

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493223001132

990 T

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

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

2011

OMB No 1545-0047

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

Open to Public
Inspection

C Name of organization UNITED WAY OF YORK COUNTY  Doing Business As  Number and street (or P O box if mail is not delivered to street address) 800 East King Street  City or town, state or country, and ZIP + 4 York, PA 17403  F Name and address of principal officer Robert J Woods 800 East King Street York, PA 17403  status	ty raised and reas of educar	23-13 E Telepho (717) G Gross re  a) Is this a group affiliates? b) Are all affiliates if "No," attach c) Group exemption 192 I distributed over \$ tion, income and h  re than 25% of its	Tyes ▼ No  included?
Number and street (or P O box if mail is not delivered to street address) 800 East King Street  City or town, state or country, and ZIP + 4 York, PA 17403  F Name and address of principal officer Robert J Woods 800 East King Street York, PA 17403  Status	ty raised and reas of educar	(717)  G Gross re  a) Is this a group affiliates? b) Are all affiliates If "No," attach Group exemption 192 I distributed over \$ tion, income and here than 25% of its	return for  Yes No  included? Yes No  included? Yes No  a list (see instructions) ion number >  1 M State of legal domicile F  7 million dollars to 73 localealth  net assets  3 3 3  4 3  5 8  6 3,80
Number and street (or P O box if mail is not delivered to street address) 800 East King Street  City or town, state or country, and ZIP + 4 York, PA 17403  F Name and address of principal officer Robert J Woods 800 East King Street York, PA 17403  status	ty raised and reas of educar	G Gross re  a) Is this a group affiliates? b) Are all affiliates If "No," attach c) Group exempti Year of formation 192 I distributed over \$ tion, income and h  re than 25% of its	return for Yes No  included? Yes No a list (see instructions) ion number Important included included?  M State of legal domicile Filter included in
City or town, state or country, and ZIP + 4 York, PA 17403  F Name and address of principal officer Robert J Woods 800 East King Street York, PA 17403  Status	ty raised and reas of educar	a) Is this a group affiliates? b) Are all affiliates if "No," attach Group exemption 192 I distributed over \$ tion, income and h	return for  Yes No  included? Yes No a list (see instructions) ion number >  21 M State of legal domicile F  \$ 7 million dollars to 73 localealth  net assets  3 3 3 4 3 5 8 6 3,80
F Name and address of principal officer Robert J Woods 800 East King Street York, PA 17403  status  501(c)(3)  501(c)()  101(c)()  4947(a)(1) or  52  www.unitedway-york.org  ization  70 Corporation  Trust  Association  0ther  Summary  effly describe the organization's mission or most significant activities ring the fiscal year ending March 31, 2012, United Way of York Coungrams of 34 partner agencies that impact community needs in the area eck this box  101 fithe organization discontinued its operations or discontinued in the area of independent voting members of the governing body (Part VI, including all number of individuals employed in calendar year 2011 (Part V, line all number of volunteers (estimate if necessary)	ty raised and eas of educations of education	affiliates?  b) Are all affiliates  If "No," attach  Group exempti  Year of formation 192  I distributed over \$ tion, income and h  Te than 25% of its	included?
Robert J Woods 800 East King Street York, PA 17403  status 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 52  www.unitedway-york.org  Ization Corporation Trust Association Other Summary  effly describe the organization's mission or most significant activities ring the fiscal year ending March 31, 2012, United Way of York Coungrams of 34 partner agencies that impact community needs in the armover of voting members of the governing body (Part VI, line 1a).  