EXTENDED TO MAY 15, 2024

# Return or Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

232001 12-13-22

Go to www.irs.gov/Form990 for instructions and the latest information.

2022 2023 A For the 2022 calendar year, or tax year beginning JUL 1 and ending JUN 30, C Name of organization D Employer identification number UNITED WAY OF THURSTON COUNTY Name change 91-0713462 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 3525 7TH AVE SW, 201 360-943-2773 termin-ated 1,438,179. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 98502 OLYMPIA, WA H(a) Is this a group return Applica-F Name and address of principal officer: CHRISTIAN WELLS THARP for subordinates? ..... Yes X No pending 3525 7TH AVE SW, SUITE 201, OLYMPIA, 985 H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) [ 4947(a)(1) or If "No," attach a list. See instructions WWW.UNITEDWAY-THURSTON.ORG H(c) Group exemption number K Form of organization: X Corporation Year of formation: 1959 M State of legal domicile: WA Part I Summary Briefly describe the organization's mission or most significant activities: UNITED WAY OF THURSTON COUNTY Governance MOBILIZES THE CARING POWER OF OUR COMMUNITY TO FIGHT FOR THE HEALTH 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) 15 Number of independent voting members of the governing body (Part VI, line 1b) 15 4 Activities & 11 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 125 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII (CO) (C), line 12 0. 7a b Net unrelated business taxable income from Form 999 T. Rarty, line 11 0. Prior Year **Current Year** 2,271,561. 1,416,603. Contributions and grants (Part VIII, line 1h) Revenue 16,867. Program service revenue (Part VIII, line 29) 10,759. 9 Investment income (Part VIII, column (A), lines a, 4 and d) 7,846. 10,551. 10 0. 266. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,296,274. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,438,179. 12 1,235,380. 760,048. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 0. Benefits paid to or for members (Part IX, column (A), line 4) 792,284. 473,032. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 339,520. 305,245. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 2,367,184. 1,538,325. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -70,910.-100,146.Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 10 1,330,732. 1,438,772. Total assets (Part X, line 16) 117,810. 310,992. 21 Total liabilities (Part X, line 26) 212,922. 127,780 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign CHRISTIAN WELLS THARP, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 4/24/24 Paid CRAIG P. CATLIN P00741890 self-employed JOHNSON STONE & PAGANO Firm's EIN 91-1623649 Preparer Firm's name Firm's address 1501 REGENTS BLVD., Use Only FIRCREST, WA 98466 Phone no. (253) 566-7070 May the IRS discuss this return with the preparer shown above? See instructions X Yes

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	UNITED WAY OF THURSTON COUNTY MOBILIZES THE CARING POWER OF OUR
	COMMUNITY TO FIGHT FOR THE HEALTH, EDUCATION AND FINANCIAL STABILITY
	OF EVERY PERSON IN THURSTON COUNTY.
	OR ATTENDED BY BANDED OF COOKERS
2	Did the organization undertake any significant program services during the year which were not listed on the
_	
	prior Form 990 or 990-EZ?  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?
	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.  (Code:) (Expenses \$1,058,820 . including grants of \$760,048 . ) (Revenue \$1,025 . )
4a	
	WITH A FOCUS ON BRINGING LASTING CHANGE, UNITED WAY OF THURSTON COUNTY
	AWARDED OVER \$760,048 IN GRANTS SUPPORTING HEALTH AND HUMAN SERVICE
	PROGRAMS AND INITIATIVES. WITH EMPHASIS ON KEY AREAS OF HEALTH,
	EDUCATION AND FINANCIAL STABILITY, COMMUNITY INVESTMENT GRANTS FUNDED
	THROUGH UWTC COMMUNITY CARE FUND SUPPORTED 34 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
4b	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$
	Ollows and the Charles of the state of the s
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 1,058,820.

# Form 990 (2022) UNITED WAY OF THURSTON COUNTY 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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_		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? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	_6_		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			٠,,
•	Schedule D, Part III	_8_		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?			٦,
40	If "Yes," complete Schedule D, Part IV	_9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а			Х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		<u> </u>
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	116		1 2
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	<u> </u>	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del></del>		
	Schedule D, Parts XI and XII	12a	X	
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	l X	

Form 990 (2022) UNITED WAY OF THUR
Part IV Checklist of Required Schedules (continued)

