

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2024

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**PREPARED FOR:**

UNITED WAY OF KING COUNTY  
720 SECOND AVENUE  
SEATTLE, WA 98104

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**PREPARED BY:**

CLARK NUBER, PS  
10900 NE 4TH STREET, SUITE 1400  
BELLEVUE, WA 98004

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2025

Form **8879-TE****IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024**2023**Department of the Treasury  
Internal Revenue Service**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

UNITED WAY OF KING COUNTY

EIN or SSN

91-0565555

Name and title of officer or person subject to tax GORDON A. MCHENRY, JR.PRESIDENT & CEO**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>67,208,294.</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize CLARK NUBER, PS to enter my PIN 65555  
ERO firm name Enter five numbers, but  
do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

91494094016**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature SARA ELIZABETH H. JONESDate 05/05/25**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879-TE** (2023)

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

UNITED WAY OF KING COUNTY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

720 SECOND AVENUE

City or town, state or province, country, and ZIP or foreign postal code

SEATTLE, WA 98104

**F** Name and address of principal officer: GORDON A. MCHENRY, JR.

SAME AS C ABOVE

**D** Employer identification number

91-0565555

**E** Telephone number

206-461-3700

**G** Gross receipts \$ 68,061,348.**H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.UWKC.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1921**M** State of legal domicile: WA**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: WORKING SIDE BY SIDE WITH COMMUNITIES TO BUILD AN EQUITABLE FUTURE FOR EVERYONE.
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) 38
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) 38
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 263
	<b>6</b>	Total number of volunteers (estimate if necessary) 2636
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) 106,883,050.
	<b>9</b>	Program service revenue (Part VIII, line 2g) 177,446.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,063,450.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -121,875.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 108,002,071.
	Expenses	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) 0.
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 17,271,058.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) 0.
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) 6,993,707.
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,321,482.
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 115,807,218.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 -7,805,147.	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) 59,709,060.
	<b>21</b>	Total liabilities (Part X, line 26) 4,817,727.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 54,891,333.

**Part II Signature Block**

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

Sign Here	Signature of officer	Date
	GORDON A. MCHENRY, JR., PRESIDENT & CEO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name SARA ELIZABETH H. JONES	Preparer's signature SARA ELIZABETH H. JONES
	Date 05/05/25	Check if self-employed <input type="checkbox"/> PTIN P00235495
Firm's name	CLARK NUBER, PS	Firm's EIN 91-1194016
	Firm's address 10900 NE 4TH STREET, SUITE 1400 BELLEVUE, WA 98004	Phone no. 425-454-4919

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

WORKING SIDE BY SIDE WITH COMMUNITIES TO BUILD AN EQUITABLE FUTURE FOR  
EVERYONE.

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 21,647,167. including grants of \$ 20,798,041. ) (Revenue \$ )  
HOMELESSNESS PREVENTION & RENTAL ASSISTANCE:

THE ORGANIZATION AGAIN RECEIVED SIGNIFICANT GOVERNMENT FUNDING TO  
PROVIDE RENTAL ASSISTANCE AS FEDERAL COVID ASSISTANCE BEGAN TO WIND  
DOWN. MORE THAN 1,700 HOUSEHOLDS RECEIVED RENTAL ASSISTANCE PROVIDING  
UP TO 9 MONTHS OF BACK RENT AND 3 MONTHS FORWARD RENT TO KEEP FAMILIES  
IN THEIR HOMES. ADDITIONALLY, THE ORGANIZATION WORKED WITH 132 RENTAL  
PROPERTIES TO PROVIDE MORE THAN 700 INTERVENTIONS TO STABILIZE PEOPLE'S  
HOUSING AND PREVENTED EVICTION FOR 239 HOUSEHOLDS.

**4b** (Code: ) (Expenses \$ 12,631,053. including grants of \$ 12,102,986. ) (Revenue \$ 98,060. )  
STUDENTS GRADUATE - EARLY LEARNING:

MORE THAN 1,000 FAMILIES WERE ENGAGED IN THE PARENT CHILD+, A TWO-YEAR  
HOME VISITING PROGRAM THAT PREPARES LOW-INCOME CHILDREN AGES 2-4 TO BE  
READY TO LEARN WHEN THEY ENTER KINDERGARTEN AND THEIR PARENTS TO BE  
THEIR FIRST AND BEST TEACHERS. THIS YEAR'S GRADUATING CLASS INCLUDED  
280 CHILDREN. PARTICIPANTS ARE THIRTY PERCENTAGE POINTS MORE LIKELY TO  
GRADUATE HIGH SCHOOL.

**4c** (Code: ) (Expenses \$ 8,450,977. including grants of \$ 3,996,640. ) (Revenue \$ )  
ACCESS TO RESOURCES & FINANCIAL STABILITY:

UNITED WAY'S FREE TAX PREP CAMPAIGN PROVIDED IN-PERSON SERVICES WITH  
MORE THAN 500 VOLUNTEERS PREPARING TAX RETURNS FOR 12,500 CLIENTS,  
MAXIMIZING TAX CREDITS TO BRING LOW-INCOME HOUSEHOLDS BRINGING MORE  
THAN \$15.5 MILLION IN RETURNS. UNITED WAY OF KING COUNTY'S HOME GROCERY  
DELIVERY PROGRAM BROUGHT CULTURALLY SPECIFIC BOXES OF FOOD TO 4,000  
HOUSEHOLDS EVERY WEEK TO FIGHT HUNGER, PROVIDING MORE THAN 175,000  
DELIVERIES IN TOTAL. UNITED WAY ALSO WORKED WITH FEDERAL WAY AND AUBURN  
SCHOOL DISTRICTS TO PROVIDE IN-CLASSROOM BREAKFAST AFTER THE BELL,  
INCREASING ACCESS FOR THOUSANDS OF STUDENTS TO HEALTHY BREAKFAST.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 15,253,770. including grants of \$ 9,358,404. ) (Revenue \$ 128,337. )

**4e** Total program service expenses 57,982,967.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

**Part V 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 1673	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b> 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>2a</b> 263		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> 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? If "Yes," complete Form 6069.	<b>17</b>		

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

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	38			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		38		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....			9	X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed NONE

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 JENNIFER JOHNSTON - 206-461-3700  
 720 SECOND AVENUE, SEATTLE, WA 98104



