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Form 990

Return of Organization Exempt From Income Tax

2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable

C Name of organization
UNITED WAY OF CARLISLE & CUMBERLAND COD Employer identification number
23-1552261E Telephone number
(717) 243-4805F Name and address of principal officer
DAVE METZ
145 S HANOVER STREET
CARLISLE, PA 17013

G Gross receipts \$ 1,946,010

H(a) Is this a group return for affiliates? Yes NoH(b) Are all affiliates 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.CARLISLEUNITEDWAY.ORG

K Form of organization Corporation Trust Association Other ►

L Year of formation 1960

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO BUILD A STRONGER COMMUNITY BY PROVIDING SUPPORT AND ALLOCATIONS TO PARTNER AGENCIES AND PROGRAMS

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	25
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	8
6 Total number of volunteers (estimate if necessary)	6	433
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

8 Contributions and grants (Part VIII, line 1h)	1,519,220	1,600,292
9 Program service revenue (Part VIII, line 2g)	2,908	3,608
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	147,230	131,396
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,825	36,277
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,697,183	1,771,573

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,202,177	1,211,719
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	319,894	303,992
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 69,809		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	171,949	247,348
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,694,020	1,763,059
19 Revenue less expenses Subtract line 18 from line 12	3,163	8,514

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,991,775	4,344,863
21 Total liabilities (Part X, line 26)	655,939	643,866
22 Net assets or fund balances Subtract line 21 from line 20	3,335,836	3,700,997

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 DAVE METZ PRESIDENT Type or print name and title	2011-10-10 Date
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Paid Preparer Use Only	Print/Type preparer's name CHARLES R NEBEL JR	Preparer's signature CHARLES R NEBEL JR	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN
	Firm's name ► BOYER & RITTER CPAS				Firm's EIN ►
	Firm's address ► 141 WEST HIGH STREET CARLISLE, PA 17013				Phone no ► (717) 249-3414

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

INITIATE COLLABORATIVE PARTNERSHIPS TO EFFECTIVELY EXPAND AND LEVERAGE RESOURCES TO MEET EVOLVING HUMAN NEEDS IDENTIFIED BY THE COMMUNITY

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,285,157 including grants of \$ 1,128,736) (Revenue \$ 4,687)

AS THE LEADER IN COORDINATING RESOURCES TO MEET THE HUMAN SERVICE NEEDS OF OUR COMMUNITY, THE UNITED WAY OF CARLISLE AND CUMBERLAND COUNTY WORKS WITH AN ARRAY OF COMMUNITY ORGANIZATIONS TOGETHER, THEY ADDRESS LOCAL NEEDS AS THEY RELATE TO THE CRITICAL ISSUES OF EDUCATION, INCOME AND HEALTH. AN ANNUAL CAMPAIGN IS HELD TO RAISE MUCH NEEDED FUNDS TO PROVIDE THE IMPORTANT PROGRAMS THAT HELP MEET THE NEEDS OF OUR COMMUNITY. THE UNITED WAY RECEIVES PROGRAM APPLICATIONS FROM PARTNER AGENCIES WHICH ARE REVIEWED AND ASSESSED BY TRAINED COMMUNITY VOLUNTEERS TO ENSURE THAT THEY ADDRESS AND DEMONSTRATE POSITIVE, MEASURABLE RESULTS. FUNDING LEVELS ARE RECOMMENDED BY THE VOLUNTEERS AND APPROVED BY THE UNITED WAY OF CARLISLE AND CUMBERLAND COUNTY'S BOARD OF DIRECTORS. AS PART OF UNITED WAY OF CARLISLE AND CUMBERLAND COUNTY'S ANNUAL FUNDRAISING CAMPAIGN, DONORS ARE ALSO ABLE TO DESIGNATE THEIR CONTRIBUTION TO OTHER LOCAL QUALIFIED ORGANIZATIONS EXEMPT UNDER SECTION 501(C)(3)

4b (Code) (Expenses \$ 230,454 including grants of \$ 68,232) (Revenue \$)