mber of independent voting members of the governing body (Part VI, lane 1a) in the independent voting members of the governing body (Part VI, lane 1a) in the independent voting members of the governing body (Part VI, lane 1a) in the independent voting members of the governing body (Part VI, lane 1a) in the independent voting members of the governing body (Part VI, lane 1a) in the independent voting members of the governing body (Part VI, lane 1a) in the independent voting members of the governing body (Part VI, lane 1a) in the independent voting members of the governing body (Part VI, lane 1a) in the independent voting members of the governing body (Part VI, lane 1a) in the independent voting members of the governing body (Part VI, lane 1a) in the independent voting members of the governing body (Part VI, lane 1a) in the independent voting members of the governing body (Part VI, lane 1a) in the independent voting members of the governing body (Part VI, lane 1a) in the independent voting members of the governing body (Part VI, lane 1a) in the independent voting members of the governing body (Part VI, lane 1a) in the independent voting members of the governing body (Part VI, lane 1a) in the independent voting members of the governing body (Part VI, lane 1a) in the independent voting members of the governing body (Part VI, lane 1a) in the independent voting members of the governing body (Part VI, lane 1a) in the independent voting members of the governing body (Part VI, lane 1a) in the independent voting members of the governing body (Part VI, lane 1a) in the indep	ty raised and eas of educations of education	affiliates?  b) Are all affiliates  If "No," attach  Group exempti  Year of formation 192  I distributed over \$ tion, income and h  Te than 25% of its	included?
status 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 52  www.unitedway-york.org  Ization Corporation Trust Association Other Summary  effly describe the organization's mission or most significant activities ring the fiscal year ending March 31, 2012, United Way of York Coungrams of 34 partner agencies that impact community needs in the armore of voting members of the governing body (Part VI, line 1a).  mber of independent voting members of the governing body (Part VI, lail number of individuals employed in calendar year 2011 (Part V, line 1a) in the individuals of volunteers (estimate if necessary) in the individuals and unrelated business revenue from Part VIII, column (C), line 12 in the individuals and grants (Part VIII, line 1h) in the individuals and grants	ty raised and eas of educations of educations and the second seco	If "No," attach If "No," attach Group exempti Year of formation 192 I distributed over \$ tion, income and h Te than 25% of its	included? Yes N a list (see instructions) ion number   21 M State of legal domicile F  \$ 7 million dollars to 73 localealth  net assets  3 3 3 4 3 5 8 6 3,80
status	ty raised and eas of educations of educations and the second seco	If "No," attach Group exempts  Year of formation 192  I distributed over \$ tion, income and h  Te than 25% of its	a list (see instructions) from number   21  M State of legal domicile F  \$ 7 million dollars to 73 localealth  net assets  3
www unitedway-york org  Ization Corporation Trust Association Other Summary  effly describe the organization's mission or most significant activities ring the fiscal year ending March 31, 2012, United Way of York Coungrams of 34 partner agencies that impact community needs in the armover of voting members of the governing body (Part VI, line 1a).  Imber of independent voting members of the governing body (Part VI, line 1a) in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals employed in calendar year 2011 (Part V, li	ty raised and eas of educations posed of more sposed of more spose	Year of formation 192  I distributed over \$ tion, income and h	met assets  3  4  3  6  3,80
www unitedway-york org  Ization Corporation Trust Association Other Summary  effly describe the organization's mission or most significant activities ring the fiscal year ending March 31, 2012, United Way of York Coungrams of 34 partner agencies that impact community needs in the armover of voting members of the governing body (Part VI, line 1a).  Imber of independent voting members of the governing body (Part VI, line 1a) in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals employed in calendar year 2011 (Part V, line ital number of volunteers (estimate if necessary) in the individuals employed in calendar year 2011 (Part V, li	ty raised and eas of educations posed of more sposed of more spose	Year of formation 192 I distributed over \$ tion, income and h  Te than 25% of its	\$7 million dollars to 73 localealth  net assets  3
Estimate organization or most significant activities ring the fiscal year ending March 31, 2012, United Way of York Coungrams of 34 partner agencies that impact community needs in the argument of voting members of the governing body (Part VI, line 1a).  The most of independent voting members of the governing body (Part VI, line 1a).  The cal number of volunteers (estimate if necessary)  The cal unrelated business revenue from Part VIII, column (C), line 12.  The contributions and grants (Part VIII, line 1h)	posed of mor	I distributed over \$ tion, income and h  re than 25% of its	\$7 million dollars to 73 localealth  net assets  3
