000.	0.			CHILDREN RESOURCE SERVICES
COMMUNITY ACTION COUNCIL 420 GOLF CLUB RD SE, STE 100 LACEY, WA 98503	91-0818368	501(C)(3)	20,000.	0.			WIC PROGRAM & MCJAC SUPPORT
COMMUNITY YOUTH SERVICES 711 STATE AVE NE, 3RD FLOOR OLYMPIA, WA 98506	91-0859922	501(C)(3)	69,800.	0.			YOUTH PROGRAM SUPPORT
FAMILY EDUCATION AND SUPPORT SERVICES - 1202 BLACK LK BLVD, STE B - OLYMPIA, WA 98502	91-2003171	501(C)(3)	18,500.	0.			FAMILY COUNSELING/SUPPORT SERVICES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** _____
- 3** Enter total number of other organizations listed in the line 1 table **▶** _____

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

Schedule I (Form 990) (2012)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GARDEN RAISED BOUNTY 2016 ELLIOT AVE NW OLYMPIA, WA 98502	91-1594312	501(C)(3)	37,400.	0.			YOUTH EMPLOYMENT SERVICES
INTERCOMMUNITY MERCY HOUSING 2505 3RD AVE, STE 204 SEATTLE, WA 98121	91-1546525	501(C)(3)	0.	0.			YOUTH ENRICHMENT PROGRAM SUPPORT
LEFT FOOT ORGANICS P O BOX 12772 OLYMPIA, WA 98508	91-2167831	501(C)(3)	0.	0.			CSA PROGRAM SUPPORT
MORNINGSIDE, INC. P O BOX 7936 OLYMPIA, WA 98507-7936	91-0757099	501(C)(3)	0.	0.			JOB ASSISTANCE FOR THE DISABLED
OLYMPIA UNION GOSPEL MISSION P O BOX 7668 OLYMPIA, WA 98507-7668	91-1680748	501(C)(3)	13,000.	0.			DENTAL SUPPORT
ROCHESTER ORGANIZATION OF FAMILIES P O BOX 312 ROCHESTER, WA 98579	77-0620956	501(C)(3)	15,000.	0.			FOOD SERVICES
SENIOR SERVICES FOR SOUTH SOUND 222 COLUMBIA ST NW OLYMPIA, WA 98501-8208	91-0907573	501(C)(3)	36,500.	0.			FOOD SERVICES
SOUTH SOUND YMCA 1530 YELM HWY SE OLYMPIA, WA 98501-4684	91-0586473	501(C)(3)	32,200.	0.			CHILD CARE & YOUTH TEEN PROGRAM
SOUTH SOUND READING FOUNDATION 305 COLLEGE ST NE LACEY, WA 98516	91-2091907	501(C)(3)	8,000.	0.			PROVIDE BASIC NEEDS TO COMMUNITY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY P O BOX 173 OLYMPIA, WA 98507-0173		501(C)(3)	0.	0.			SHELTER & SOCIAL SERVICES SUPPORT
THURSTON COUNTY FOOD BANK 220 NE THURSTON AVE OLYMPIA, WA 98501	91-2047117	501(C)(3)	46,400.	0.			PROVIDE MEALS & EMERGENCY FOOD
TOGETHER! P O BOX 5329 LACEY, WA 98509-5329	91-1465778	501(C)(3)	20,000.	0.			CHILDREN SUMMER PROGRAM SUPPORT
YELM COMMUNITY SERVICES P O BOX 5320 YELM, WA 98597-5320	23-7226534	501(C)(3)	0.	0.			FOOD SERV. & YOUTH PROGRAM SUPPORT
YMCA OF OLYMPIA 220 UNION AVE SE OLYMPIA, WA 98501-1322	91-0568718	501(C)(3)	0.	0.			AFTER SCHOOL PROGRAM SUPPORT & FAMILY CARE NEEDS
CHOICE REGIONAL HEALTH NETWORK 2409 PACIFIC AVE SE OLYMPIA, WA 98501	91-1704039	501(C)(3)	0.	0.			SOCIAL SERVICES SUPPORT
CRISIS CLINIC OF THURSTON AND MASON COUNTIES - 1004 SAN FRANCISCO AVE NE - OLYMPIA, WA 98506	91-0905469	501(C)(3)	0.	0.			SOCIAL SERVICES SUPPORT
FAMILY SUPPORT CENTER 108 STATE AVE NW OLYMPIA, WA 98501	91-2003828	501(C)(3)	37,200.	0.			HOMELESSNESS SUPPORT SERVICES
HANDS ON CHILDREN MUSEUM 106 11TH AVE SW OLYMPIA, WA 98501	91-1405065	501(C)(3)	8,200.	0.			SUPPORT GROUP