SUCCESS BY SIX-PROVIDES TRAINING AND MENTORING TO CHILD CARE PROVIDERS TO IMPROVE THE QUALITY OF CHILD CARE IN CARLISLE AND CUMBERLAND COUNTY. EXPENSES ALSO INCURRED TO EDUCATE AREA BUSINESSES, PARENTS, AND THE GENERAL PUBLIC ABOUT ISSUES IN EARLY LEARNING. ALSO, COSTS ASSOCIATED WITH SCHOOL READINESS AND THE COORDINATION OF EFFORTS BETWEEN PROVIDERS AND SCHOOL DISTRICTS

4c (Code) (Expenses \$ 14,751 including grants of \$ 14,751) (Revenue \$)

IN 2005 THE UNITED WAY OF CARLISLE & CUMBERLAND COUNTY DECIDED TO PLACE MORE RESOURCES TOWARDS HELPING "WORKING POOR" FAMILIES/INDIVIDUALS ACCESS HEATING ASSISTANCE. A FAMILY MUST BE 150% OR BELOW THE POVERTY LEVEL TO RECEIVE THE GOVERNMENT ASSISTANCE CALLED LIHEAP (LOW INCOME HEAT ASSISTANCE PROGRAM). TO QUALIFY FOR OUR UNITED WAY PROGRAM A FAMILY CAN HAVE AN INCOME UP TO 200% OF THE POVERTY LEVEL. EXAMPLE: FAMILY OF THREE CAN EARN \$36,620. ALL INDIVIDUAL/FAMILIES EARNING 150% OR LESS OF THE POVERTY LEVEL ARE REQUESTED TO APPLY AND ACCESS LIHEAP FIRST. IF THEY ARE STILL IN NEED OF ASSISTANCE LATER IN THE SEASON WE MAY PROVIDE ADDITIONAL ASSISTANCE. LAST YEAR WE ASSISTED 63 FAMILIES IN THE GREATER CARLISLE AREA

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

4e Total program service expenses \$ 1,530,362

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Parts II and IV.

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Parts III and IV.

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H.

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d	Yes	
11e		No
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		23	No	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25		24a	No	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a	No	
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		25b	No	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		27	No	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		28a	No	
28b	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b	No	
28c	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		32	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		33	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		34	No	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		35	No	
36	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	36	No	
37	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		37	No	
38	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		38	Yes	
	Note. All Form 990 filers are required to complete Schedule O				

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	8
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	Yes
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

1b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	Yes	No
1a		25
1b		24
2		No
3		No
4		No
5		No
6	Yes	
7a	Yes	
7b		No
8a	Yes	
8b	Yes	
9		No

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

10a Does the organization have local chapters, branches, or affiliates?

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a	Yes	
15b	Yes	
16a		No
16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed PA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►