22	W. A.	- (outside)		· ·	
Pett K, column (A), line 2" (I "Yes," complete Schedule I, Parts I and III and	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
23 Did the organization answer Yes* to Part VII, Section A, Inc 9, 4, or 5, about compensation of the organization current and former officers, directors, rustees, key employees, and highest compensated employees? If Yes, complete Schedule I, Variat was lessed after December 31, 2002? If Yes, "answer lines 24b through 24d and complete Schedule K, If No." go to line 25a.  Did the organization invest any proceeds of tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was lessed after December 31, 2002? If Yes," answer lines 24b through 24d and complete Schedule K, If No." go to line 25a.  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d 25 bill the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d 27d 28d Section 50(16)3, 501(16)4 and 501(2)20 programatations. Did the organization maps in an excess benefit transaction with a disqualified person during the year? If Yes," complete Schedule L, Part I 25a X bill the organization aware that it engaged in an excess benefit 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 X Did the organization proof any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 39% controlled entity for family member of any of these persons? If Yes, "complete Schedule L, Part II 27d X 27d Did the organization provide a grant or other assistance to any current or former officer, director, fustee, key employee, creator or founder, or substantial contributors? If Yes, "complete Schedule L, Part II 27d X 2			22		x
and former officers, director, structees, key employees, and highest compensated employees? If "Yes," complete Schedule J  X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued are December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 22a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c Did the organization may an asserow account other than a refunding ascrow at any time during the year to defease any tax-exempt bonds?  25a Section 5016(X8), 5016(X8), and 501	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
Schedulo J. 23  X					
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,0000 as of the last day of the year, that was issued after Oceanized 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No." you to line 25a bill the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  24d Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization accounts the year of the organization engage in an excess benefit transaction with a discussion with a discussion person during the year?  24d b that the transaction with a discussion person during the year?  24d b that the transaction with a discussion person during the year?  24d b that the transaction with a discussion person during the year?  24d b that the transaction with a discussion of year of year of year of year of years of year of years of year of years			23		Х
start day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." p to the Ima 25s.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Schedule K. If "No." yo to line 25a					
b Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b   26c   27c   2			24a		Х
c Did the organization maintain an secrow account other has a refunding secrow 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?  24d	b	Did the appropriate form to the second of th			
any tax-exempt bonde?  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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   25a   X   25b   St the organization has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I   25b   X   25b					
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), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year" ("Pes," complete Schedule L, Part I   25a   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 900 or 909-C71 ("Pes," complete Schedule L, Part I   25b   X    25chedule L, Part I   25ch   X   25			24c		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? #"Yes," complete Schedule L, Part I 25a 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 is disqualified person in a prior year, and that the transaction has not been reported on any of the organization sport any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor or employee beneating, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 X  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV 27 X  29 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X  29 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II 27 X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II 27 X  29 Did the organization or every contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II 28 X  29 Did the organization or liquidate, terminate, or dissolve and cease operations? If "Yes," complete	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
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*Yes,* complete Schedule L, Part I   25b   X    25b   X   2	25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
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?   "Yes," complete Schedule I, Part II   25b   X   25		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	b				
or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II, 27 X  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II 'Yes,' complete Schedule L, Part IV. 28a X  b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV. 28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 'Yes,' complete Schedule L, Part IV. 28c X  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. Part I 31 X  31 Did the organization inquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 X  32 Did the organization selected to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II 32 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? If 'Yes,' complete Schedule R, Part I 33 X  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' c		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		i	
or former officer, director, tustee, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		Schedule L, Part I	25b		X
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV.  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.  28 Least a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28 Least a C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  28 Least a C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule M, Part IV.  28 Least a C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule M, Part IV.  28 Least a C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule M, Part IV.  28 Least a C A 35% controlled entity of one or more individuals and/or organization receive contributions? If "Yes," complete Schedule M, Part II.  30 Lid the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part II.  31 L X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  32 Least III.  33 Least III.  34 Least III.  35 Least III.  36 Least III.  37 Least III.  38 Least III.  39 Least III.  30 Least III.  30 Least III.  30 Least III.  30 Least III.  31 Least III.	26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to as 35% controlled entity (including an employee thereof) or family member of any of these persons? # "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  28 A Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV.  28a X  29 A family member of any individual described in line 28a? # "Yes," complete Schedule L, Part IV.  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule L, Part IV.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # "Yes," complete Schedule N, Part I.  30 X  31 Did the organization ilquidate, terminate, or dissolve and cease operations? # "Yes," complete Schedule N, Part I.  30 Did the organization on an 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? # "Yes," complete Schedule R, Part I.  31 Did the organization have a controlled entity within the meaning of section 512(b)(13)? # "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? # "Yes," complete Schedule R, Part V, line 2  32 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  33 Did the organization conduct more than 5% of i					
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			26		X
entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  28a X  28b X  28b X  28b X  28c A 35% complete Schedule L, Part IV 28a X  28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a organization and that is reated as a partnership for federal income tax purposes? If "Yes," complete Schedule I, Part IV 28c X  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part IV 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II, Part II 31 X  31 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II, Part II 31 X  32 Did the organization will only of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule II, Part II 32 X  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule II, Part II, III, or IV, and Part V, Iline 1 34 X  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule II, Part V, Iline 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule II, Part V, Iline 2 36 X  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule II, Part V, Iline 2 36 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? If "Yes," complete Schedule II, Part VI 37 X  38 Did the organization conduct more than					
instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-28 If "Yes," complete Schedule R, Part I.  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-28 If "Yes," complete Schedule R, Part I.  33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part IV, IIIne 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. 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, Iine 2  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, Iine 2  37 Did the organization			27		_X_
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Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1a 6			38	x	
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1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable				Yes	No.
	1a	Enter the number reported in box 3 of Form 1096. Enter ·0· if not applicable		. 03	, 10
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	b				
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	С				
(gambling) winnings to prize winners?			1c	Х	

Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 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 Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 X 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand Х 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? Х If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

If "Yes," complete Form 6069.

UNITED WAY OF THURSTON COUNTY Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion 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	1a		15						
	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 on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b		15		1 8				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship v	with an	y other			W.				
	officer, director, trustee, or key employee?				2		X			
3	Did the organization delegate control over management duties customarily performed by or under the c									
	of officers, directors, trustees, or key employees to a management company or other person?				3		X			
4										
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ts?			5		X			
6	Did the organization have members or stockholders?				6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appearance.						-			
	more members of the governing body?			L	7a		_X_			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoo	ckhold	ers, or							
	persons other than the governing body?			L	7b		Χ_			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year l	by the f	ollowing:							
а	The governing body?			L	8a	X				
b	Each committee with authority to act on behalf of the governing body?				8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	hed at t	the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	enue C	ode.)							
				۲-		Yes	No_			
	Did the organization have local chapters, branches, or affiliates?			-	10a		_X_			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chap	ıpters, a	affiliates,				-			
					10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body is	before	filing the for	m? [	11a	_X	02020			
b										
12a	, , , , , , , , , , , , , , , , , , , ,				12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			<u> </u>	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	,				37				
	on Schedule O how this was done				12c	X				
13	Did the organization have a written whistleblower policy?				13	X				
14	Did the organization have a written document retention and destruction policy?				14	_X				
15	Did the process for determining compensation of the following persons include a review and approval in the process for determining compensation of the following persons include a review and approval in the process for determining compensation of the following persons include a review and approval in the process for determining compensation of the following persons include a review and approval in the process for determining compensation of the following persons include a review and approval in the process for determining compensation of the following persons include a review and approval in the process for determining compensation of the following persons include a review and approval in the process for determining compensation of the following persons include a review and approval in the process for th	by inde	epenaent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v				
	The organization's CEO, Executive Director, or top management official				15a	X				
α	Other officers or key employees of the organization				15b	A				
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	ont will	h o							
103					16-		X			
L.	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				<u>16a</u>	974	A			
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	•	•	ľ						
	and the second s		5		16b	Section 1				
Sec	exempt status with respect to such arrangements? tion C. Disclosure		***************************************		IOD					
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 (1024 or 1024-A, if applicable), 990, and	d 990-1	(section 50	11(c)(3)s	onlyl	availal	——— ble			
	for public inspection. Indicate how you made these available. Check all that apply.	_ 000 1	,5555,611 00	. (0)(0)0 (	~···y/	arana	-10			
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		•	icv. and	finan	cial				
	statements available to the public during the tax year.			- y, a.ra						
20	State the name, address, and telephone number of the person who possesses the organization's book	ks and	records							
	RICHELE CENTER - 360-943-2773									
	3525 7TH AVE SW. SUITE 201. OLYMPIA. WA 98502									