efly describe the organization's mission or most significant activities ring the fiscal year ending March 31, 2012, United Way of York Coun grams of 34 partner agencies that impact community needs in the argument of the organization discontinued its operations or discontinued of voting members of the governing body (Part VI, line 1a).  In the organization discontinued its operations or discontinued of voting members of the governing body (Part VI, line 1a).  In the organization discontinued its operations or discontinued its operations or discontinued its operations or discontinued of voting members of the governing body (Part VI, line 1a).  In the organization discontinued its operations or discontinued	posed of mor	I distributed over \$ tion, income and h  re than 25% of its	\$7 million dollars to 73 localealth  net assets  3
efly describe the organization's mission or most significant activities ring the fiscal year ending March 31, 2012, United Way of York Coungrams of 34 partner agencies that impact community needs in the analysis of the solution of voting members of the governing body (Part VI, line 1a).  In the profit independent voting members of the governing body (Part VI, stall number of individuals employed in calendar year 2011 (Part V, line stall number of volunteers (estimate if necessary)	sposed of more line 1b) .e 2a)	re than 25% of its	net assets  3
ring the fiscal year ending March 31, 2012, United Way of York Coungrams of 34 partner agencies that impact community needs in the argencies this box    if the organization discontinued its operations or di	sposed of more line 1b) .e 2a)	re than 25% of its	net assets  3
mber of voting members of the governing body (Part VI, line 1a) .  mber of independent voting members of the governing body (Part VI, stall number of individuals employed in calendar year 2011 (Part V, line stall number of volunteers (estimate if necessary)  tall unrelated business revenue from Part VIII, column (C), line 12	line 1b) . e 2a)		3 3 4 3 5 8 6 3,80
mber of voting members of the governing body (Part VI, line 1a) .  mber of independent voting members of the governing body (Part VI, stall number of individuals employed in calendar year 2011 (Part V, line stall number of volunteers (estimate if necessary)  tall unrelated business revenue from Part VIII, column (C), line 12	line 1b) . e 2a)		3 3 4 3 5 8 6 3,80
mber of independent voting members of the governing body (Part VI, cal number of individuals employed in calendar year 2011 (Part V, line cal number of volunteers (estimate if necessary)	line 1b) . e 2a)	F	4 3 5 8 6 3,80
cal number of individuals employed in calendar year 2011 (Part V, line all number of volunteers (estimate if necessary)	e 2a)	F	5 8 6 3,80
cal number of volunteers (estimate if necessary)			6 3,80
cal unrelated business revenue from Part VIII, column (C), line 12.  t unrelated business taxable income from Form 990-T, line 34.  Contributions and grants (Part VIII, line 1h)		-	
Contributions and grants (Part VIII, line 1h)			
			7b
		Prior Year	Current Year
(D. 1)(TTT 1	· · <u> </u>	7,079,7	7,113,38
Program service revenue (Part VIII, line 2g)	· · <u> </u>	3,2	213 7,73
nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	_	200,2	·
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11		82,0	019 138,14
otal revenue—add lines 8 through 11 (must equal Part VIII, column .2)		7,365,1	7,458,62
Grants and similar amounts paid (Part IX, column (A), lines 1–3 $$ .	<b>I</b>	5,540,3	5,446,12
Benefits paid to or for members (Part IX, column (A), line 4)			0
Salaries, other compensation, employee benefits (Part IX, column (A) $i-10$ )	, lines	1,291,5	559 1,350,50
Professional fundraising fees (Part IX, column (A), line 11e)	·  _		0
otal fundraising expenses (Part IX, column (D), line 25) 🕦	— L		
	· -		
revenue less expenses Subtract line 18 from line 12		Seginning of Currer	
otal assets (Part X, line 16)	. $\vdash$	8,389,5	519 8,365,20
		3,736,0	3,752,98
Net assets or fund balances Subtract line 21 from line 20	[	4,653,4	453 4,612,22
Signature Block			
belief, it is true, correct, and complete. Declaration of preparer (other the			
Type or print name and title			
reparer's Date gnature	self-	(see instr	s taxpayer identification number ructions)
ım's name (or yours self-employed).			
	· · · · · · · · · · · · · · · · · · ·	- 1	
Signature of the signat	alaries, other compensation, employee benefits (Part IX, column (A) –10)  rofessional fundraising fees (Part IX, column (A), line 11e)	rofessional fundraising fees (Part IX, column (A), line 11e)	alaries, other compensation, employee benefits (Part IX, column (A), lines –10)  rofessional fundraising fees (Part IX, column (A), line 11e)

## Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To improve people's lives by building a strong community through cultivating financial generosity, volunteerism and civic engagement

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

If "Yes," describe these changes on Schedule O

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 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 \$ 5,888,237 including grants of \$ 3,051,866 ) (Revenue \$ 6,232,66)

The Community Fund and Designations - Through United Way of York County's annual campaign, donors can designate their contribution to The Community Fund During the past year, funding was provided to 73 programs of 34 partner agencies through The Community Fund in the areas of Education, Income and Health United Way of York County receives program applications from partner agencies which are reviewed and assessed by trained community volunteers to ensure they demonstrate measurable results. Funding levels are recommended by the volunteers and approved by United Way of York County's Board of Directors. United Way of York County also allocates funds for special one-time projects and new programs of partner agencies. Applications for these programs are also reviewed by volunteers and with United Way of York County's Board of Directors who approve the actual funding levels. As part of United Way of York County's annual fundraising campaign, donors are also able to designate their contribution to qualified organizations exempt under section 501(c)(3). This service is provided as a convenience to our donors. Organizations receiving designations are not required to submit information relative to the use and results of these contributions.

**4b** (Code ) (Expenses \$ 441,055 including grants of \$ 0 ) (Revenue \$ 444,308 )

Community Initiatives - United Way of York County operates a program called SecureCorps, which is an AmericOrps program monitored by the state PENNSERVE office. The participants, primarily college students, receive a stipend for the service performed and, upon successful completion of their term of service, are also eligible for an education award. In the summer of 2011, 18 SecureCorps Members worked in small groups on a variety of projects, and as a large group to spread the knowledge of emergency and disaster preparedness to the underserved youth of York City. Small groups of Members successfully created or updated business contingency plans for inorprofit agencies. Additionally, Members served with the Bring On Play initiative, Evacuating County Residents in Need program, Voluntary Organizations Active in Disaster, and York County Senior Games. Members at Host Sites updated or completed business contingency plans as part of their service to the American Red Cross of Hanover, Schulykill County EMA, United Way of Lancaster County, Vindered County Chamber of Commerce. Between November 2011 and May 2012, 9 IRS certified SecureCorps members and over 75 non-AmericOrps volunteers operated 10 Volunteer Income Tax Assistance program (VITA) tax preparation sites across York County at no cost on behalf of the York \$1 Nour Prockets Coalition SecureCorps members and VITA volunteers electronically filed over 3,025 federal and state returns. The total amount of refund dollars returned to the community initiatives is FIRST, the Free Information and Referral System Telelien Residents of York County, who need help but do not know where to turn, can call FIRST and talk to a trained information and referral specialists who can give advise on where to start FIRST is a free and confidential service that operates 24/7. The program is a partnership of United Way and York County also part and the state of the partnership of United Way and York County also operates the Volunteer Center of United Way and York County also operates the