BRENDA KAUFMAN
145 S HANOVER STREET
CARLISLE, PA 17013
(717) 243-4805

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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
		Or director	Individual trustee	Institutional Trustee	Office	Key employee			
(1) KATHY BARLEY BOARD MEMBER	1 00	X					0	0	0
(2) DEAN CLEPPER BOARD MEMBER	1 00	X					0	0	0
(3) JUAN L GARCIA-TURON BOARD MEMBER	1 00	X					0	0	0
(4) MARY KAY DURHAM BOARD MEMBER	1 00	X					0	0	0
(5) MIRA HEWLETT BOARD MEMBER	1 00	X					0	0	0
(6) TOM LONGENECKER BOARD MEMBER	1 00	X					0	0	0
(7) CARLA D PRATT BOARD MEMBER	1 00	X					0	0	0
(8) KAREN GUNNISON BOARD MEMBER	1 00	X					0	0	0
(9) NORA HABIG BOARD MEMBER	1 00	X					0	0	0
(10) RYAN HEISHMAN BOARD MEMBER	1 00	X					0	0	0
(11) DWAYNE KELLER TREASURER	2 00	X	X				0	0	0
(12) DEB KEYSER BOARD MEMBER	1 00	X					0	0	0
(13) ELAINE LEIST BOARD MEMBER	1 00	X					0	0	0
(14) MINDY LOFTUS BOARD MEMBER	1 00	X					0	0	0
(15) KAREN LONGENECKER SECRETARY	2 00	X	X				0	0	0
(16) JUDY MAIETTA BOARD MEMBER	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 (describe hours for related organizations in Schedule O)	(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			
(17) NICOLE MEALS BOARD MEMBER	1 00	X					0	0	0
(18) DAVID METZ VICE PRESIDENT	2 00	X		X			0	0	0
(19) RANDY NOAKER PRESIDENT	2 00	X		X			0	0	0
(20) BARBARA ROSE BOARD MEMBER	1 00	X					0	0	0
(21) STACEY SILLIMAN BOARD MEMBER	1 00	X					0	0	0
(22) KEN BUERGER BOARD MEMBER	1 00	X					0	0	0
(23) GREGG HALL BOARD MEMBER	1 00	X					0	0	0
(24) STEVE KAUFMAN BOARD MEMBER	1 00	X					0	0	0
(25) ELISABETH McMANUS BOARD MEMBER	1 00	X					0	0	0
(26) SHERRIE DAVIS EXECUTIVE DIREC	40 00			X			0	66,700	8,032
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							0	66,700	8,032

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
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	4		No
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	5		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0		

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	45,341				
	b Membership dues	1b					
	c Fundraising events	1c	14,158				
	d Related organizations	1d					
	e Government grants (contributions)	1e	155,560				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,385,233				
	g Noncash contributions included in lines 1a-1f \$		4,829				
	h Total. Add lines 1a-1f			1,600,292			
Program Service Revenue	2a SERVICE FEES-DONOR CHO		Business Code				
	b		561000	3,608	3,608		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			3,608			
	3 Investment income (including dividends, interest and other similar amounts)						
4 Income from investment of tax-exempt bond proceeds			132,599			132,599	
5 Royalties							
6a Gross Rents	(I) Real	(II) Personal					
b Less rental expenses	11,185						
c Rental income or (loss)	11,185						
d Net rental income or (loss)			11,185			11,185	
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other					
b Less cost or other basis and sales expenses	159,508						
c Gain or (loss)	160,711						
d Net gain or (loss)	-1,203			-1,203		-1,203	
8a Gross income from fundraising events (not including \$ <u>14,158</u> of contributions reported on line 1c) See Part IV, line 18							
a		37,739					
b Less direct expenses	b	13,726					
c Net income or (loss) from fundraising events			24,013			24,013	
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
a							
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS		900099	1,079	1,079			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			1,079				
12 Total revenue. See Instructions			1,771,573	4,687	0	166,594	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,098,736	1,098,736		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	112,983	112,983		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	78,147	24,850	44,044	9,253
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	170,516	115,227	48,836	6,453
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,181	5,829	2,925	427
9 Other employee benefits	25,718	15,474	8,953	1,291
10 Payroll taxes	20,430	11,533	7,628	1,269
a Fees for services (non-employees) Management				
b Legal				
c Accounting	7,350		7,350	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	12,290	7,194	4,369	727
13 Office expenses	52,761	42,242	9,019	1,500
14 Information technology	3,669	1,781	1,619	269
15 Royalties				
16 Occupancy	17,284	9,833	6,388	1,063
17 Travel	2,321	1,669	559	93
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34	17	15	2
20 Interest	3,722		3,722	
21 Payments to affiliates	18,153	10,328	6,709	1,116
22 Depreciation, depletion, and amortization	22,289	12,680	8,238	1,371
23 Insurance	4,267	2,428	1,577	262
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a CONTRACT SERVICES	63,084	55,560		7,524
b CAMPAIGN EXPENSES	25,338			25,338
c SPONSORSHIP EXPENSES	11,695			11,695
d MISCELLANEOUS	3,091	1,998	937	156
e LEADERSHIP EXPENSES	0			
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,763,059	1,530,362	162,888	69,809
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	200	1 200
	2 Savings and temporary cash investments	609,389	2 611,844
	3 Pledges and grants receivable, net	350,466	3 344,078
	4 Accounts receivable, net	22,629	4 24,128
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use	2,025	8
	9 Prepaid expenses and deferred charges	3,512	9 9,175
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	635,168	
	10b Less accumulated depreciation	254,335	10c 380,833
	11 Investments—publicly traded securities	1,585,370	11 1,804,409
	12 Investments—other securities See Part IV, line 11		12
	13 Investments—program-related See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets See Part IV, line 11	1,026,738	15 1,170,196
	16 Total assets. Add lines 1 through 15 (must equal line 34)	3,991,775	16 4,344,863
Liabilities	17 Accounts payable and accrued expenses	71,691	17 90,601
	18 Grants payable	505,471	18 483,324
	19 Deferred revenue	475	19 125
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties	78,302	23 69,816
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities Complete Part X of Schedule D		25
	26 Total liabilities. Add lines 17 through 25	655,939	26 643,866
Net Assets or Fund Balances	27 Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	593,748	27 619,124
	28 Temporarily restricted net assets	129,730	28 107,268
	29 Permanently restricted net assets	2,612,358	29 2,974,605
	30 Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	3,335,836	33 3,700,997
	34 Total liabilities and net assets/fund balances	3,991,775	34 4,344,863