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

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

  See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	nizat	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)					(D)	(E)	(F)		
Name and title	Average	(do	not cl	Posi	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unles	s per	son i	s both	an	compensation	compensation	amount of
	week	$\vdash$	cer an	a a a	recto	rtrus	(66)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	trustee or director	Institutional trustee		ag.	m per		1099-NEC)	1000 1120)	and related
	below	iduai	ution	<u>.</u>	Key employee	sst co	Ja			organizations
	line)	Individua! t	Instit	Officer	Key e	Highest compensated employee	Former			
(1) CHRISTIAN WELLS THARP	40.00									
EXECUTIVE DIRECTOR				X	L		_	94,648.	0.	9,793.
(2) RICHELE CENTER	40.00				}					
DEPUTY DIRECTOR				X	L	_		63,620.	0.	12,495.
(3) OMEY NANDYAL	2.00								_	
PAST PRESIDENT		X						0.	0.	0.
(4) LIZ DAVIS-SELSOR	2.00									
SECRETARY	1 00	X	_	X	_	ļ	<u> </u>	0.	0.	0.
(5) DEB ALBRIGHT	1.00									
DIRECTOR	1 00	X				_		0.	0.	0.
(6) CHARLES SHELAN	1.00	٠,,								
DIRECTOR	1 00	X				ـ		0.	0.	0.
(7) NANCY LAPOINTE	1.00	3,7								
DIRECTOR	1 00	X	_		_		_	0.	0.	0.
(8) DR. MICHAEL MATLOCK	1.00	x						0.	0.	0.
OIRECTOR (9) DAVID SCHAFFERT	1.00	^		_		╁		0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(10) RON BRUCHET	1.00		_		_	-				0.
DIRECTOR	1.00	X			[			0.	0.	0.
(11) RYAN BETZ	2.00		-			一	<del> </del>			
PRESIDENT		x		x				0.	0.	0.
(12) LUKE MINOR	2.00	<del> </del>	<u> </u>			1				
TREASURER		X		Х				0.	0.	0.
(13) DUSTI DEMAREST	1.00									
DIRECTOR		X		İ				0.	0.	0.
(14) MEGHAN VU	1.00									
DIRECTOR		X						0.	0.	0.
(15) JIM LEONARD	1.00									
DIRECTOR		X			L			0.	0.	0.
(16) DEBRA J CLEMENS	1.00									
DIRECTOR		X			_			0.	0.	0.
(17) MARIA ROBINSON	1.00									
DIRECTOR		X			L_			0.	0.	0.

Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(A)								(E)	(F)
Name and title	Average	age Position					Reportable	Reportable	Estimated	
	hours per					than o s both		compensation	compensation	amount of
	week					r/trust		from	from related	other
	(list any	算						the	organizations	compensation
	hours for	direc				- I		organization	(W-2/1099-MISC	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	nstitutional trustee		yee	adwo		1099-NEC)	,	and related
	below	idual	intion	ŗ.	Key employee	est co oyee	le:	,		organizations
	line)	indiv	Insti	Officer	Key e	Highest compensated employee	Former			
				_						
						-				
			_							
				_						
								Į		
		_			_			***		
					_					
		<u> </u>						170		
1b Subtotal								158,268.		22,288.
c Total from continuation sheets to Part VII	, Section A							0.		0.
d Total (add lines 1b and 1c)								158,268.	(	22,288.
2 Total number of individuals (including but no								ceived more than \$100.	000 of reportable	
compensation from the organization					,	,			or or reportable	C
										Yes No
3 Did the organization list any former officer,	director trueto	ا م	01/0	mnl	0000	0 or	hial	hoot compensated amp	lavas an	
			-		-		_		•	<b>元数量 人畫 人</b> 量
line 1a? If "Yes," complete Schedule J for st			• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •				
4 For any individual listed on line 1a, is the su	m of reportable	e co	mpe	nsat	tion	and	oth	er compensation from t	ne organization	AE2 E3 E1
and related organizations greater than \$150	,000? If "Yes,	" coi	mple	te S	che	dule	J fo	or such individual		4 X
5 Did any person listed on line 1a receive or a										100 A
rendered to the organization? If "Yes." com	olete Schedule	Jfc	or su	ch r	erso	on	,.		******************	. 5 X
Section B. Independent Contractors										
1 Complete this table for your five highest cor	npensated ind	epei	nden	t co	ntra	ctors	s th	at received more than \$	100,000 of compe	nsation from
the organization. Report compensation for t										
(A)							Т	(B)		(C)
Name and business	address	NC	NE	;				Description of s	ervices	Compensation
							$\dashv$			
							-			
							+			
							4			
16.							_	70.31		
Br										
2 Total number of independent contractors (in	cluding but no	t lin	nited	to t	hos	e list	ed	above) who received mo	ore than	
\$100,000 of compensation from the organiz					0			,		
							_		4000	- 000