**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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GORDON A MCHENRY PRESIDENT & CEO	40.00			X				490,993.	0.	31,567.
(2) CHRISTINE M HYNES CHIEF MARKETING OFFICER	40.00				X			224,040.	0.	38,565.
(3) ELIZABETH SANTO DOMINGO CHIEF HUMAN RESOURCES OFFICER	40.00				X			231,835.	0.	15,804.
(4) JENNIFER E JOHNSTON CHIEF FINANCIAL OFFICER	40.00			X				218,990.	0.	4,199.
(5) REGINA MALVEAUX CHIEF IMPACT OFFICER	40.00				X			171,648.	0.	8,770.
(6) JAMES MODIE SR DIR INSTITUTIONAL DEV. & STRATEGY	40.00				X			155,486.	0.	14,581.
(7) CAROLYN TAGGART CHIEF OF STAFF	40.00				X			147,421.	0.	17,550.
(8) LUIS MASIERI BOARD CHAIR	1.00	X		X				0.	0.	0.
(9) STEVE HOOPER, JR. VICE CHAIR	1.00	X		X				0.	0.	0.
(10) JONATHAN BURKS TREASURER	1.00	X		X				0.	0.	0.
(11) LISA CHIN SECRETARY	1.00	X		X				0.	0.	0.
(12) MAUD DAUDON IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(13) DOUG BALDWIN, JR. DIRECTOR	1.00	X						0.	0.	0.
(14) BRENT BEARDALL DIRECTOR	1.00	X						0.	0.	0.
(15) CARMEN BEST DIRECTOR	1.00	X						0.	0.	0.
(16) JEFF BRADLEY DIRECTOR	1.00	X						0.	0.	0.
(17) DAVE BURMAN DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHIEF ADRIAN DIAZ DIRECTOR	1.00	X						0.	0.	0.
(19) ALI GHAMBARI DIRECTOR	1.00	X						0.	0.	0.
(20) SEAN GOODE DIRECTOR	1.00	X						0.	0.	0.
(21) MICHAEL GREER DIRECTOR	1.00	X						0.	0.	0.
(22) CRAIG GRYNIEWICZ DIRECTOR	1.00	X						0.	0.	0.
(23) BRIAN HALL DIRECTOR	1.00	X						0.	0.	0.
(24) NATHAN JAMES DIRECTOR	1.00	X						0.	0.	0.
(25) TIFFANY JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(26) SHOMARI JONES DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,640,413.	0.	131,036.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,640,413.	0.	131,036.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NETWORK TECHNOLOGY SERVICES 12819 SE 38TH ST #368, BELLEVUE, WA 98006	TECHNOLOGY SUPPORT	681,195.
CFO SELECTIONS, LLC 3150 RICHARDS RD, BELLEVUE, WA 98005	CFO CONSULTING	299,321.
CLARK NUBER P.S., 10900 NE 4TH ST UNIT 1400, BELLEVUE, WA 98004	ACCOUNTING	253,315.
PARKER STAFFING SERVICES LLC 2200 6TH AVE #925, SEATTLE, WA 98121	TEMP EMPLOYEES	156,144.
HATHEWAY TENNENT CONSULTING 918 NW 64TH ST, SEATTLE, WA 98107	FOOD SECURITY CONSULTING	151,395.

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

6

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) BREE KAME'ENUI DIRECTOR	1.00	X						0.	0.	0.
(28) SHKELQIM KELMENDI DIRECTOR	1.00	X						0.	0.	0.
(29) BO LEE DIRECTOR	1.00	X						0.	0.	0.
(30) SANDRA MADRID DIRECTOR	1.00	X						0.	0.	0.
(31) SCOTT MEDEN DIRECTOR	1.00	X						0.	0.	0.
(32) MICHELLE MERRIWEATHER DIRECTOR	1.00	X						0.	0.	0.
(33) ANN MUNSON STEINES DIRECTOR	1.00	X						0.	0.	0.
(34) EDUARDO M. PENALVER DIRECTOR	1.00	X						0.	0.	0.
(35) DENISE PEREZ LALLY DIRECTOR	1.00	X						0.	0.	0.
(36) MALA RAMAN DIRECTOR	1.00	X						0.	0.	0.
(37) R. OMAR RIOJAS DIRECTOR	1.00	X						0.	0.	0.
(38) FRED RIVERA DIRECTOR	1.00	X						0.	0.	0.
(39) AMBIKA SINGH DIRECTOR	1.00	X						0.	0.	0.
(40) RACHEL SMITH DIRECTOR	1.00	X						0.	0.	0.
(41) ANDY SCHNEIDER DIRECTOR	1.00	X						0.	0.	0.
(42) DENISE STIFFARM DIRECTOR	1.00	X						0.	0.	0.
(43) JONATHAN SPOSATO DIRECTOR	1.00	X						0.	0.	0.
(44) LEIGH TONER DIRECTOR	1.00	X						0.	0.	0.
(45) MIKA YAMAMOTO DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

☒ X

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>	286,641.			
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	28,692,017.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	35,640,792.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,558,722.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		64,619,450.			
<b>Program Service Revenue</b>	<b>2 a</b>	DESIGNATION PROCESSING	Business Code	561000	128,337.	128,337.	
	<b>b</b>	EDUCATION & OUTREACH		900099	83,610.	83,610.	
	<b>c</b>	TRAINING		900099	14,450.	14,450.	
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		226,397.			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		1,506,524.		
<b>4</b>		Income from investment of tax-exempt bond proceeds .....					
<b>5</b>		Royalties .....					
<b>6 a</b>		Gross rents .....	(i) Real				
<b>b</b>		Less: rental expenses ...	(ii) Personal				
<b>c</b>		Rental income or (loss) .....					
<b>d</b>		Net rental income or (loss) .....					
<b>7 a</b>		Gross amount from sales of assets other than inventory .....	(i) Securities	569,478.			
<b>b</b>		Less: cost or other basis and sales expenses .....	(ii) Other				
<b>c</b>		Gain or (loss) .....					
<b>d</b>		Net gain or (loss) .....		25,312.			25,312.
<b>8 a</b>		Gross income from fundraising events (not including \$ 286,641. of contributions reported on line 1c). See Part IV, line 18 .....		120,999.			
<b>b</b>		Less: direct expenses .....		299,388.			
<b>c</b>		Net income or (loss) from fundraising events .....		-178,389.			-178,389.
<b>9 a</b>		Gross income from gaming activities. See Part IV, line 19 .....		18,500.			
<b>b</b>	Less: direct expenses .....		9,500.				
<b>c</b>	Net income or (loss) from gaming activities .....		9,000.			9,000.	
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
<b>b</b>	Less: cost of goods sold .....						
<b>c</b>	Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b>	PROP INSURANCE CLAIM	Business Code	900099	1,000,000.		1,000,000.
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		1,000,000.			
	<b>12</b>	<b>Total revenue.</b> See instructions .....		67,208,294.	226,397.	0.	2,362,447.