**4c** (Code ) (Expenses \$ 213,218 including grants of \$ 0 ) (Revenue \$ 240,269

Education Programs - Focus on Our Future, a Success by 6 initiative, is a program of United Way of York County which promotes high quality early childhood education for children throughout York County Focus on Our Future provides training, on-site technical assistance and financial support to child care centers and home based providers to assist with national accreditation and advancement in the Keystone STARS program which is Pennsylvania's program to promote continuous quality improvement in early childhood education. Keystone STARS performance standards are grouped into four levels and address staff qualifications and professional development, the early learning program, partnerships with family and community, and leadership management. During this past year, 147 providers in York County are participating in the Keystone STARS program. In York County, there are 21 programs who have received national accreditation either by the National Association for the Education of Young Children (NAEYC) or the National Association of Family Child Care (NAFCC). To receive funding through United Way of York County's Community Fund, a partner agency must have national accreditation or STAR 4 status. In March, 350 parents and children attended the first annual Spring Family Expo event. Seven early learning centers and 15 community agencies engaged families in activities and by providing resources for children Each early childhood program showcased a learning center that demonstrated the environment provided by high quality centers. Focus on Our Future also promotes school readiness. Through grants received from the PA Office of Child Development and Early Learning and the County of York, Focus on Our Future provided the "Ready Freddy" kindergarten readiness program to 350 families from six York County school districts. In addition, infant/toddler, preschool and kindergarten readiness materials were distributed to over 3,700 families through collaboration with York County partners. Another United Way of York County Truancy Pr

dd Other program services (Describe in Schedule O )

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

**4e** Total program service expenses►\$ 6,542,510

Part IV	Checklis	st of Re	auired	Sched	lules
4 11 7 7 7	CHECKIIS	OI NO	:uun eu	SCILED	ıuıc

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	_
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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.	11b	Yes	
С	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.	11c		No
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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
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, Part II and IV.	15		No
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, Part III and IV	16		No
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	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t 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	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	22		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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
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? 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? <i>If</i> "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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? 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 Management	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
	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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
	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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$ ?	35a		Νo
b	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	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		Yes	

•	` '
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in this Part V	<u> </u>	• 1	
_	Entenths number was to due Bou 2 of Ferry 1996. Entent 9 of extremely about		Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
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	Yes	
	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			
b	return		V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	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		
	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 or securities 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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
3	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds 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?	8		
	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12			
	facilities			
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them )	4.5		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
	year Section 501(c)(29) qualified controlit health incurance issuers			
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			
•	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand  13c			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

**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.

Se	ction A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax									
Id	year									
b	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?	2		No						
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?	3		No						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No						
5										
6	Did the organization have members or stockholders?	6		Νo						
7a	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		No						
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		No						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	The governing body?	8a	Yes							
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes							
9										
Se	ection B. Policies (This Section B requests information about policies not required by the Internal									
Re	venue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo						
b	10b									
11a	purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing									
	the form?  Describe in Schedule O the process, if any, used by the organization to review the Form 990	11a	Yes							
	Describe in Schedule of the process, if any, used by the organization to review the Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes							
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes							
13	Did the organization have a written whistleblower policy?	13	Yes							
14	Did the organization have a written document retention and destruction policy?	14	Yes							
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?									
а	The organization's CEO, Executive Director, or top management official	15a	Yes							
ь	Other officers or key employees of the organization	15b	Yes							
	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?	16a		No						
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								
Se	Section C. Disclosure									
17	List the States with which a copy of this Form 990 is required to be filed▶PA									

- 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 made these available. Check all that apply
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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 Robert Woods

800 East King Street

York, PA 17403 (717) 843-0957

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

#### 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, or 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 or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				$\vdash$			_			