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under
					The second secon	AND AND A CONTROL OF THE ANGELOW AND A CONTRO		sections 512 - 514
ats ats	1 a	a	Federated campaigns 1a	476,015.	200	1000		
irai our	ŀ		Membership dues 1b					
S, G	(	С	Fundraising events1c					
ii y	(	d	Related organizations 1d					
s, C	6	е	Government grants (contributions) 1e	857,088.		112		
ion	f	f	All other contributions, gifts, grants, and				<b>运送</b>	
but			similar amounts not included above 1f	83,500.				
Ëġ	ç	g	Noncash contributions included in lines 1a-1f 1g \$			9 6		1.34
Contributions, Gifts, Grants and Other Similar Amounts.	ŀ	h	Total. Add lines 1a-1f		1,416,603.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
				Business Code			<b>三</b> [10] (金)	<b>建</b>
e	2 8	а	FEES FROM CONTRACTS	561000	10,759.	10,759.		
ž a	ŀ	b						
Segr	(	С						
Program Service Revenue	(	d						
ga	•	е						
ፈ	1	f	Ail other program service revenue					
		g	Total. Add lines 2a-2f		10,759.	<b>海路</b>	医 自用语法	<b>经制度</b> 3
	3		Investment income (including dividends, interest	est, and				
			other similar amounts)		10,551.			10,551.
	4		Income from investment of tax-exempt bond p	roceeds	,			
	5		Royalties					
			(i) Real	(ii) Personal		<b>自身</b>	<b>以是《墨</b> 维	
	6 8	a	Gross rents6a					
	ŀ	b	Less: rental expenses 6b		<b>20年</b> 8 章			
	(	С	Rental income or (loss) 6c			1111		<b>建模型</b>
		ď	Net rental income or (loss)			<u>.</u>		
İ	7 8	a	Gross amount from sales of (i) Securities	(ii) Other			<b>第一直整星线</b>	<b>多种种的</b>
			assets other than inventory 7a		27、重治量			<b>《福度》</b>
	i	b	Less: cost or other basis			<b>建设置</b>		建物理
ne			and sales expenses 7b					
her Revenue	(	С	Gain or (loss) 7c					
Re	(	d	Net gain or (loss)					
her	8 8	a	Gross income from fundraising events (not			100		
ᅙ			including \$ of					· 建聚建物 1
			contributions reported on line 1c). See					
			Part IV, line 188a				<b>建</b> 基 基務基。	
	ı	b	Less: direct expenses8b			建制 医生物	III. EMILI	1000
		С	Net income or (loss) from fundraising events					
	9 8	a	Gross income from gaming activities. See					
			Part IV, line 199a				10 7 多 4 4 4	[7] <b>国</b> [2]
			Less: direct expenses 9b					The Control of
	١ ،	С	Net income or (loss) from gaming activities	·				
	10 :	a	Gross sales of inventory, less returns					
			and allowances 10a					
	1	b	Less: cost of goods sold10k	ol	100	F (8-1, 1984) 11 12 12 12 12 12 12 12 12 12 12 12 12		李 通過
		С	Net income or (loss) from sales of inventory					
S			MIGGELL ANDOLIG THEOLOG	Business Code	266	200		0.25
Miscellaneous Revenue	11 :		MISCELLANEOUS INCOME	900099	266.	266.		
cellaned Revenue		b						
Sce		c	All all and an arrangement of the state of t	- 11				
ž	į.		All other revenue		266.			
	12	e	Total Add lines 11a-11d  Total revenue. See instructions		1,438,179.		0.	10,551.

Form 990 (2022) UNITED WAY OF THURSTON COUNTY
Part IX Statement of Functional Expenses

Secti	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 respon		this Part IX(B)	(C)	(D)					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	760,048.	760,048.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16				108 Eg. 10 To 10 T					
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	186,772.	88,585.	79,910.	18,277.					
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	201,705.	100,682.	82,651.	18,372.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	50,989.	21,160.	24,016.	5,813.					
10	Payroil taxes	33,566.	13,930.	15,809.	3,827.					
11	Fees for services (nonemployees):									
а	Management									
b	Legal	21,823.		21,823.						
С	Accounting	25,200.		25,200.						
d	Lobbying									
е	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.)	79,941.	14.04	79,031.	910.					
12	Advertising and promotion	26,668.	11,067.	12,561.	3,040.					
13	Office expenses	10,641.	4,416.	5,012.	1,213.					
14	Information technology	10,127.	4,203.	4,770.	1,154.					
15	Royalties	40 500	20 650	00.00						
16	Occupancy	48,732.	20,652.	22,608.	5,472.					
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0.400	1 007	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	005					
19	Conferences, conventions, and meetings	2,499.	1,037.	1,177.	285.					
20	Interest									
21	Payments to affiliates	0 000	2 200	2 760	010					
22	Depreciation, depletion, and amortization	8,000. 2,749.	3,320. 1,141.	3,768.	912. 313.					
23	Insurance	2,749.	1,141.	1,295.	272.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A),									
_	amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS	41,477.	17,213.	19,536.	4,728.					
a	MEMBERSHIP DUES	15,273.	6,338.	7,194.	1,741.					
b	STAFF & BOARD DEVELOPME	3,949.	1,639.	1,860.	450.					
c d		3,498.	1,452.	1,647.	399.					
	All other expenses	4,668.	1,937.	2,198.	533.					
е 25	Total functional expenses. Add lines 1 through 24e	1,538,325.	1,058,820.	412,066.	67,439.					
26	Joint costs. Complete this line only if the organization	2,000,020.	2,000,020.		07,403.					
2.0	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
				<u> </u>	Garra 990 (0000)					