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,771,573
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,763,059
3	Revenue less expenses Subtract line 2 from line 1	3	8,514
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,335,836
5	Other changes in net assets or fund balances (explain in Schedule O)	5	356,647
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,700,997

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? <input type="checkbox"/>	2a	No
2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O <input type="checkbox"/>	2c	Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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 separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <input type="checkbox"/>	3a	No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits <input type="checkbox"/>	3b	

2010

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury
Internal Revenue ServiceName of the organization
UNITED WAY OF CARLISLE & CUMBERLAND CO

Employer identification number

23-1552261

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e a Type I b Type II c Type III - Functionally integrated d Type III - Other

f By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

g If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

h Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

i Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,789,305	1,816,234	1,589,929	1,519,220	1,600,292	8,314,980
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,789,305	1,816,234	1,589,929	1,519,220	1,600,292	8,314,980
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						8,314,980

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,789,305	1,816,234	1,589,929	1,519,220	1,600,292	8,314,980
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	171,562	153,093	174,144	161,146	143,784	803,729
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						9,118,709
12 Gross receipts from related activities, etc (See instructions)					12	43,208

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	91 190 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	91 210 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►✓		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ►		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ►		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ►		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ►	

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

2010

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

Department of the Treasury
Internal Revenue Service**Name of the organization**

UNITED WAY OF CARLISLE & CUMBERLAND CO

Employer identification number

23-1552261

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-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 Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

a Public exhibition
b Scholarly research
c Preservation for future generations

d Loan or exchange programs
e Other

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

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

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

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

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,585,370	1,449,544	1,852,356		
b Contributions	5,850	12,168	7,500		
c Investment earnings or losses	306,844	223,005	-310,755		
d Grants or scholarships					
e Other expenditures for facilities and programs	83,142	89,627	90,754		
f Administrative expenses	10,513	9,720	8,803		
g End of year balance	1,804,409	1,585,370	1,449,544		

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►

b Permanent endowment ► 100 000 %

c Term endowment ►

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" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	55,239				55,239
b Buildings	310,064		82,813		227,251
c Leasehold improvements	162,703		95,549		67,154
d Equipment	107,162		75,973		31,189
e Other					
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					380,833

Part VII Investments—Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		

Total. (Column (b) should equal Form 990, Part X, col (B) line 12)

Part VIII Investments—Program Related. See Form 990, Part X, line 13

Total. (Column (b) should equal Form 990, Part X, col (B) line 13)