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

	<b>(A)</b> Name and Tıtle	(B) A verage hours per week (describe hours describe hours week hours week conditions to the conditions and officer and a director/trustee)							Repo compo froi organiz	( <b>D)</b> ortable ensation m the ation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	'	(F) Estimated amount of other compensation from the organization and related		
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		reiati organiza		
See A	dditional Data Table														
												_			
												+			
												+			
												+			
												+			
1b	Sub-Total			<u> </u>	<u> </u>	<u> </u>		<u> </u>  ►							
С	Total from continuation sheets	to Part VII, Sec	tion A					<b>&gt;</b>							
d	Total (add lines 1b and 1c) .							<b>P</b>		187,026		0		29,781	
2	Total number of individuals (incli \$100,000 of reportable compens					ted	above	) who	receive	d more tha	in				
													Yes	No	
3	Did the organization list any <b>forr</b> on line 1a? <i>If</i> "Yes," complete Sch					eye •	mploy •	ee, c	or highes	t compens • •	ated employee	3		No	
4	For any individual listed on line 1 organization and related organization and related organization.														
5	Did any person listed on line 1a services rendered to the organiz											4		No_	
_			Compres	c ocn	caar			r per	3011		. [	5		<u> </u>	
<u>Se</u>	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio													
		( <b>A)</b> ne and business add	dress							Desc	(B) ription of services		(C Comper		
												+			
	Total number of independent conti \$100,000 of compensation from t			ot lır	nıted	l to	those	liste	d above)	who recei	ved more than				

Form 99			f Dougras					Page <b>9</b>
		Statement o			(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 camp						
ᇎ	b	Membership du	es <b>1b</b>	0				
ું ∰	С	Fundraising eve	ents <b>1c</b>	0				
≅_≅	d	Related organiz	ations <b>1d</b>	0				
₹ <u>`</u> [≣	e	Government grants	s (contributions) <b>1e</b>	365,669				
itio ≥r s	f	All other contribution	ons, gifts, grants, and <b>1f</b> of included above	6,609,582				
ê₹	g	Noncash contri	butions included in					
돌		lines 1a-1f \$	9,923 					
<u>~~</u>	h	Total. Add lines	s 1a-1f	•	7,113,380			
ë				Business Code				
E .	2a	Directory Sales		900099	4,989	0	0	4,989
<u>æ</u>	b	Membership		900099	2,750	0	0	2,750
15.6	С							
<u> </u>	d							
Ē	e							
Program Service Revenue	f	All other progra	m service revenue		0	0	0	0
Ě	g	Total. Add lines	32a-2f		7,739			
	3		ome (including dividen	-				
		and other simila	aramounts)	▶	100,811	0	0	100,811
	4	Income from invest	tment of tax-exempt bond	proceeds 🕨	0	0	0	0
	5	Royalties			0	0	0	0
			(ı) Real	(11) Personal				
	6a	Gross rents	73,041	0				
	b	Less rental expenses	44,841	0				
	С	Rental income or (loss)	28,200	0				
	d	` ′	me or (loss)		28,200	0	0	28,200
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other	1,125,878	0				
	ь	than inventory Less cost or other basis and sales expenses	1,027,324	0				
	c	Gain or (loss)	98,554	0				
	d	Net gaın or (los	s)	▶	98,554	0	0	98,554
Φ	8a	Gross income freevents (not incl	luding					
Other Revenue		\$of contributions See Part IV , lin	<u> </u>					
č		-	а	82,400				
<del>j</del> e	ь		penses b	46,439				
ŏ	С		loss) from fundraising	events 🟲	35,961		0	35,961
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	ь	less direct evi	penses b					
	c		loss) from gaming activ	vities▶				
	10a	Gross sales of i	inventory, less					
	ь	Less cost of go	a cods sold b					
	С		loss) from sales of inve					
		Miscellaneous		Business Code				_
		Cost Recovery Designations	Fees on	900099	73,981	73,981	0	0
	b							
	C	All other recession			0	0	0	0
	d e	All other revenu			0	0	0	<u> </u>
	12		See Instructions	· · · · •	73,981			
		iotai ievenue.	See Thathactions		7,458,626	73,981	0	271,265

#### Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

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) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 5,446,128 5,446,128 Grants and other assistance to individuals in the United States See Part IV, line 22 0 0 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members 0 5 Compensation of current officers, directors, trustees, and 245,807 120,175 64,844 60,788 key employees . . . 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 896,340 561,653 172,746 161,941 Pension plan contributions (include section 401(k) and section 43,138 403(b) employer contributions) . . . . 21,090 11,380 10,668 91,145 44,561 24,044 22,540 Other employee benefits . . . . . . 74,077 45,687 14,653 13,737 10 Fees for services (non-employees) 11 Management . . . . . 0 0 1,682 822 444 416 Legal . . . . . . . . 0 0 Accounting . . . . . . . 12,300 12,300 0 0 Lobbying . . . . . . . . . . . . 0 Professional fundraising See Part IV, line 17 . . 0 0 Investment management fees . . . . . . 19,453 9,511 5,132 4,810 30,585 28,388 1,132 1,065 g Other . . . . . . . . . . . . . 67,448 Advertising and promotion . . . Λ Λ 67,448 12 23,927 Office expenses . . . . 90,702 44,346 22,429 13 20,205 12,867 14 Information technology . . . . . 41,522 8,450 15 Royalties . . 0 0 0 0 17,639 8,623 4,652 16 4,364 16,506 8,070 4,354 17 4,082 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials . . . . . 0 0 0 0 19 Conferences, conventions, and meetings . . . . 17,648 11,058 3,401 3,189 7,288 3.563 1.923 1.802 20 21 Payments to affiliates . . . . 64,204 31,389 16,937 15,878 22 Depreciation, depletion, and amortization . . . . 25,365 12,400 6,691 6,274 23 10,902 5,330 2,876 2,696 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) 10,180 Campaign and Communications 42,105 22,030 9,895 Dues and Subscriptions 23,634 11,555 6,235 5,844 Rapairs and Maintenance 14,524 7,100 3,832 3,592 **Education Program Expenses** 77,324 77,324 d 0 е All other expenses 3,072 1,502 810 760 25 Total functional expenses. Add lines 1 through 24f 7,380,538 6,542,510 405,360 432,668 Joint costs. Check here ► 🗀 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Part X **Balance Sheet** (A) (B) Beginning of year End of year 150 150 1 1 304,220 436,436 2 2 3 4,083,219 3,744,042 3 4 401 4 875 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 6 0 7 0 8 16,900 9 9 33,648 Prepaid expenses and deferred charges . . . . 953,423 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 766,655 b Less accumulated depreciation . . . . . 148,570 10c 186,768 11 11 3,833,440 12 12 3,962,869 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 0 14 14 2,145 15 15 895 8,389,519 8,365,209 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 2,956,266 2,808,461 17 17 Accounts payable and accrued expenses . 18 779,800 18 724,415 19 19 20 20 21 21 20,113 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 200,000 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D . . . . 26 3,736,066 26 3,752,989 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 803,754 27 913,387 Unrestricted net assets . . . . 2,149,063 28 2,033,724 28 Temporarily restricted net assets . . . . . Fund 29 1,700,636 29 1,665,109 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 4.653.453 33 4,612,220 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 8.389,519 34 8.365.209

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7.4	158,62
2	Total expenses (must equal Part IX, column (A), line 25)	2			380,53
3	Revenue less expenses Subtract line 2 from line 1	3			78,08
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,653,		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-119,32		
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		4,6	512,220
Par	Table 1 The Check of Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	sued			
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?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493223001132