Part X	Balance Sheet

Pai	τχ	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	712,821.	_ 1	410,931.		
	2	Savings and temporary cash investments	63,352.	2	64,027.		
	3	Pledges and grants receivable, net	184,041.	3	146,039.		
	4	Accounts receivable, net			56,417.	4	243,699.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst			1000		
		controlled entity or family member of any of thes		State Control of the		5	
	6	Loans and other receivables from other disquali		· -			
		under section 4958(f)(1)), and persons described				6	
ts	7	Notes and loans receivable, net		1		7	
Assets	8	Inventories for sale or use				8	
⋖	9					9	5,353.
	10a	Land, buildings, and equipment: cost or other		4.50.004	<b>建</b> 医		
		basis. Complete Part VI of Schedule D	10a	153,224.	25 226		15.026
	b				25,236.	10c	17,236.
	11	Investments - publicly traded securities			200 065	11	215 555
	12	Investments - other securities. See Part IV, line		288,865.	12	315,555.	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14	225 022	
	15	Other assets. See Part IV, line 11		1,330,732.	15	235,932.	
	16	Total assets. Add lines 1 through 15 (must equ		51,268.	16	1,438,772.	
	17	Accounts payable and accrued expenses		66,542.	17	55,600.	
	18	Grants payable	00,542.	18	33,000.		
	19	Deferred revenue				19 20	
	20	Tax-exempt bond liabilities					
	21	Escrow or custodial account liability. Complete Loans and other payables to any current or form				21	100 T 100 T
ies	22	trustee, key employee, creator or founder, subsi		li i			重計量/重频程度
Liabilities		controlled entity or family member of any of the		Γ	Maria Committee	22	SHIWS ENGLY
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-	l l			
		of Schedule D			0.	25	239,106.
	26	Total liabilities. Add lines 17 through 25			117,810.	26	310,992.
		Organizations that follow FASB ASC 958, che	ck her	e X			
es		and complete lines 27, 28, 32, and 33.					· 医外侧性
anc	27	Net assets without donor restrictions			966,935.	27	881,070.
Bal	28	Net assets with donor restrictions			245,987.	28	246,710.
pu		Organizations that do not follow FASB ASC 9			· 基础等		
귶		and complete lines 29 through 33.			基础 基本 · 基本 ·		量量 指揮
s or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,212,922.	32	1,127,780.
-	33	Total liabilities and net assets/fund balances			1,330,732.	33	1,438,772.

Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,438				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,538	3,32	25.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-100	0,14	16.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,212	2,92	22.		
5	Net unrealized gains (losses) on investments	5	1'	7,44	15.		
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 on Schedule O)	9	- ;	2,44	11.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,12	7,78	30.		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990:   Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	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		5. <u>=</u>				
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	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	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on 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							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		_ X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990 (	2022)		

### SCHEDULE A

(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Name of the organization

Employer identification number

_		TINU	ED WAY OF	THURSTON COU	YTV			9	1-0713462	
Pε	irt I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.			
The	organ	nization is not a private found								
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organiz						Enter	the hospital's name.	
		city, and state:		•			VAN X		,	
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit de	escribe	ed in	
		section 170(b)(1)(A)(iv). (0			,	, ,				
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	O(b)(1)(A)	(v).			
7	X	An organization that norma						neral r	oublic described in	
		section 170(b)(1)(A)(vi). (C			o a go ro		anne or morn and go	norai p	odbilo doscribed III	
8		A community trust describe		1)(A)(vi) (Complete Par	+ II )					
9	$\Box$	An agricultural research org				d in coniu	nction with a land	arant	college	
Ū		or university or a non-land-								
		university:	grant conego or agno	artaro (500 motraotiona).	Litter tile i	iairie, city,	and state of the c	onege	O	
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sunn	ort from co		e momborship for	20 000	d grana ragginta franc	
		activities related to its exen								
		income and unrelated busin					•	•	3	
		See section 509(a)(2). (Co		(1635 Section 511 tax) IIC	ที่มี มนิยมเลย	ses acquii	ed by the organiza	auona	itter June 30, 1975.	
11		An organization organized a	. ,	vely to test for public ea	faty Soo e	cotion EC	)()(a)(4)			
12	$\Box$	An organization organized a			-			ıt tha	nurnance of ane or	
		more publicly supported or								
		lines 12a through 12d that							DIRECK THE DOX OH	
а		Type I. A supporting orga					_		aivina	
		the supported organization				_				
		organization. You must o			majority o	i trie triet	tors or trustees or	uie sc	pporting	
b		Type II. A supporting org			ion with ite	e eupporto	d organization(a)	hy hay	din a	
~		control or management o								
		organization(s). You mus			ine hersor	is that con	ittor or manage th	e supp	onted	
С		Type III functionally inte			in connect	ion with a	nd functionally int	oaroto	d with	
•	-	its supported organization						egrate	a with,	
d		Type III non-functionally						raanis	zation(e)	
		that is not functionally int								
		requirement (see instruct						itterrin	7011033	
е	. [	Check this box if the orga						na III		
		functionally integrated, or					Type i, Type ii, Ty	po iii		
f	Ente	er the number of supported o				ation.				
g		vide the following information			***************************************		•••••••	•••••		
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of mon	etary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instruc	tions)	support (see instructions)	
				abovo (boo morraguono)						

### 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.)

Se	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and			, ,		\-/	(1) . Ottai
	membership fees received. (Do not						
	include any "unusual grants.")	1245859.	1846990.	3882847.	2271561.	1416603	10663860.
2	Tax revenues levied for the organ-			0002027	2272021		10003000.
_	ization's benefit and either paid to						
	or expended on its behalf						
0	The value of services or facilities						
3							
	furnished by a governmental unit to						
	the organization without charge	1045050	1046000	000001			
4	Total. Add lines 1 through 3	1245859.	1846990.	3882847.	2271561.	1416603.	10663860.
5	The portion of total contributions				100 mm		
	by each person (other than a					建设层 猛队	
	governmental unit or publicly						
	supported organization) included		2. 基式量效量				
	on line 1 that exceeds 2% of the			100			
	amount shown on line 11,						
	column (f)					<b>在沙里</b> 图	
6	Public support. Subtract line 5 from line 4.		1 1 (64)		(A)	<b>基本</b> 建设施	10663860.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1245859.	1846990.	3882847.	2271561.	1416603	10663860.
8	Gross income from interest,						10003000:
Ū	dividends, payments received on						
	securities loans, rents, royalties,			*			
	and income from similar sources	8,057.	6,899.	4,395.	7,846.	10,551.	27 740
9	Net income from unrelated business	0,037.	0,000.	4,393.	7,040.	10,331.	37,748.
9							
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	4000-					
	assets (Explain in Part VI.)	10,805.	2,302.	9,032.		266.	22,405.
11	<b>Total support.</b> Add lines 7 through 10		基礎基				10724013.
12	Gross receipts from related activities,					12	89,188.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stor						
	ction C. Computation of Publi						
	Public support percentage for 2022 (li					14	99.44 %
	Public support percentage from 2021					15	99.30 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	ı line 13, and line 1	4 is 33 1/3% or m	ore, check this box	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion	•••••		
<b>1</b> 7a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test					7a. and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						,
			10, 100		, uno box al	coo magacada	