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	22,945,025.	22,945,025.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	23,311,046.	23,311,046.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	716,210.	541,205.	87,254.	87,751.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	14,287,712.	6,043,040.	4,045,752.	4,198,920.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	273,798.	97,934.	79,771.	96,093.
<b>9</b> Other employee benefits .....	1,540,991.	577,861.	437,609.	525,521.
<b>10</b> Payroll taxes .....	1,162,403.	533,170.	334,038.	295,195.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	3,079.	1,167.	869.	1,043.
<b>c</b> Accounting .....	316,706.	86,180.	172,097.	58,429.
<b>d</b> Lobbying .....	42,166.	31,863.	5,137.	5,166.
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....	27,185.		27,185.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	1,267,657.	690,762.	321,183.	255,712.
<b>12</b> Advertising and promotion .....	268,959.	144,667.	62,083.	62,209.
<b>13</b> Office expenses .....	571,464.	197,109.	184,318.	190,037.
<b>14</b> Information technology .....	889,810.	323,446.	282,465.	283,899.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	231,659.	87,806.	65,388.	78,465.
<b>17</b> Travel .....	183,627.	115,611.	30,353.	37,663.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	468,957.	42,286.	49,778.	376,893.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....	577,092.	436,082.	70,306.	70,704.
<b>22</b> Depreciation, depletion, and amortization .....	543,282.	179,999.	202,434.	160,849.
<b>23</b> Insurance .....	230,131.	134,114.	44,984.	51,033.
<b>24</b> 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 O.)				
<b>a</b> FOOD-COMMUNITY ASSIST.	1,571,732.	1,369,455.	100,853.	101,424.
<b>b</b> REPAIRS & MAINT.	429,515.		429,515.	
<b>c</b> NEWSLETTERS & PUBLICAT.	79,095.	45,559.	14,286.	19,250.
<b>d</b> _____				
<b>e</b> All other expenses _____	109,905.	47,580.	24,874.	37,451.
<b>25</b> Total functional expenses. Add lines 1 through 24e	72,049,206.	57,982,967.	7,072,532.	6,993,707.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,368,801.	<b>1</b>	447,276.
	<b>2</b> Savings and temporary cash investments .....	14,382,652.	<b>2</b>	15,653,794.
	<b>3</b> Pledges and grants receivable, net .....	15,953,986.	<b>3</b>	11,227,687.
	<b>4</b> Accounts receivable, net .....	225,073.	<b>4</b>	1,235,170.
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	2,000.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges .....	169,945.	<b>9</b>	489,248.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 10,319,738.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,001,951.		
	<b>11</b> Investments - publicly traded securities .....	6,808,003.	<b>10c</b>	6,317,787.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	6,395,803.	<b>11</b>	6,429,147.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	14,127,824.	<b>12</b>	15,364,506.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	274,973.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	59,709,060.	<b>15</b>	203,308.	
<b>17</b> Accounts payable and accrued expenses .....	2,455,040.	<b>16</b>	57,367,923.	
<b>18</b> Grants payable .....	2,455,040.	<b>17</b>	2,718,494.	
<b>19</b> Deferred revenue .....	635,275.	<b>18</b>	1,695,416.	
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	1,723,324.	<b>20</b>		
<b>22</b> Loans and other 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 .....		<b>21</b>	1,399,101.	
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>		
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	4,088.	<b>24</b>		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	4,817,727.	<b>25</b>	0.	
<b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		<b>26</b>	5,813,011.	
<b>28</b> Net assets without donor restrictions .....	31,348,831.	<b>27</b>	32,207,215.	
<b>29</b> Net assets with donor restrictions .....	23,542,502.	<b>28</b>	19,347,697.	
<b>30</b> <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>31</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
<b>32</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
<b>33</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
<b>34</b> Total net assets or fund balances .....	54,891,333.	<b>32</b>	51,554,912.	
<b>35</b> Total liabilities and net assets/fund balances .....	59,709,060.	<b>33</b>	57,367,923.	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	67,208,294.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	72,049,206.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-4,840,912.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	54,891,333.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	33,345.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	1,471,146.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	51,554,912.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> 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? _____	X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2023)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF KING COUNTY

Employer identification number

91-0565555

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations \_\_\_\_\_

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	79,997,758.	99,346,172.	91,856,794.	105,983,763.	64,619,450.	441,803,937.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	79,997,758.	99,346,172.	91,856,794.	105,983,763.	64,619,450.	441,803,937.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						9,812,631.
<b>6 Public support.</b> Subtract line 5 from line 4.						431,991,306.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	79,997,758.	99,346,172.	91,856,794.	105,983,763.	64,619,450.	441,803,937.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	245,806.	125,820.	142,722.	857,895.	1,506,524.	2,878,767.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	4,744.	63,093.	4,300.		1,000,000.	1,072,137.
<b>11 Total support.</b> Add lines 7 through 10						445,754,841.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,146,132.

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	96.91	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	96.47	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990) 2023

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV** Supporting Organizations *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</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? <i>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.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			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	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)**Section D - Distributions**

		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

## SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

## OTHER INCOME

2019 AMOUNT: \$ 4,744.

2020 AMOUNT: \$ 63,093.

2021 AMOUNT: \$ 4,300.

## PROP INSURANCE CLAIM

2023 AMOUNT: \$ 1,000,000.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

UNITED WAY OF KING COUNTY

Employer identification number

91-0565555

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 contributor, during 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; or (ii) Form 990-EZ, 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) filing 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 ..... \$ .....

**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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)



Name of organization	Employer identification number
UNITED WAY OF KING COUNTY	91-0565555

**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	KING COUNTY  401 5TH AVE STE 500  SEATTLE, WA 98104	\$ 19,598,761.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	KING COUNTY PUBLIC HEALTH DEPARTMENT  401 5TH AVE ST 1100  SEATTLE, WA 98104	\$ 4,248,817.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	STOLTE FAMILY FOUNDATION  4616 25TH AVE NE #193  SEATTLE, WA 98105	\$ 2,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITY OF SEATTLE DEPARTMENT OF EDUCATION AND EARLY LEARNING  700 5TH AVE STE 1700  SEATTLE, WA 98104	\$ 1,469,757.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

91-0565555

## Part II

(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
	_____ _____ _____ _____	\$ _____	_____
(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
UNITED WAY OF KING COUNTY	91-0565555

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

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

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

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

**If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:**

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

Name of organization <div style="text-align: center;">UNITED WAY OF KING COUNTY</div>	Employer identification number <div style="text-align: center;">91-0565555</div>
--	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
- 4a Was a correction made? ..... ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule C (Form 990) 2023**

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		42,166.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		42,166.													
<b>d</b> Other exempt purpose expenditures		72,315,928.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		72,358,094.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	66,845.	123,895.	351,903.	42,166.	584,809.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ...			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF KING COUNTY

Employer identification number

91-0565555

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

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

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

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	14127824.	13192277.	15781285.	12456046.	12320718.
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	1,833,345.	1,571,900.	-2022900.	3,855,237.	638,302.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	569,478.	602,032.	528,405.	497,932.	473,199.
<b>f</b> Administrative expenses	27,185.	34,321.	37,703.	32,066.	29,775.
<b>g</b> End of year balance	15364506.	14127824.	13192277.	15781285.	12456046.

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

**a** Board designated or quasi-endowment 49.6890 %

**b** Permanent endowment 50.3100 %

**c** Term endowment .0000 %

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

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

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		2,352,000.		2,352,000.
<b>b</b> Buildings		7,856,226.	3,939,915.	3,916,311.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		111,512.	62,036.	49,476.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				6,317,787.



**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) BENEFICIAL INTEREST IN TRUSTS	15,364,506.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	15,364,506.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	60,221,923.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	33,345.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	40,790.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	-7,342,209.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	-7,268,074.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	67,489,997.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	27,185.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	-308,888.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	-281,703.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	67,208,294.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	63,558,344.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	40,790.
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	308,888.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	349,678.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	63,208,666.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	27,185.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	8,813,355.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	8,840,540.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	72,049,206.