Part IX Other Assets. See Form 990, Part X, line 15

Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25

³ Ein 48 (ASC 740) Footnote. In Part XIV, provide the

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,771,573
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,763,059
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,514
4	Net unrealized gains (losses) on investments	4	356,647
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	356,647
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	365,161

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

1	Total revenue, gains, and other support per audited financial statements	1	1,759,285
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	356,647
b	Donated services and use of facilities	2b	11,646
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	5,156
e	Add lines 2a through 2d	2e	373,449
3	Subtract line 2e from line 1	3	1,385,836
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	385,737
c	Add lines 4a and 4b	4c	385,737
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,771,573

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

1	Total expenses and losses per audited financial statements	1	1,394,124
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	11,646
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	5,156
e	Add lines 2a through 2d	2e	16,802
3	Subtract line 2e from line 1	3	1,377,322
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	385,737
c	Add lines 4a and 4b	4c	385,737
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,763,059

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INTENDED USE OF THE ENDOWMENT FUND IS TO PROVIDE AGENCY FUNDING TO DEFRAY THE ADMINISTRATIVE COST ASSOCIATED WITH THE OPERATIONS OF THE UNITED WAY AND ULTIMATELY TO PROVIDE FUNDS FOR DISTRIBUTION TO MEMBER AGENCIES IN ADDITION TO THOSE RAISED BY THE UNITED WAY'S ANNUAL CAMPAIGN
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE UNITED WAY QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THEREFORE, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN ESTABLISHED WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS TAX POSITION THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY INTEREST AND PENALTIES ASSOCIATED WITH UNRECOGNIZED TAX BENEFITS ARE CLASSIFIED AS ADDITIONAL INCOME TAXES IN THE STATEMENT OF OPERATIONS AS OF JUNE 30, 2011 AND 2010, THERE WERE NO MATERIAL AMOUNTS OF INTEREST AND PENALTIES CLASSIFIED AS ADDITIONAL INCOME TAXES IN THE FINANCIAL STATEMENTS
		PART XII, LINE 4B AND PART XIII, LINE 4B PRIOR YEAR DONOR CHOICE DESIGNATIONS RELEASED FROM RESTRICTIONS
		PART XII, LINE 2B AND PART XIII, LINE 2D SPECIAL EVENT EXPENSES

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

**Open to Public
Inspection**

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

► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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Department of the Treasury
Internal Revenue Service

Employer identification number

23-155226

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- a** Mail solicitations
- b** Internet and e-mail solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>GALA</u> (event type)	(b) Event #2 <u>UTURN YARD SALE</u> (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
1 Gross receipts . . .	40,189	9,333		49,522
2 Less Charitable contributions . . .	2,450			2,450
3 Gross income (line 1 minus line 2) . . .	37,739	9,333		47,072
4 Cash prizes . . .				
5 Non-cash prizes . . .				
6 Rent/facility costs . . .				
7 Food and beverages . . .				
8 Entertainment . . .				
9 Other direct expenses .	10,756	191		10,947
10 Direct expense summary Add lines 4 through 9 in column (d)				10,947
11 Net income summary Combine lines 3 and 10 in column (d)				36,125

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

13a	
13b	

a The organization's facility

b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

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

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

 Director/officer Employee Independent contractor**17** Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

**Schedule I
(Form 990)**

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

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

► Attach to Form 990

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF CARLISLE & CUMBERLAND CO.

Employer identification number

23-1552261

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.  