Schedule A (Form 990) 2022 UNITED WAY OF THURSTON COUNTY Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support	olon, ploade comp	noto i dit ii.,						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Gifts, grants, contributions, and		1						
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions,								
	merchandise sold or services per-				1				
	formed, 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 bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization'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								
72	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
k	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								
	Add lines 7a and 7b		War and the same of the same o		3245				
	Public support. (Subtract line 7c from line 6.)	7.50		2520.27	MEEG SEE A	Set 5-925 SE			
		1 1 2 2 2 2			T				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 6								
IUa	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources Unrelated business taxable income								
L	(less section 511 taxes) from businesses								
	acquired offer lune 00, 4075								
,	acquired after June 30, 1975					<u> </u>			
	Net income from unrelated business								
	activities not included on 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								
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)								
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section (	501(c)(3) organizatio	n.		
	1 1 11 1 1 1 1 1	-							
Se	ction C. Computation of Publ	ic Support Per	centage						
15	Public support percentage for 2022 (	line 8, column (f), d	livided by line 13,	column (f))		15	%		
	Public support percentage from 2021					16	%		
	ction D. Computation of Inves								
	Investment income percentage for 26			ine 13, column (f))		17	%		
	Investment income percentage from					18	%		
198	a 33 1/3% support tests - 2022. If the	_					7 is not		
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
ł	more than 33 1/3%, check this box a 33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	nd		

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?
  If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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4		
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3b	SM4000047333	
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3c	110000	
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4c		
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_5c		
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6	State of the last	
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8		
9a		
9b		
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-	-165	
9c		
10a		
	0.35	
10b		

how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,

one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

За

	edule A (Form 990) 2022 UNI'LED WAY OF THURSTON Trype III Non-Functionally Integrated 509(a)(3) Supporting	COUNT	ry g	1-0713462 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying All other Type III non-functionally integrated supporting organizations must	ng trust or	Nov. 20, 1970 ( explain in	Part VI). See instructions.
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		The Control of Control	
	instructions for short tax year or assets held for part of year):		- 100 M	
а	Average monthly value of securities	1a		
_ b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,		***************************************	
	see instructions).	4	dese	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	· · · · · · · · · · · · · · · · · · ·	
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

7

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

	dule A (Form 990) 2022 UNI'L'ED WAY OF	THURSTON COUNT	ГҮ	9	1-0713462 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)_	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Sect	ion D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
_4_	Amounts paid to acquire exempt-use assets			4	
_5_	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5_	
_6_	Other distributions (describe in Part VI). See instructions.			6	
_7_	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			_ 8	
_9_	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2022		<b>经验证据</b>		/重/超越上去
a	From 2017				
b	From 2018				三、2里所以生产。2、年
c	From 2019	The second secon			
d	From 2020				重数量 X 至。
е	From 2021				<b>副基础基础</b> (E)
f	Total of lines 3a through 3e				(1) 直接重要 (1)
g	Applied to underdistributions of prior years	不知道,如此是不是是			
h	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)		<b>基本企业</b>		<b>通道//直接//</b> 第二/ 第
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,		A STATE OF THE PARTY OF THE PAR		
	line 7: \$	<b>建筑线型的</b> 基础	Section 19 Personal Property and Property an		
a	Applied to underdistributions of prior years	<b>医线压性的</b> E			<b>科斯斯達</b> 》 (基)
b	Applied to 2022 distributable amount		建三十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二		
С	Remainder. Subtract lines 4a and 4b from line 4.				<b>的国际情况是</b>
5	Remaining underdistributions for years prior to 2022, if				<b>建新播放性</b>
	any. Subtract lines 3g and 4a from line 2. For result greater	Alberta Charles			
	than zero, explain in Part VI. See instructions.				Control of the Contro
6	Remaining underdistributions for 2022. Subtract lines 3h		419 推進表 =		
	and 4b from line 1. For result greater than zero, explain in	<b>大量</b>			
	Part VI. See instructions.		· A 建 ] [4] 在 1		
7	Excess distributions carryover to 2023. Add lines 3j				数据数量数字重。
	and 4c.				
_8_	Breakdown of line 7:				
a	Excess from 2018	<b>国源推入</b> 证书。			<b>建筑</b>
b	Excess from 2019	Property and Company of the Company			
c	Excess from 2020				
d	Excess from 2021	<b>建筑流流线</b> 量 25			

Schedule A (Form 990) 2022

e Excess from 2022

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

UNITED WAY OF THURSTON COUNTY

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

91-0713462

Organization type (check one):								
Filers of: Section:								
Form 990	) or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 990	)-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
	=	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special I	Rules							
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$							
answer "	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990·EZ or on its Form 990·PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).							

Name of organization

Employer identification number

### UNITED WAY OF THURSTON COUNTY

91-0713462

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STEVE AND MICHELE BOONE  PO BOX 12600  OLYMPIA, WA 98508	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE TIDES FOUNDATION  PO BOX 29903  SAN FRANCISO, CA 94129	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

### UNITED WAY OF THURSTON COUNTY

91-0713462

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					

Name of organization

Employer identification number

	WAY OF THURSTON COUNTY			91-0713462		
art III	Exclusively religious, charitable, etc., contributions	to organizations described in s	ection 501(c	)(7), (8), or (10) that total more than \$1,000 for the year		
A STATE OF STREET SALES	from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, char.	ougn (e) and the following line elections of \$1,000 of	ruy. For orga	nizations ear. (Enter this info. once.)		
	Use duplicate copies of Part III if additional spa	ce is needed.	,			
) No. rom						
rom art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
			-			
-		(e) Transfer of g	:61			
		(e) transfer of g	н			
	Turneferrale name address and	71D . 4	Dal	ationship of transferor to transfero		
F	Transferee's name, address, and	ZIP + 4		ationship of transferor to transferee		
		·				
\ No						
n) No. From Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
art I	(2,1 11,1 11,1 11,1 11,1 11,1 11,1 11,1	(1, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
				manager and the state of the st		
_			<u>_</u>	41		
		(e) Transfer of g	ift			
L	Transferee's name, address, and	ZIP + 4	Rel	ationship of transferor to transferee		
	4. u					
1						
) No.						
rom art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	The second secon		-			
<u> </u>	- Milde					
	(e) Transfer of gift					
	(e) transfer of gift					
	Transferee's name, address, and	7ID . 4	Relationship of transferor to transferee			
-	transferee's name, address, and	217 + 4	nei	ationship of transferor to transferee		
	444					
a) No						
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
arti						
		(e) Transfer of	gift			
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee			
			* 1			