**Part XIII Supplemental Information**

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

PART IV, LINE 2B:

DONOR DESIGNATIONS AND CONTRIBUTIONS THAT ARE DESIGNATED TO NONPROFIT

ORGANIZATIONS OTHER THAN TO UNITED WAY OF KING COUNTY.

PART V, LINE 4:

ENDOWMENT DISTRIBUTIONS ARE USED FOR ADMINISTRATIVE EXPENSES AND PROGRAM

SERVICES AS DICTATED BY THE ENDOWMENT AGREEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PASS THROUGH DONOR DESIGNATIONS -8,813,355.

CHANGE IN BENEFICIAL INTEREST IN TRUST 1,471,146.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -7,342,209.

**Part XIII** Supplemental Information *(continued)*

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	-308,888.
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## PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	308,888.
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## PART XII, LINE 4B - OTHER ADJUSTMENTS:

PASS THROUGH DONOR DESIGNATIONS	8,813,355.
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Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2023

**Open to Public Inspection**

UNITED WAY OF KING COUNTY

91-0565555

## Part I

### Fundraising Activities.

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

- d** ☐ In-person solicitations

- ☐
- No**

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1 EAT, DRINK & BE GENEROUS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	407,640.			407,640.
	2 Less: Contributions .....	286,641.			286,641.
	3 Gross income (line 1 minus line 2) .....	120,999.			120,999.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	77,398.			77,398.
	7 Food and beverages .....	92,000.			92,000.
	8 Entertainment .....	29,000.			29,000.
	9 Other direct expenses .....	100,990.			100,990.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				299,388.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				-178,389.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....			18,500.	18,500.
	2 Cash prizes .....				
Direct Expenses	3 Noncash prizes .....			9,500.	9,500.
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				9,500.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				9,000.

9 Enter the state(s) in which the organization conducts gaming activities: WA

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: OPTIONAL RAFFLE FOR FUNDERS ATTENDING THE EAT, DRINK & BE  
GENEROUS 2024 FUNDRAISER WITH THE PURPOSE OF HELPING FEED OUR  
COMMUNITY'S CHILDREN AND FAMILIES AND KEEP THEM HOUSED.

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |        |   |
|--------------------------------------|------------|--------|---|
| <b>a</b> The organization's facility | <b>13a</b> | 100.00 | % |
| <b>b</b> An outside facility         | <b>13b</b> | .00    | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name AMOS NYOMBI, CONTROLLER

Address 720 SECOND AVENUE - SEATTLE, WA 98104

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

- b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16** Gaming manager information:

Name KYLEE BLUE

Gaming manager compensation \$ 245.

Description of services provided ORGANIZED RAFFLE AND WORKED WITH FUNDRAISERS/SPONSORS TO OBTAIN AND DETERMINE PRIZES. COORDINATED THE RAFFLE ON DAY OF THE EVENT.

☐ Director/officer

☒ Employee

☐ Independent contractor

- 17** Mandatory distributions:

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

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

[illegible]

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF KING COUNTY

Employer identification number

91-0565555

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

☒ **Yes** ☐ **No**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
(THE) DES MOINES AREA FOODBANK P.O. BOX 98788 DES MOINES, WA 98198-0788	91-1183154	501(C)(3)	192,356.	0.			PROGRAMATIC INVESTMENT
501 COMMONS 1305 4TH AVE., SUITE 420 SEATTLE, WA 98101	94-3089631	501(C)(3)	58,250.	0.			PROGRAMATIC INVESTMENT
AFRICAN AMERICAN LEADERSHIP FORUM 21451 SE 297TH ST KENT, WA 98042	87-3276268	501(C)(3)	42,430.	0.			PROGRAMATIC INVESTMENT
AFRICAN COMMUNITY HOUSING & DEVELOPMENT - 16258 MILITARY RD SUITE 206 - SEATAC, WA 98188	83-1665288	501(C)(3)	10,000.	0.			PROGRAMATIC INVESTMENT
AFRICATOWN COMMUNITY LAND TRUST 1437 S JACKSON ST SUITE # 100 SEATTLE, WA 98144	82-1710458	501(C)(3)	17,500.	0.			PROGRAMATIC INVESTMENT
AGE UP 3810 BEACON AVE S SEATTLE, WA 98108	45-5092355	501(C)(3)	492,611.	0.			PROGRAMATIC INVESTMENT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 109.

**3** Enter total number of other organizations listed in the line 1 table ..... 0.

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

Schedule I (Form 990) 2023



**Part II** 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	(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
ALLIANCE FOR A JUST SOCIETY 3518 S. EDMUNDS ST SEATTLE, WA 98118	91-1635554	501(C)(3)	8,500.	0.			PROGRAMATIC INVESTMENT
ANGELS FOR ANGELS 12704 8TH AVE SW BURIEN, WA 98146	27-5180670	501(C)(3)	50,000.	0.			PROGRAMATIC INVESTMENT
ASIAN COUNSELING AND REFERRAL 720 8TH AVE S, STE 200 SEATTLE, WA 98104-3006	91-0916176	501(C)(3)	53,000.	0.			PROGRAMATIC INVESTMENT
ATLANTIC STREET CENTER 2103 S. ATLANTIC ST. SEATTLE, WA 98144	91-0568710	501(C)(3)	190,356.	0.			PROGRAMATIC INVESTMENT
AUBURN FOOD BANK 930 18TH PLACE NE AUBURN, WA 98071-0464	91-1215485	501(C)(3)	250,356.	0.			PROGRAMATIC INVESTMENT
BASEBALL BEYOND BORDERS PO BOX 5555 KENT, WA 98064	46-5283802	501(C)(3)	375,000.	0.			PROGRAMATIC INVESTMENT
BELLEVUE COLLEGE 3000 LANDERHOLM CIRCLE SE BELLEVUE, WA 98007-6484	91-0819265	501(C)(3)	10,000.	0.			PROGRAMATIC INVESTMENT
BYRD BARR PLACE 722 18TH AVE. SEATTLE, WA 98122	91-0786727	501(C)(3)	17,500.	0.			PROGRAMATIC INVESTMENT
CARES OF WASHINGTON 1833 N 105TH STREET, SUITE 201 SEATTLE, WA 98133	13-4237286	501(C)(3)	5,000.	0.			PROGRAMATIC INVESTMENT

Schedule I (Form 990)