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFEPLACE OLYMPIA 314 LEGION WAY SE OLYMPIA, WA 98501	91-1153988	501(C)(3)	14,600.	0.			RESIDENTIAL SERVICES
THURSTON ECONOMIC DEVELOPMENT COUNCIL - 665 WOODLAND SQUARE LOOP SE, STE 201 - LACEY, WA 98503	91-1183169	501(C)(3)	5,100.	0.			ASSET BUILDING COALITION
UNITED COMMUNITIES AIDS NETWORK 147 ROGERS ST NW OLYMPIA, WA 98502	91-1401511	501(C)(3)	0.	0.			MEDICAL CARE SERVICES MEDICAL CARE SERVICES
UNITED WAY OF PIERCE COUNTY 1501 PACIFIC AVE TACOMA, WA 98402	91-0650669	501(C)(3)	10,000.	0.			211 PROJECT OUTREACH
CIELO PROJECT 3102 8TH AVE NE OLYMPIA, WA 98506-4972	91-1728671	501(C)(3)	10,163.	0.			SEWING PROJECT
BHR BEHAVIORAL HEALTH RESOURCES 3857 MARTIN WAY EAST OLYMPIA, WA 98506	91-0666889	501(C)(3)	6,700.	0.			CHILDREN AND PARENTS FIRST PROGRAM
MERCY HOUSING NW 2505 3RD AVE, STE 204 SEATTLE, WA 98121	91-1546525	501(C)(3)	9,500.	0.			OUT OF SCHOOL TIME PROGRAM
INTERFAITH WORKS PO BOX 1221 OLYMPIA, WA 98507-1221	91-0947698	501(C)(3)	16,400.	0.			SIDEWALK PROJECT
THE OLYMPIA FREE CLINIC 108 STATE AVE NW OLYMPIA, WA 98501	27-1606329	501(C)(3)	9,600.	0.			MEDICAL CARE SERVICES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POWER 509 5TH AVE SE OLYMPIA, WA 98501-1116	39-2070376	501(C)(3)	10,000.	0.			LEADERSHIP DEVELOPMENT
SOUTH PUGET SOUND COMMUNITY COLLEGE - 2011 MOTTMAN RD SW - OLYMPIA, WA 98512-6218	91-1774940	501(C)(3)	11,000.	0.			EDUCATION SCHOLARSHIPS

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

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

UNITED WAY OF THURSTON COUNTY

Employer identification number

91-0713462

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CONTRIBUTIONS MADE BY DONORS DURING UWTC

2012 CAMPAIGN. UWTC ALSO ALLOCATES ADDITIONAL GRANTS FOR EARLY LEARNING

PROGRAMS, 2-1-1 AND EMERGING COMMUNITY NEEDS, AS WELL AS DISTRIBUTES

MORE THAN \$300,000 IN DONOR DESIGNATED GIFTS TO NONPROFIT

ORGANIZATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER MISCELLANEOUS PROGRAM EXPENSES

EXPENSES \$ 64,817. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS MADE

AVAILABLE TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, ADMINISTRATIVE STAFF AND

OTHER VOLUNTEERS IN KEY OR SPECIFIED ROLES ANNUALLY COMPLETE A "DECLARATION

OF COMPLIANCE WITH THE CONFLICT OF INTEREST STANDARD" FORM.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION FOR THE EXECUTIVE

DIRECTOR IS ESTABLISHED BY A COMMITTEE OF THE BOARD THAT REVIEWS

COMPENSATION FOR SIMILAR NONPROFIT LEADERSHIP POSITIONS. THE COMPENSATION

IS THEN RECOMMENDED TO THE EXECUTIVE COMMITTEE FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: THE UNITED WAY'S GOVENING

DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL INFORMATION IS MADE

AVAILABLE TO THE PUBLIC UPON REQUEST.