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITED WAY OF THURSTON COUNTY

Employer identification number 91-0713462

Par	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Accounts. Complete if the
	organization and voted from each actify and	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreati	ion or education) Preservation	of a 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 qualifie	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	fter July 25,2006, and not on a	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation ease		_
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	nservation easements during the year
_	A south of a south of the southout of the south of the south of the south of the south of the so	ing of deletions and enforcing concern	untion agreements divine the view
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and enforcing conserv	ation easements during the year
•	Days and a growthing a segment reported an line 2(d) about	a action, the veguirements of acetion 17	O/b\/4\/P\/i\
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservatio		
9			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's illiancial state	Helits that describes the
Pa	organization's accounting for conservation easements.  Till Organizations Maintaining Collections of	Art. Historical Treasures, or C	Other Similar Assets.
MATTER STATE	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under FASB ASC 958		and halance sheet works
Ia	of art, historical treasures, or other similar assets held for public		
	service, provide in Part XIII the text of the footnote to its finance		
h	If the organization elected, as permitted under FASB ASC 958		
b	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:	exhibition, education, or rescaron in re-	reflectance of public derivide,
			<b>e</b>
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		
0	If the organization received or held works of art, historical trea	seurae or other similar assets for finance	
2	the following amounts required to be reported under FASB AS		nai gam, provide
_	·	_	\$
a	Revenue included on Form 990, Part VIII, line 1		Φ

	dule D (Form 990) 2022 UNITED (	WAY OF THUR	STON COUNT	Ϋ́		91 - 07	13462	Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Sin	nilar Asset	s (continu	ed)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	signific	ant use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	nange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt p	urpose in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	ures, or other simila	ar asse	ts		
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arrang		te if the organization	n answered "Yes" c	n Form	n 990, Part IV,	line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia						_	,
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:		_			
					_		Amount	
	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance							
	Did the organization include an amount on Fo				•	L	Yes	No No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete i					L	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		(a) Current year	(b) Prior year	(c) Two years back		hree years back		ears back
1a	Beginning of year balance	288,865.	326,585.	263,190	·	259,539		248,699.
b	Contributions	24 544	20 456	60.160	-	5 052		11.061
С	Net investment earnings, gains, and losses	31,541.	-32,456.	68,169	-	7,953	-	14,964.
d	Grants or scholarships							
е	Other expenditures for facilities	4 051	F 064	, , , , ,		4 200		
	and programs	4,851.	5,264.	4,774	:	4,302		4,124.
f	Administrative expenses	215 555	222 265	206 505	-	062.400		
g	End of year balance	315,555.	288,865.	326,585	•	263,190		259,539.
2	Provide the estimated percentage of the curr	-	(line 1g, column (a)	) held as:				
a	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С		%						
_	The percentages on lines 2a, 2b, and 2c show	•						
за	Are there endowment funds not in the posses	ssion of the organiza	tion that are neid ar	ia administered for	tne		<u></u>	Yes No
	organization by:							Yes No
	(i) Unrelated organizations						·	^ X
	(ii) Related organizations				•••••	•••••	3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza			••••••			. 3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.					
0.000	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part	X line '	10		
		(a) Cost or of	·			nulated	(a) Dank	
	Description of property	basis (investm	, , ,		Accun iepreci		(d) Book	value
	Lond		ioni) Dasis	(Other)	*chieci	GUOTI		
	Land							
b	Buildings		2	1,243.	21	,243.		0.
C	Leasehold improvements	1		1,981.		745.	1 7	,236.
	Equipment			±,,,,,,,,	T 0 4	, / = 3 •	<u> </u>	,230.
	Other		V calver (D) the	0-1			17	,236.
i ota	. Aug illes la tillough le. (Column (d) must e	uuai roim 990. Part i	<ul><li>column (B), line 1.</li></ul>	UC.1			1 /	1430.

D	$\mathtt{WAY}$	OF	THURSTON	COUNTY	91-0	713462	Page 3

Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. 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 en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) COMMUNITY FOUNDATION			
(B) ENDOWMENT	315,555.	END-OF-YEAR MARKET	' VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	315,555.	三世 美国地区域和地域等。 《 编制	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered of the complete if the organization answered of the complete if the organization answered of the complete if the organization answered of the complete if the organization answered of the complete if the organization answered of the complete if the organization and the complete if the organization and the complete if the organization and the complete if the organization and the complete if the organization and the complete if the complete if the organization and the complete if t			
	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			71. 71
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1) OPERATING RIGHT-OF-USE ASS			235,932.
(2)			255,552.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		235,932.
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	5.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			239,106.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		239,106.
2. Liability for uncertain tax positions. In Part XIII, provide t			
organization's liability for uncertain tax positions under F	ASB ASC 740. Check her	e if the text of the footnote has been p	rovided in Part XIII

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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825		20	
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OMB No. 1545-0047

Go to www.irs.gov/Form990 for the latest information.