**Part II** 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	(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
CASCADIA COLLEGE FOUNDATION 18345 CAMPUS WAY NE BOTHELL, WA 98011	91-1986593	501(C)(3)	30,000.	0.			PROGRAMATIC INVESTMENT
CENTRO CULTURAL MEXICANO 7945 GILMAN ST REDMOND, WA 98052	83-3001688	501(C)(3)	50,000.	0.			PROGRAMATIC INVESTMENT
CHIEF SEATTLE CLUB 410 2ND AVE. EXTENSION SO. SEATTLE, WA 98104	91-0852503	501(C)(3)	190,356.	0.			PROGRAMATIC INVESTMENT
CHILDRENS HOME SOCIETY OF WA PO BOX 15190 SEATTLE, WA 98115-0190	91-0575955	501(C)(3)	52,500.	0.			PROGRAMATIC INVESTMENT
CHINESE INFORMATION & SERVICES 409 MAYNARD AVE. S., 2ND FLOOR SEATTLE, WA 98104	23-7438529	501(C)(3)	100,000.	0.			PROGRAMATIC INVESTMENT
CITY OF SEATTLE - DEPT OF PARKS & RECREATION - SEATTLE PARKS & RECREATION - SEATTLE, WA 98115	91-6001275	501(C)(3)	260,000.	0.			PROGRAMATIC INVESTMENT
CLERGY COMMUNITY FOR CHILDREN & YOUTH COALITION - 1404 EAST YESLER WAY, SUITE B - SEATTLE, WA 98122	91-2064753	501(C)(3)	190,606.	0.			PROGRAMATIC INVESTMENT
COMMUNITY PASSAGEWAYS PO BOX 28685 SEATTLE, WA 98118	81-3806946	501(C)(3)	110,000.	0.			PROGRAMATIC INVESTMENT
CONGOLESE INTEGRATION NETWORK 199550 INTERNATIONAL BLVD STE 103 SEATTLE, WA 98188	81-3511834	501(C)(3)	190,356.	0.			PROGRAMATIC INVESTMENT

Schedule I (Form 990)

**Part II** 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	(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
CULTIVATE SOUTH PARK 1251 S CLOVERDALE ST UNIT B SEATTLE, WA 98108	84-4251891	501(C)(3)	22,000.	0.			PROGRAMATIC INVESTMENT
DEVAN BRUNETT-ROGERS 6706 S BANGOR STREET SEATTLE, WA 98178	53-9354315	501(C)(3)	83,700.	0.			PROGRAMATIC INVESTMENT
DIVERSE UNIFIED EDUCATIONAL NONPROFIT - 1212 KELLOGG STREET - KENNEWICK, WA 99338	86-3007170	501(C)(3)	60,000.	0.			PROGRAMATIC INVESTMENT
DUWAMISH TRIBAL SERVICES 4705 WEST MARGINAL WAY SW SEATTLE, WA 98106	91-1122115	501(C)(3)	68,667.	0.			PROGRAMATIC INVESTMENT
EAST AFRICAN COMMUNITYSERVICES 7136 MARTINLUTHER KING JR WAYS SEATTLE, WA 98118	91-2138852	501(C)(3)	294,170.	0.			PROGRAMATIC INVESTMENT
EDUCATION WITH PURPOSE FOUNDATION FOR PACIFIC ISLANDERS - 1615 W SMITH ST APT #204 - KENT, WA 98032	27-5022461	501(C)(3)	500,000.	0.			PROGRAMATIC INVESTMENT
EL CENTRO DE LA RAZA 2524 16TH AVE S SEATTLE, WA 98144	91-0899927	501(C)(3)	100,000.	0.			PROGRAMATIC INVESTMENT
EMPOWER NEXT GENERATIONS, INC 1255 E SUNSET DRIVE # 145803 BELLINGHAM, WA 98226	85-2141518	501(C)(3)	79,128.	0.			PROGRAMATIC INVESTMENT
ENCOMPASS 1407 BOALCH AVE NW NORTH BEND, WA 98045	91-0825232	501(C)(3)	1,272,421.	0.			PROGRAMATIC INVESTMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FALIS COMMUNITY SERVICE 10615 SE 256TH ST SUITE 104 KENT, WA 98030	82-2923129	501(C)(3)	192,000.	0.			PROGRAMATIC INVESTMENT
FAMILY WORKS 1501 N 45TH ST SEATTLE, WA 98103	91-1757277	501(C)(3)	601,528.	0.			PROGRAMATIC INVESTMENT
FARESTART 1902 2ND AVENUE SEATTLE, WA 98101	91-1546757	501(C)(3)	554,867.	0.			PROGRAMATIC INVESTMENT
FEEST-FOOD EMPOWERMENT EDUCATION & SUSTAINABILITY TEAM - 605 SW 108TH STREET - SEATTLE, WA 98146	46-2268038	501(C)(3)	380,000.	0.			PROGRAMATIC INVESTMENT
FILIPINO AMERICAN EDUCATORS OF WASHINGTON - PO BOX 14405 - SEATTLE, WA 98114	91-1246586	501(C)(3)	397,473.	0.			PROGRAMATIC INVESTMENT
FILIPINO COMMUNITY OF SEATTLE 5740 MARTIN LUTHER KING WAY SEATTLE, WA 98108	91-6055858	501(C)(3)	112,500.	0.			PROGRAMATIC INVESTMENT
FMS GLOBAL STRATEGIES, LLC PO BOX 2941 RENTON, WA 98059	46-1990582	501(C)(3)	11,000.	0.			PROGRAMATIC INVESTMENT
GLOVER EMPOWER MENTORING 841 CENTRAL AVE. N., SUITE C205 KENT, WA 98032	47-1242835	501(C)(3)	5,466.	0.			PROGRAMATIC INVESTMENT
GOOD SHEPHERD YOUTH OUTREACH P.O. BOX 25492 FEDERAL WAY, WA 98093	26-3713948	501(C)(3)	2,901,827.	0.			PROGRAMATIC INVESTMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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GREEN RIVER COLLEGE FOUNDATION 12401 SE 320TH STREET AUBURN, WA 98092	51-0168649	501(C)(3)	90,500.	0.			PROGRAMATIC INVESTMENT
HIGHLINE COLLEGE FOUNDATION 2400 S. 240TH ST. MS 99-248 DES MOINES, WA 98198-9800	23-7428279	501(C)(3)	60,000.	0.			PROGRAMATIC INVESTMENT
HOPELINK 16225 NE 87TH, #A1 REDMOND, WA 98052	91-0982116	501(C)(3)	15,000.	0.			PROGRAMATIC INVESTMENT
HORN OF AFRICA SERVICES 4714 RAINIER AVE S, STE 105 SEATTLE, WA 98118	91-1897087	501(C)(3)	122,500.	0.			PROGRAMATIC INVESTMENT
HOUSING CONNECTOR 1301 5TH AVE, SUITE 1500 SEATTLE, WA 98101	84-2100263	501(C)(3)	110,000.	0.			PROGRAMATIC INVESTMENT
INTERACTION TRANSITION 935 16TH AVE. SEATTLE, WA 98122	51-0175651	501(C)(3)	1,949,502.	0.			PROGRAMATIC INVESTMENT
INTERCULTURAL CHILDREN & FAMILY SERVICES - 6320 EVERGREEN WAY STE. 205 - EVERETT, WA 98203	46-3280147	501(C)(3)	17,500.	0.			PROGRAMATIC INVESTMENT
IRAQI COMMUNITY CENTER OF WASHINGTON - 10610 SE KENT KANGLEY RD SUITE 207 - KENT, WA 98030	61-1729234	501(C)(3)	5,000.	0.			PROGRAMATIC INVESTMENT
KENT FOOD BANK AND EMERGENCY SERVICES - 525 4TH AVENUE N. - KENT, WA 98032-4428	91-0881434	501(C)(3)	100,000.	0.			PROGRAMATIC INVESTMENT