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SUMMER YOUTH PROGRAM SCHOLARSHIPS	45	27,000			
(2) HEATING COALITION ASSISTANCE	44	14,751			
(3) CHILD CARE SCHOLARSHIPS	34	68,232			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 MOST AGENCIES RECEIVING SUPPORT GRANTS ARE MONITORED VIA THE FOLLOWING 1 A TEAM OF OVER 40 COMMUNITY VOLUNTEERS ARE RECRUITED ON AN ANNUAL BASIS TO SERVE ON COMMUNITY INVESTMENT FUNDING PANELS THAT REVIEW AGENCY PROGRAMS 2 AGENCIES MUST SUBMIT AN ANNUAL APPLICATION THAT INCLUDES EXPLANATION OF THE PROPOSED USE AND RESULTS FROM USE OF THE FUNDING IT MUST ALSO INCLUDE ANNUAL OUTCOME MEASUREMENT REPORT MOST RECENT AUDIT IF THE AGENCY UNDERGOES ONE IRS 501(C)3 LETTER 990 FORM COPY OF CERTIFICATE VERIFYING CURRENT REGISTRATION WITH PA BUREAU OF CHARITABLE ORGANIZATIONS AGENCY AND PROGRAM BUDGET FOR THE UPCOMING YEAR 3 THE PANEL VOLUNTEERS REVIEW FUNDING APPLICATIONS, TOUR AGENCIES AND MEET WITH AGENCY REPRESENTATIVES FOR A QUESTION & ANSWER SESSION IN REGARDS TO THE FUNDING APPLICATION 4 AFTER ALL TOURS AND Q & A SESSIONS ARE COMPLETE THE PANELS RECOMMEND FUNDING LEVELS FOR EACH PROGRAM 5 THE UNITED WAY BOARD OF DIRECTORS IS PRESENTED WITH THE PROGRAM FUNDING LEVELS IN DECEMBER AND HAVE A FINAL VOTE IN JANUARY 6 ALL AGENCIES ARE REQUIRED TO SIGN AN ANNUAL CONTRACT THAT REQUIRES AMONG OTHER THINGS THAT THEY MUST A KEEP UNITED WAY INFORMED OF DEVELOPMENTS WITHIN THE AGENCY VIA DIRECT COMMUNICATIONS, BOARD MINUTES AND NEWSLETTERS B KEEP THE UNITED WAY INFORMED OF ANY SIGNIFICANT CHANGES IN PROGRAMMING OR STAFFING (EX HOURS OF OPERATION, SERVICES OFFERED, POSITIONS ADDED OR ELIMINATED, ETC) FAILURE TO DO SO MAY RESULT IN A CUT OR ELIMINATION OF FUNDING IN FALL 2008 TEN AGENCY PROGRAMS WERE IDENTIFIED AS LEGACY PROGRAMS AND ELIGIBLE FOR MULTI-YEAR (3 YEAR FLAT) FUNDING 1 ALL LEGACY PROGRAMS WERE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTATION IN 2008 AND 2009 A COPY OF ANNUAL BUDGET B COPY OF ANNUAL AUDIT (IF AGENCY UNDERGOES ONE) C CHART OR LISTING REFLECTING TOTAL #S SERVED IN THE GREATER CARLISLE AREA (CARLISLE, BOILING SPRINGS, MOUNT HOLLY SPRINGS, GARDNERS, NEW KINGSTOWN , AND NEWVILLE) D OUTCOME MEASUREMENT REPORT 2 ALL LEGACY PROGRAMS WERE ALSO REQUIRED TO SIGN AND ABIDE BY THE ANNUAL CONTRACT (SEE 6 ABOVE) 3 ALL LEGACY PROGRAMS ARE UNDERGOING A FULL PANEL REVIEW FALL 2010

Software ID:
Software Version:
EIN: 23-1552261
Name: UNITED WAY OF CARLISLE & CUMBERLAND CO

