A. Cover Sheet

1. Legal Name of Your Institution: Pierce County Rural Library District
   Organizational Unit (if different from Legal Name): (dba) Pierce County Library System

2. Institution Address
   Street1: 3005 112th Street East
   City: Tacoma
   State: Washington
   Street2: 
   County: Pierce
   Zip+4/Postal Code: 98446-2215

3. Telephone Number: 253-548-3300

4. Fax Number: 253-537-1809

5. Web Address: http://www.piercecountylibrary.org/

6. Name of Institution's Director/CEO: Neel Parikh
   Title: Executive Director
   E-mail: nparikh@piercecountylibrary.org

7. Your Name (the person completing this form): Mary Getchell
   Title: Marketing & Community Relations Director
   E-mail: mgetchell@piercecountylibrary.org

8. Type of Institution (check one):
   - Academic Library
   - Aquarium
   - Arboretum/Botanical garden
   - Art Museum
   - Children's/Youth Museum
   - General Museum
   - Historic House/Site
   - History Museum
   - Library Association
   - Library Consortium
   - Museum Library
   - Natural History/Anthropology Museum
   - Nature Center
   - Planetarium
   - Public Library
   - Research Library/Archives
   - School Library, or School District applying on behalf of a School Library or Libraries
   - Science/Technology Museum
   - Special Library
   - Specialized Museum
   - Zoo
   - Other, please specify:

1 If your institution is not an eligible entity on its own, then enter the name and address of the eligible entity under “Legal Name.” For example, if a library that is part of a parent organization such as a university is applying, it would enter the university under “Legal Name” and the library under “Organizational Unit.”
2 A museum with collections representing two or more disciplines (e.g., art and history)
3 A museum with collections limited to one narrowly defined discipline (e.g., textiles, stamps, maritime, ethnic group)
A. Cover Sheet (continued)

9. Governing Control (check one):

☐ State Government
☐ County Government
☐ City or Township Government
☐ Special District Government
☐ Regional Organization
☐ U.S. Territory or Possession
☐ Independent School District
☐ Public/State-Controlled Institution of Higher Education
☐ Indian/Native American Tribal Government (Federally Recognized)
☐ Indian/Native American Tribal Government (Other than Federally Recognized)
☐ Indian/Native American Tribally Designated Organization
☐ Public/Indian Housing Authority
☐ Nonprofit with 501(c)3 IRS Status (Other than Institution of Higher Education)
☐ Nonprofit without 501(c)3 IRS Status (Other than Institution of Higher Education)
☐ Private Institution of Higher Education
☐ Individual
☐ For-Profit Organization (Other than Small Business)
☐ Small Business
☐ Hispanic-serving Institution
☐ Historically Black Colleges and Universities (HBCUs)
☐ Tribally Controlled Colleges and Universities (TCCUs)
☐ Alaska Native and Native Hawaiian Serving Institutions
☐ Nondomestic (non-U.S.) Entity
☐ Other, please specify:

10. Nominated Institution’s D-U-N-S® Number: 786270389

11. Nominated Institution’s Employer/Taxpayer Number (EIN/TIN): 91-1098071

12. Congressional District of Nominated Institution: 9th District

13. Institution’s Annual Operating Budget: 2012 operating budget: $26,869,885

14. Fiscal Year

<table>
<thead>
<tr>
<th>List Total Revenue $/Support Income</th>
<th>List Total Expenses $/Outlays</th>
<th>List Any Budget Deficit Amounts Greater than 10% of Total Revenue (if applicable)?</th>
<th>List Any Budget Surplus Amounts Greater than 10% of Total Revenue (if applicable)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most recently completed FY 11 (insert)</td>
<td>$31,038,815</td>
<td>$31,706,623</td>
<td></td>
</tr>
<tr>
<td>Second most recently completed FY 10 (insert)</td>
<td>$29,402,497</td>
<td>$28,001,951</td>
<td></td>
</tr>
</tbody>
</table>

15. Complete a. and/or b.:


b. Attendance – onsite:

2011: 2,631,464

Attendance – offsite:

2011 online: 2,926,874

4 Verify that your institution has a D-U-N-S® Number or take steps to obtain one. Your institution can receive a D-U-N-S® Number at no cost by calling the dedicated toll-free D-U-N-S® Number request line at 1-866-705-5711 or by visiting www.dnb.com/us.
5 For nonprofit tax filers Total Revenues can be found on line 12 of the IRS Form 990.
6 For nonprofit tax filers Total Expenses can be found on line 18 of the IRS Form 990.
7 If Institution has a budget deficit or surplus for either of the two most recently completed fiscal years, please explain the circumstances of this deficit or surplus as part of your response to Narrative Question 4 in this nomination form.
2013 Nomination Form—Page Three

National Medal for Museum and Library Service
(To be filled out by the nominated institution.)

A. Cover Sheet (continued)

16. Number of full-time paid institution staff: 132  
   Number of part-time paid institution staff: 259

   Number of full-time unpaid institution staff (including volunteers): 0  
   Number of part-time unpaid institution staff (including volunteers): 202

17. Total number of days the institution was open to the public for the 12-month period prior to application: 353

18. Name of Nominating Individual: Pat McCarthy
   Title: County Executive, Pierce County
   Relationship to Institution: appoints library trustees, advocate
   E-mail: pceexecutive@co.pierce.wa.us
   Telephone Number: 253-798-7477