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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KINDERING 16120 NE 8TH ST BELLEVUE, WA 98008-3937	91-0816827	501(C)(3)	17,500.	0.			PROGRAMATIC INVESTMENT
KING COUNTY BAR ASSOCIATION 1200 5TH AVE STE 700 SEATTLE, WA 98101-1116	91-0721603	501(C)(3)	11,000.	0.			PROGRAMATIC INVESTMENT
LIVED EXPERIENCE COALITION 33180 42ND PLACE SW FEDERAL WAY, WA 98023	92-1268697	501(C)(3)	195,356.	0.			PROGRAMATIC INVESTMENT
MARY'S PLACE SEATTLE 1830 9TH AVE. SEATTLE, WA 98101	27-2087950	501(C)(3)	191,356.	0.			PROGRAMATIC INVESTMENT
MULTI-SERVICE CENTER 1200 SOUTH 336TH STREET FEDERAL WAY, WA 98093-0699	23-7120815	501(C)(3)	190,356.	0.			PROGRAMATIC INVESTMENT
NA'AH ILLAHEE FUND PO BOX 17844 SEATTLE, WA 98127	05-0630992	501(C)(3)	1,067,834.	0.			PROGRAMATIC INVESTMENT
NATIONAL COALITION FOR THE HOMELESS - 2201 P STREET NW - WASHINGTON, DC 20036	52-1517415	501(C)(3)	342,500.	0.			PROGRAMATIC INVESTMENT
NATIVE ACTION NETWORK 815 1ST AVE. #113 SEATTLE, WA 98104	27-0884032	501(C)(3)	8,500.	0.			PROGRAMATIC INVESTMENT
NEIGHBORHOOD HOUSE 905 SPRUCE STREET SEATTLE, WA 98104	91-0568305	501(C)(3)	200,356.	0.			PROGRAMATIC INVESTMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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NORTH HELPLINE 12736 33RD AVE NE SEATTLE, WA 98125	91-1475182	501(C)(3)	50,000.	0.			PROGRAMATIC INVESTMENT
NORTH SEATTLE COMMUNITY COLLEGE FOUNDATION - 600 UNIVERSITY STREET, SUITE 2409 - SEATTLE, WA 98101	91-1163554	501(C)(3)	21,000.	0.			PROGRAMATIC INVESTMENT
NORTHWEST FILM FORUM 1515 12TH AVE SEATTLE, WA 98122	91-1702331	501(C)(3)	14,000.	0.			PROGRAMATIC INVESTMENT
NORTHWEST JUSTICE PROJECT 401 SECOND AVE S #407 SEATTLE, WA 98104	91-1687791	501(C)(3)	228,228.	0.			PROGRAMATIC INVESTMENT
NURTURING ROOTS 5708 RENTON AVE S SEATTLE, WA 98118	46-3115382	501(C)(3)	133,500.	0.			PROGRAMATIC INVESTMENT
OPEN DOORS FOR MULTICULTURAL FAMILIES - 4327 S. 253RD ST. - KENT, WA 98032	27-1206272	501(C)(3)	207,856.	0.			PROGRAMATIC INVESTMENT
PARA LOS NINOS DE HIGHLINE 425 SW 144ST BURIEN, WA 98166	20-0502368	501(C)(3)	172,745.	0.			PROGRAMATIC INVESTMENT
PIKE MARKET SENIOR CENTER 85 PIKE ST., SUITE 200 SEATTLE, WA 98101	91-1034838	501(C)(3)	90,877.	0.			PROGRAMATIC INVESTMENT
POTLATCH FUND 801 2ND AVE., SUITE 304 SEATTLE, WA 98104-1512	73-1712905	501(C)(3)	7,500.	0.			PROGRAMATIC INVESTMENT

Schedule I (Form 990)

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POWERFUL VOICES 1620 18TH AVE #100 SEATTLE, WA 98122	91-1679907	501(C)(3)	280,000.	0.			PROGRAMATIC INVESTMENT
PRO SE POTENTIAL 621 STREET NE APT B19 AUBURN, WA 98002	87-2544290	501(C)(3)	57,500.	0.			PROGRAMATIC INVESTMENT
PUGET SOUND LABOR AGENCY 2800 FIRST AVE, STE 118 SEATTLE, WA 98121-1182	91-0927902	501(C)(3)	42,500.	0.			PROGRAMATIC INVESTMENT
RAINIER BEACH ACTION COALITION 3703 S EDMUNDS STREET #19 SEATTLE, WA 98118	20-3758788	501(C)(3)	47,850.	0.			PROGRAMATIC INVESTMENT
RAINIER VALLEY CORPS 3700 S HUDSON ST UNIT C SEATTLE, WA 98118	47-4257834	501(C)(3)	100,000.	0.			PROGRAMATIC INVESTMENT
RECLAIMING OUR GREATNESS 2601 MILL AVE S RENTON, WA 98055	84-5039413	501(C)(3)	5,000.	0.			PROGRAMATIC INVESTMENT
RED EAGLE SOARING P.O. BOX 20175 SEATTLE, WA 98102	91-1862731	501(C)(3)	10,000.	0.			PROGRAMATIC INVESTMENT
REFUGEE WOMEN'S ALLIANCE 3004 S ALASKA SEATTLE, WA 98108-2100	91-1296964	501(C)(3)	397,611.	0.			PROGRAMATIC INVESTMENT
RIVERTON PARK UNITED METHODIST CHURCH - 3118 S 140TH ST - TUKWILA, WA 98168	91-0845808	501(C)(3)	1,000,000.	0.			PROGRAMATIC INVESTMENT

Schedule I (Form 990)



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SEATTLE COLLEGES 1500 HARVARD AVENUE SEATTLE, WA 98122	91-0826872	501(C)(3)	105,148.	0.			PROGRAMATIC INVESTMENT
SHORELINE COMMUNITY COLLEGE 16101 GREENWOOD AVE N SHORELINE, WA 98133	91-0822848	501(C)(3)	150,000.	0.			PROGRAMATIC INVESTMENT
SHORELINE COMMUNITY COLLEGE FOUNDATION - 16101 GREENWOOD AVE N, ROOM 1005 - SHORELINE, WA 98133	91-1265475	501(C)(3)	100,000.	0.			PROGRAMATIC INVESTMENT
SOLID GROUND PO BOX 31151 SEATTLE, WA 98103	23-7421892	501(C)(3)	10,000.	0.			PROGRAMATIC INVESTMENT
SOMALI FAMILY SAFETY TASK FORCE PO BOX 8611 SEATTLE, WA 98118	46-4692924	501(C)(3)	67,500.	0.			PROGRAMATIC INVESTMENT
SOUTHEAST YOUTH & FAMILY SVCS. 3722 S HUDSON ST SEATTLE, WA 98118-1920	91-1036750	501(C)(3)	8,500.	0.			PROGRAMATIC INVESTMENT
SOUTHWEST YOUTH & FAMILY SVCS. 4555 DELRIDGE WAY SW SEATTLE, WA 98106	91-1117862	501(C)(3)	20,000.	0.			PROGRAMATIC INVESTMENT
ST. STEPHEN HOUSING ASSOC 13055 SE 192ND STREET RENTON, WA 98058	94-3125444	501(C)(3)	62,500.	0.			PROGRAMATIC INVESTMENT
TEACHING WITH LOVE AND CARE 31142 3RD COURT SOUTH FEDERAL WAY, WA 98003	83-2721765	501(C)(3)	235,000.	0.			PROGRAMATIC INVESTMENT