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMELIA GIVIN LIBRARY114 N BALTIMORE AVENUE MT HOLLY SPRINGS, PA 17065	23-2027997	501(C)(3)	14,516				PROGRAM SPECIFIC SUPPORT - CHILDREN'S SERVICES
AMERICAN RED CROSS79 E POMFRET STREET CARLISLE, PA 17013	23-1352016	501(C)(3)	62,889				PROGRAM SPECIFIC SUPPORT - DISASTER SERVICES, SERVICE TO MILITARY FAMILIES, AND HEALTH & SAFETY SERVICES
BIG BROTHERS BIG SISTERS1500 N 2ND STREET HARRISBURG, PA 17101	23-2260248	501(C)(3)	17,887				PROGRAM SPECIFIC SUPPORT - CORE PROGRAM
BOSLER MEMORIAL LIBRARY158 WEST HIGH STREET CARLISLE, PA 17013	23-1381007	501(C)(3)	27,522				PROGRAM SPECIFIC SUPPORT - CHILDREN'S PROGRAMMING
BOY SCOUTS OF AMERICA ONE BADEN POWELL LANE MECHANICSBURG, PA 17055	23-1365193	501(C)(3)	27,470				PROGRAM SPECIFIC SUPPORT - CORE PROGRAM
CARLISLE CARES45 SOUTH WEST STREET CARLISLE, PA 17013	26-3194660	501(C)(3)	24,360				PROGRAM SPECIFIC SUPPORT - EMERGENCY SHELTER
CARLISLE EARLY EDUCATION CENTER100 E POMFRET STREET CARLISLE, PA 17013	23-1657371	501(C)(3)	122,732				PROGRAM SPECIFIC SUPPORT - CHILDCARE
CHILDREN'S SCHOOL OF NEW CUMBERLAND617 16TH STREET NEW CUMBERLAND, PA 17070	23-1877678	501(C)(3)	12,051				PROGRAM SPECIFIC SUPPORT
CONTACT HELPLINEPO BOX 90035 HARRISBURG, PA 171090035	23-7083169	501(C)(3)	6,699				PROGRAM SPECIFIC SUPPORT - CONTACT HELPLINE
DOMESTIC VIOLENCE SERVICESPO BOX 1039 CARLISLE, PA 17013	25-1629910	501(C)(3)	28,428				PROGRAM SPECIFIC SUPPORT - SHELTER PROGRAM
EMPLOYMENT SKILLS CENTER29 SOUTH HANOVER STREET CARLISLE, PA 17013	23-1995705	501(C)(3)	24,440				PROGRAM SPECIFIC SUPPORT - GED, ENGLISH AND LITERACY PROGRAMS
FAMILY SUPPORT OF CENTRAL PA3700 VARTAN WAY HARRISBURG, PA 171109441	23-2140849	501(C)(3)	21,343				PROGRAM SPECIFIC SUPPORT - GREATER CARLISLE AREA PROGRAMMING