Employer identification number 91-0713462

**8** 

THURSTON COUNTY

UNITED WAY OF

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Part II

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II car	be duplicated if addition	onal space is neede	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHILD CARE ACTION COUNCIL 3729 GRIFFIN IN SE OLYMPIA, WA 98506	91-1373181	501(C)(3)	7,500.	.0			COMMUNITY INVESTMENT GRANTS
PIZZA KLATCH 312 4TH AVE BAST OLYMPIA, WA 98501	45-5534793	501(C)(3)	7,500.	0.			COMMUNITY INVESTMENT GRANTS
SENIOR SERVICES FOR SOUTH SOUND 222 COLUMBIA ST NW OLYMPIA, WA 98501	91-0907573	501(C)(3)	7,500.	• 0			COMMUNITY INVESTMENT
FAMILY EDUCATION & SUPPORT SERVICES - 6840 CAPITOL BLVD SE - TUMWATER, WA 98501	91-2003171	50 <u>1</u> (C)(3)	11,250.	0.			COMMUNITY INVESTMENT
BIG BROTHERS BIG SISTERS OF SW WA 2424 HERITAGE COURT SW, STE 302 OLYMPIA, WA 98502	91-1225443	501(C)(3)	13,125.	• 0			COMMUNIY INVESTMENT
TOGETHER! 1520 IRVING ST SW, SUITE A TUMWATER, WA 98512	91-1465778	501(C)(3)	13,500.	0			COMMUNITY INVESTMENT GRANTS

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) 2022

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Page 1

	Schedule I (Form 990), Part II.)
COUNTY	rganizations and Domestic Governments
UNITED WAY OF THURSTON COUNTY	ce to Domestic O
OF	Assistan
MAY	her,
UNITED	of Grants and Ot
e I (Form 990)	Continuation
Schedul	PartII

Partill Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFEPLACE PO BOX 2002 OLYMPIA, WA 98507	91-1153988	501(C)(3)	14,925.	.0			COMMUNITY INVESTMENT GRANTS
COMMUNITY YOUTH SERVICES 711 STATE AVE NE OLYMPIA, WA 98506	91-0859922	501(C)(3)	15,000.	.0			COMMUNITY INVESTMENT
THURSTON COUNTY CHAMBER OF COMMERCE - PO BOX 1427 - OLYMPIA, WA 98507	91-1543494	501(C)(3)	15,000.	.0			BOARD DESIGNATED GRANTS
SOUTH SOUND READING FOUNDATION 305 COLLEGE ST NE LACEY, WA 98516	91-2091907	501(C)(3)	16,200.	.0			COMMUNITY INVESTMENT GRANTS
GARDEN RAISED BOUNTY 2016 ELLIOTT AVE NW OLYMPIA, WA 98502	91-1594312	201(c)(3)	17,250.	0.			COMMUNITY INVESTMENT GRANTS
BEHAVIORAL HEALTH RESOURCES 3857 MARTIN WAY NE OLYMPIA, WA 98506	91-0666889	501(0)(3)	26,250.	• 0			COMMUNITY INVESTMENT GRANTS
SOUTH PUGET SOUND COMMUNITY COLLEGE FOUND - 2011 MOTTMAN ROAD SW - OLYMPIA, WA 98512	91-1409321	501(c)(3)	.000,09	0			BOARD DESIGNATED GRANTS
CATHOLIC COMMUNIY SERVICES 100 23RD AVE S SEATTLE, WA 98144	91-1585652	501(C)(3)	75,750.	.0			AMERICAN RESCUE PLAN ACT GRANTS
BOYS AND GIRLS CLUB - THURSTON 600 ISRAEL RD SW TUMWATER, WA 98501	91-2124629	501(C)(3)	112,712.	·			AMERICAN RESCUE PLAN ACT GRANTS
							Schedule   (Form 990)

Schedule I (Form 990)

91-0713462 Page 1		(h) Purpose of grant or assistance	AMERICAN RESCUE PLAN ACT GRANTS	AMERICAN RESCUE PLAN ACT GRANTS	f		
	(H)	(g) Description of non-cash assistance					
	edule I (Form 990), Par 	(f) Method of valuation (book, FMV, appraisal, other)					
	vernments (Sch	(e) Amount of noncash assistance	0.	0			
	and Domestic Go	(d) Amount of cash grant	168,927.	177,659.			
UNITED WAY OF THURSTON COUNTY	mestic Organizations	(c) IRC section if applicable	501(C)(3)	501(C)(3)			
Y OF THUR	Assistance to Do	( <b>b)</b> EIN	23-7297837	91-2003828			
	Part III Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	(a) Name and address of organization or government	THURSTON COUNTY FOOD BANK 220 THURSTON AVE NE OLYMPIA, WA 98501	FAMILY SUPPORT CENTER OF SOUTH SOUND - 3545 7TH AVE SW - OLYMPIA, WA 98502			

Schedule I (Form 990)

91-0713462

Page 2

Schedule I (Form 990) 2022 UNITED WAY OF THURSTON COUNTY

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

90		)			,   		
(f) Description of noncash assistance							
(e) Method of valuation (book, FMV, appraisal, other)				ditional information.			
(d) Amount of non- cash assistance				(b); and any other ad			
(c) Amount of cash grant			7	ie 2; Part III, column			
(b) Number of recipients				uired in Part I, lin			
(a) Type of grant or assistance				Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.			

Schedule I (Form 990) 2022

232102 10-31-22

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#### **SCHEDULE O** (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED WAY OF THURSTON COUNTY

Employer identification number 91-0713462

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN THURSTON COUNTY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
FUNDED BY CONTRIBUTIONS MADE BY DONORS DURING THE UWTC 2022 CAMPAIGN.
UWTC ALSO ALLOCATES ADDITIONAL GRANTS FOR EARLY LEARNING PROGRAMS,
2-1-1 AND EMERGING COMMUNITY NEEDS, AS WELL AS DISTRIBUTES DONOR
DESIGNATED GIFTS TO NONPROFIT ORGANIZATIONS.
FORM 990, PART VI, SECTION B, LINE 11B:
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 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

#### Form **8868**

(Rev. January 2022)

Department of the Tracellin

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 91-0713462 UNITED WAY OF THURSTON COUNTY File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your C/O JSP - 1501 REGENTS BLVD STE 100 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. FIRCREST, WA 98466-6097 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Code Is For Code Is For 01 Form 1041-A 80 Form 990 or Form 990-EZ Form 4720 (other than individual) 03 09 Form 4720 (individual) 04 Form 5227 Form 990-PF 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 07 Form 990-T (corporation) RICHELE CENTER The books are in the care of ► 3525 7TH AVE SW, SUITE 201 - OLYMPIA, WA 98502 Telephone No. ► 360-943-2773 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2022 \_\_\_\_, and ending JUN 30, 2023

any nonrefundable credits. See instructions.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3a \$ 0.

C 0.

Initial return

Final return

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

If the tax year entered in line 1 is for less than 12 months, check reason:

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

Change in accounting period

Form 8868 (Rev. 1-2022)