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TECHNOLOGY ACCESS FOUNDATION 605 SW 108TH ST SEATTLE, WA 98146	91-1731833	501(C)(3)	5,000.	0.			PROGRAMATIC INVESTMENT
THE COMMUNITY LEADERS ROUNDTABLE OF SEATTLE - 1416 SW 151ST ST - BURIEN, WA 98166	46-4242313	501(C)(3)	30,000.	0.			PROGRAMATIC INVESTMENT
THE STOREHOUSE INC. 26201 180TH AVE SE COVINGTON, WA 98042	02-0551015	501(C)(3)	22,500.	0.			PROGRAMATIC INVESTMENT
TUKWILA PANTRY 3118 S 140TH STREET TUKWILA, WA 98168	75-2974441	501(C)(3)	110,000.	0.			PROGRAMATIC INVESTMENT
UNITED INDIANS OF ALL TRIBES PO BOX C-99100 SEATTLE, WA 98199	91-0889016	501(C)(3)	17,500.	0.			PROGRAMATIC INVESTMENT
UNITED WAYS OF THE PACIFIC NORTHWEST - 107 CHERRY STREET - SEATTLE, WA 98104	91-1055031	501(C)(3)	60,000.	0.			PROGRAMATIC INVESTMENT
UNIVERSITY DISTRIC FOOD BANK 5017 ROOSEVELT WAY NE SEATTLE, WA 98105	91-1224834	501(C)(3)	222,840.	0.			PROGRAMATIC INVESTMENT
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, WA 60693	91-6001537	501(C)(3)	11,500.	0.			PROGRAMATIC INVESTMENT
URBAN LEAGUE OF METROPOLITAN 105 14TH AVENUE SEATTLE, WA 98122-5569	91-0575954	501(C)(3)	565,574.	0.			PROGRAMATIC INVESTMENT

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URBAN NATIVE INDIAN ALASKA NATIVE EDUCATION ALLIANCE - 1810 N 103RD ST APT 101 - SEATTLE, WA 98103	27-4272577	501(C)(3)	112,500.	0.			PROGRAMATIC INVESTMENT
VASHON MAURY COMMUNITY FOOD PO BOX 1205 VASHON, WA 98070	94-3165664	501(C)(3)	85,000.	0.			PROGRAMATIC INVESTMENT
VINE MAPLE PLACE PO BOX 1092 MAPLE VALLEY, WA 98038	91-2082308	501(C)(3)	80,000.	0.			PROGRAMATIC INVESTMENT
VOICES OF TOMORROW 10206 51ST AVE S. SEATTLE, WA 98178	46-5211499	501(C)(3)	144,869.	0.			PROGRAMATIC INVESTMENT
WASHINGTON IMMIGRANT SOLIDARITY NETWORK - 13838 1ST AVE S - BURIEEN, WA 98168	83-3341588	501(C)(3)	60,000.	0.			PROGRAMATIC INVESTMENT
WASHINGTON STUDENT ASSOCIATION 906 COLUMBIA ST. SW #201 OLYMPIA, WA 98501	91-1192925	501(C)(3)	182,273.	0.			PROGRAMATIC INVESTMENT
WELLSPRING FAMILY SERVICES 615 2ND AVE, SUITE 150 SEATTLE, WA 98104	91-0567261	501(C)(3)	12,500.	0.			PROGRAMATIC INVESTMENT
WEST SEATTLE FOOD BANK 3419 SW MORGAN ST. SEATTLE, WA 98126	91-1464412	501(C)(3)	23,000.	0.			PROGRAMATIC INVESTMENT
WHITE CENTER EMERGENCY FOOD 10829 8TH AVE SW SEATTLE, WA 98146	91-1167830	501(C)(3)	25,000.	0.			PROGRAMATIC INVESTMENT

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(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
WITHINREACH 155 NE 100TH ST, SUITE 500 SEATTLE, WA 98125	91-1443685	501(C)(3)	75,000.	0.			PROGRAMATIC INVESTMENT
YMCA OF GREATER SEATTLE 909 FOURTH AVE. SEATTLE, WA 98104-1194	91-0482710	501(C)(3)	286,000.	0.			PROGRAMATIC INVESTMENT
YOUTHCARE 2500 NE 54TH ST SEATTLE, WA 98105	91-0917079	501(C)(3)	75,000.	0.			PROGRAMATIC INVESTMENT
YWCA OF SEATTLE KING COUNTY & SNOHOMISH - 1118 5TH AVENUE - SEATTLE, WA 98101	91-0482890	501(C)(3)	626,529.	0.			PROGRAMATIC INVESTMENT

**Part III** **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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENTAL ASSISTANCE	1782	13,129.	22470092.	BOOK VALUE	RENTAL ASSISTANCE PAID DIRECTLY TO LANDLORD ON BEHALF OF INDIVIDUAL
FOOD BOXES TO INDIVIDUALS-WE FEED WA	15816	0.	350,000.	BOOK VALUE	FOOD BOXES DISTRIBUTED DIRECTLY TO INDIVIDUALS
FOOD BOXES TO INDIVIDUALS	21592	0.	477,825.	BOOK VALUE	FOOD BOXES DISTRIBUTED DIRECTLY TO INDIVIDUALS

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

UNITED WAY OF KING COUNTY (UWKC) FUNDS GRANTED DIRECTLY TO UWKC PARTNER

AGENCIES ARE MONITORED THROUGH ROUTINE REPORTING OF GRANTEES, AUDIT

INFORMATION AND REVIEW AND PERIODIC SITE VISITS. FOR MOST AGENCIES, WE

VERIFY THEIR 501(C)(3) STATUS USING DATA FILES THAT WE RECEIVE FROM THE

IRS. THE IRS UPDATES THESE FILES ABOUT ONCE A MONTH AND MAKES THEM

AVAILABLE FOR RETRIEVAL FROM THEIR WEBSITE. WE INCORPORATE THIS DATA INTO A

SEARCHABLE DATABASE. FOR ORGANIZATIONS NOT FOUND IN THE IRS DATA FILES, WE

REQUIRE A COPY OF THE 501(C)(3) DETERMINATION LETTER ISSUED TO THE

**Part IV** Supplemental Information

ORGANIZATION BY THE IRS OR IN A FEW INSTANCES, WE VERIFY THE 501(C)(3)