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS IN THE HEART OF PA 350 HALE AVENUE HARRISBURG, PA 17104	24-0795960	501(C)(3)	17,372				PROGRAM SPECIFIC SUPPORT - CORE PROGRAM
HABITAT FOR HUMANITY 39 HEISERS LANE CARLISLE, PA 17013	25-1682630	501(C)(3)	5,735				PROGRAM SPECIFIC SUPPORT - CORE PROGRAM
HOSPICE OF CENTRAL PA 17 EAST HIGH STREET SUITE 102 CARLISLE, PA 17013	23-2106895	501(C)(3)	20,841				PROGRAM SPECIFIC SUPPORT - GRIEVING PROGRAM
MIDPENN LEGAL SERVICES 401 EAST LOUHER STREET CARLISLE, PA 17013	23-7101191	501(C)(3)	34,593				PROGRAM SPECIFIC SUPPORT - CONSUMER, FAMILY LAW, AND HOUSING & PUBLIC BENEFITS
MARANATHA FINANCIAL COUNSELING 17 EAST HIGH STREET CARLISLE, PA 17013	25-1694818	501(C)(3)	35,803				PROGRAM SPECIFIC SUPPORT - CORE PROGRAM
PRESSLY RIDGE PARENT WORKS INC 331 BRIDGE STREET SUITE 200 NEW CUMBERLAND, PA 17070	25-0965460	501(C)(3)	8,484				PROGRAM SPECIFIC SUPPORT - CARLISLE PROGRAMMING
PROJECT SHARE 5 NORTH ORANGE STREET 4 CARLISLE, PA 17013	27-0531231	501(C)(3)	50,153				PROGRAM SPECIFIC SUPPORT - CORE PROGRAM
SAFE HARBOUR 102 WEST HIGH STREET CARLISLE, PA 17013	23-2405118	501(C)(3)	46,800				PROGRAM SPECIFIC SUPPORT - BRIDGE HOUSING
SALVATION ARMY 20 EAST POMFRET STREET CARLISLE, PA 17013	13-5562351	501(C)(3)	65,552				PROGRAM SPECIFIC SUPPORT - MY BROTHER'S TABLE, SENIOR ACTION CENTER, STUART HOUSE, AND SUPPORTIVE SERVICES
SUMMER PROGRAM FOR YOUTH 1 NORTH HANOVER STREET CARLISLE, PA 17013	25-1798756	501(C)(3)	17,148				PROGRAM SPECIFIC SUPPORT - CORE PROGRAM
UNITED CEREBRAL PALSY 925 LINDA LANE CAMP HILL, PA 17011	23-1433882	501(C)(3)	18,054				PROGRAM SPECIFIC SUPPORT - ALTERNATIVES CARLISLE AND FAMILY SERVICES
CARLISLE VICTORY CIRCLE 8 WEST HIGH STREET CARLISLE, PA 17013	25-1785326	501(C)(3)	6,672				PROGRAM SPECIFIC SUPPORT - CORE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA 301 G STREET CAMP HILL, PA 17013	23-1429866	501(C)(3)	78,422				PROGRAM SPECIFIC SUPPORT - COMMUNITY PRESCHOOL, YOUTH INTERVENTION, COUNSELING SERVICES, SOCIAL JUSTICE AND RAPE CRISIS PROGRAMS
THE ARC OF CUMBERLAND AND PERRY COUNTIES 71 ASHLAND AVENUE CARLISLE, PA 17013	23-1489737	501(C)(3)	58,296				PROGRAM SPECIFIC SUPPORT - ADVOCACY AND RESIDENTIAL PROGRAMS
BETHEL ASSEMBLY OF GOD PRESCHOOL 1412 HOLLY PIKE CARLISLE, PA 17015	23-1982986	501(C)(3)	6,992				PROGRAM SPECIFIC SUPPORT
CARLISLE FAMILY YMCA 311 SOUTH WEST STREET CAMP HILL, PA 17013	23-1386198	501(C)(3)	107,913				PROGRAM SPECIFIC SUPPORT - CHILDCARE CENTER, CAMPS, AND COMMUNITY YOUTH PROGRAMS
HOPE STATION 149 W PENN STREET CARLISLE, PA 17013	25-1886489	501(C)(3)	4,812				PROGRAM SPECIFIC SUPPORT
NICHOLAS RYAN OVER FD PO BOX 402 CARLISLE, PA 17013	01-0727865	501(C)(3)	7,706				PROGRAM SPECIFIC SUPPORT
STEVENS CENTER NHS 33 STATE AVENUE CARLISLE, PA 17013	25-1878857	501(C)(3)	2,550				PROGRAM SPECIFIC SUPPORT - TARGETED CASE MANAGEMENT

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2010**Open to Public
Inspection****Name of the organization**

UNITED WAY OF CARLISLE & CUMBERLAND CO

Employer identification number

23-1552261

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		ALL CONTRIBUTORS TO THE ANNUAL CAMPAIGN ARE MEMBERS FOR ONE YEAR FOLLOWING THE ANNUAL CAMPAIGN

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		MEMBERS ELECT THE BOARD

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FINANCE COMMITTEE REVIEWS THE 990 PRIOR TO FILING. THE 990 IS MADE AVAILABLE TO ALL OTHER BOARD MEMBERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, THE OFFICERS, DIRECTORS, AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST BY FILLING OUT A FORM. THE FORMS ARE THEN REVIEWED AND ANY CONFLICTS ARE ADDRESSED ON A CASE BY CASE BASIS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPARABILITY DATA IS USED TO DETERMINE APPROPRIATE COMPENSATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 356,647