ELIGIBILITY WITH AN IRS AGENT OVER THE PHONE. SEVERAL TIMES A YEAR, WE

REVIEW THE 501(C)(3) ORGANIZATIONS WE HAVE SET UP IN OUR DATABASE AGAINST

NEW DATA WE RECEIVE FROM THE IRS TO ENSURE THAT WE ONLY PAY OUT TO THOSE

AGENCIES THAT ARE CURRENTLY ELIGIBLE. UWKC MAY ENCOUNTER CIRCUMSTANCES

WHERE IT MUST HOLD DOLLARS DUE TO LEGAL COMPULSION, THREAT OF COMPULSION,

OR OTHER REASONS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF KING COUNTY

Employer identification number

91-0565555

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GORDON A MCHENRY PRESIDENT & CEO	(i)	445,178.	12,503.	33,312.	15,040.	16,527.	522,560.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHRISTINE M HYNES CHIEF MARKETING OFFICER	(i)	215,151.	500.	8,389.	10,548.	28,017.	262,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELIZABETH SANTO DOMINGO CHIEF HUMAN RESOURCES OFFICER	(i)	223,329.	0.	8,506.	5,343.	10,461.	247,639.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNIFER E JOHNSTON CHIEF FINANCIAL OFFICER	(i)	210,457.	0.	8,533.	4,199.	0.	223,189.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) REGINA MALVEAUX CHIEF IMPACT OFFICER	(i)	171,648.	0.	0.	0.	8,770.	180,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAMES MODIE SR DIR INSTITUTIONAL DEV. & STRATEGY	(i)	149,512.	250.	5,724.	6,263.	8,318.	170,067.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CAROLYN TAGGART CHIEF OF STAFF	(i)	141,775.	0.	5,646.	7,089.	10,461.	164,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



<b>Part III</b>	<b>Supplemental Information</b>
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF KING COUNTY

Employer identification number

91-0565555

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	45	2,540,645.	FAIR MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( RAFFLE ITEMS )	X	1	9,500.	FAIR MARKET VALUE
26 Other ( EVENT SUPPLIES )	X	4	6,077.	FAIR MARKET VALUE
27 Other ( GIFT CARDS )	X	1	2,500.	FAIR MARKET VALUE
28 Other ( )				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

Yes No

30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2023

**Part II**

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

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNTS REPORTED IN COLUMN (B) REPRESENTS THE NUMBER OF

CONTRIBUTIONS RECEIVED DURING THE YEAR.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF KING COUNTY

Employer identification number

91-0565555

FORM 990, PART I, LINE 6:

VOLUNTEER COUNTS WERE DETERMINED BY TRACKING OF VOLUNTEER COUNTS

THROUGHOUT THE YEAR. VOLUNTEERS WERE ENGAGED IN MANY ASPECTS OF DIRECT

PROGRAM SERVICE DELIVERY.

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

SUPPORTING YOUTH ACHIEVEMENTS:

OTHER PROGRAMS INCLUDE BRIDGE TO FINISH HELPING COMMUNITY COLLEGE

STUDENTS PERSIST TO GRADUATION. INTERVENTIONS WERE PROVIDED TO

STUDENTS. INTERVENTIONS INCLUDE EMERGENCY NEEDS GRANTS, FINANCIAL

COUNSELING, ACCESS TO FOOD AND MORE.

EXPENSES \$ 6,440,415. INCLUDING GRANTS OF \$ 544,889. REVENUE \$ 128,337.

DONOR DESIGNATIONS - CONTRIBUTIONS THAT ARE DESIGNATED TO NONPROFIT

ORGANIZATIONS OTHER THAN UNITED WAY OF KING COUNTY.

EXPENSES \$ 8,813,355. INCLUDING GRANTS OF \$ 8,813,515. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE REVIEW OF THE FORM 990 IS INITIALLY COMPLETED BY THE SENIOR ACCOUNTANT,

CONTROLLER, AND CFO, THEN IT IS REVIEWED BY THE TREASURER AND AUDIT &

FINANCE COMMITTEE OF THE BOARD, AND ULTIMATELY THE CEO WHEN SIGNED ON

BEHALF OF THE ORGANIZATION. THE FILED FINAL RETURN WILL BE PROVIDED TO THE

BOARD OF DIRECTORS AT THE NEXT SCHEDULED MEETING AFTER FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, EACH BOARD MEMBER REVIEWS THE CONFLICT OF INTEREST AND ETHICS

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Name of the organization	Employer identification number
UNITED WAY OF KING COUNTY	91-0565555

POLICY. AFTER THE REVIEW, EACH BOARD MEMBER SIGNS THE POLICY AND RETURNS IT TO THE EXECUTIVE OFFICE TO BE KEPT ON FILE. IF THERE IS FOUND TO BE A CONFLICT OF INTEREST, IT IS REPORTED TO THE BOARD PRESIDENT AND THE CEO, AND THE BOARD MEMBER IS ASKED TO RECUSE HIM OR HERSELF FROM ANY VOTE ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

UNITED WAY OF KING COUNTY USES A UNITED WAY WORLD WIDE SURVEY (US). THE UWKC CEO'S PAY IS SET AT THE MEDIAN OF SALARIES FOR METRO UWS CEOS (ANNUAL BUDGET ABOVE 25 MILLION). ANNUAL BONUS IS SET BY THE BOARD AT THEIR DISCRETION USING ANNUAL UWKC PERFORMANCE.

ANNUALLY, THE CEO'S SALARY IS REVIEWED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD. ANNUALLY, THE CFO'S SALARY IS REVIEWED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER. THE LAST COMPENSATION REVIEW WAS PERFORMED IN OCTOBER 2023.

FORM 990, PART VI, SECTION C, LINE 19:

CURRENT AUDITED FINANCIAL STATEMENTS AND THE CURRENT IRS FORM 990 ARE AVAILABLE ON OUR WEBSITE. OUR CONFLICT OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART VIII, LINE 1F:

FORM 990, PART VIII, LINE 1F INCLUDES DONOR DESIGNATIONS WHICH ARE CONTRIBUTIONS DESIGNATED TO NONPROFIT ORGANIZATIONS OTHER THAN UNITED WAY OF KING COUNTY.

CAMPAIGN RESULTS \$22,592,003 AS REPORTED ON FORM 990

LESS DONOR DESIGNATIONS \$8,813,355

Name of the organization	Employer identification number
UNITED WAY OF KING COUNTY	91-0565555

NET CAMPAIGN REVENUE	\$13,778,648
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FORM 990, PART IX, LINES 1 & 2:

FORM 990, PART IX, LINES 1 & 2 INCLUDES DONOR DESIGNATIONS WHICH ARE

CONTRIBUTIONS DESIGNATED TO NONPROFIT ORGANIZATIONS OTHER THAN UNITED

WAY OF KING COUNTY.

GRANT FUNDS AWARDED & DESIGNATED \$46,256,071 AS REPORTED ON FORM 990

LESS DONOR DESIGNATIONS	\$8,813,355
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NET FUNDS AWARDED	\$37,442,716
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN TRUST	1,471,146.
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