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

Inspection **Employer identification number** 

Name of the organization UNITED WAY OF YORK COUNTY 23-1352588

Pa	rt I	Reas	on for Pu	blic Charity Sta	<b>tus</b> (All org	ganızatıons	must comp	olete this p	art.) See ı	nstructions			
The	organı	zatıon ıs	not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	only one bo	x )				
1	Γ	A churc	h, conventi	on of churches, or as	ssociation of	churches <b>s</b>	ection 170(b	)(1)(A)(i).					
2	Γ	A scho	ol described	in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (At	tach Schedu	ıle E )						
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	atıon descrı	bed ın <b>sectio</b>	n 170(b)(1)	(A)(iii).				
4	Γ			n organization operat ty, and state	ted in conjun	ction with a	hospital desc	cribed in <b>sec</b>	tion 170(b)	( <b>1)(A)(iii).</b> Er	nter the		
5	Г	=	•	erated for the benefi	_	or universit	y owned or o	perated by a	governmen	tal unit descr	ribed in		
	_	sect ion	170(b)(1)(	<b>A)(iv).</b> (Complete P	art II )								
6		A feder	al, state, or	local government or	government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	)(A)(v).				
7	<u>~</u>	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	_			described in section		A)(vi) (Com	nnlete Dart II	1					
9	<u>'</u>								ultions mar	nharchin faac	and area		
9	'	An organization that normally receives (1) more than 331/3% 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 331/3% 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 <b>section 509(a)(2).</b> (Complete Part III)											
10	Г												
11	r	An orga one or i the box	An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a										
e	Γ		-	ox, I certify that the on managers and otl	_				•	•	' <del>-</del> '		
_			509(a)(2)										
f g		check t	hıs box	received a written do 2006, has the organi						III supportin	g organiz	ation,	
			g persons?										
				rectly or indirectly c				persons des	cribed in (ii)		Yes	No	
			•	governing body of th		_	ition?			11g(			
			-	er of a person descri						11g(			
				led entity of a perso						11g(i	III)		
h		Provide	the following	ng information about	tne supporte	ed organizati	on(s)				,		
<b>(i)</b> Name support organiza		e of rted	ed EIN lines 1 - 9 above vour governing				(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) A mount of support?		
				instructions))	Yes	No	Yes	No	Yes	No			
								l	1		1		

Total

instructions

Support Schedule for Organizations Described in IRC 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	e organization i	fails to qualify u	nder the tests	listed below, ple	ase cor	nplete f	Part III.)
	ection A. Public Support	1	1	· · · · · · · · · · · · · · · · · · ·				
Care	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 20	11	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	7,035,83	4 6,887,745	6,555,950	7,145,103	7,	,189,940	34,814,572
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
<b>4 5</b>	Total. Add lines 1 through 3 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	7,035,83	4 6,887,745	6,555,950	7,145,103	7,	,189,940	34,814,572
6	(f) <b>Public Support.</b> Subtract line 5 from line 4							34,814,572
S	ection B. Total Support				I			
	endar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 20	11	(f) Total
7	A mounts from line 4	7,035,834	6,887,745	6,555,950	7,145,103	7,	189,940	34,814,572
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	279,720	109,229	92,044	108,173		100,811	689,977
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	72,757	82,986	71,479	19,877		78,201	325,300
11	Total support (Add lines 7 through 10)							35,829,849
12	Gross receipts from related activiti					12		
13	First Five Years If the Form 990 is check this box and stop here		· 	, third, fourth, or f	ifth tax year as a 5	501(c)(3	) organız	ration, ▶
	ection C. Computation of Pul Public Support Percentage for 201			1.1 column (f\)				07.465.00
14 15		-		II Column (1))		14		97 166 %
15	Public Support Percentage for 201	•	·	/ on line 12 == 11	ino 14 22 4/20/	15 or mars	charl: "	96 888 %
b	33 1/3% support test—2011. If the and stop here. The organization qua 33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization meaorganization	alifies as a public organization did n qualifies as a p — <b>2011.</b> If the org tion meets the "f	ly supported orga not check the bo ublicly supported anization did not o acts and circums	nization x on line 13 or 16 organization check a box on lin cances" test, chec	a, and line 15 is 3 ie 13, 16a, or 16b ck this box and <b>st</b> e	33 1/3% of and line	or more, 14 Explain	check this
b 18	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private Foundation If the organizationstructions	nization meets th tion meets the "f	e "facts and cırcu ācts and cırcumst	mstances" test, c cances" test The	check this box and organization quali	d <b>stop he</b> fies as a	re. publicly	<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Schedule A	(Form	990	or 990-EZ) 2011	
	(. •		0. 000 10	

Page **4** 

<b>Part IV Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).							
Facts And Circumstances Test							
Explanation							
This line primarily includes rental income received as well as other miscellaneous income							

Schedule A (Form 990 or 990-EZ) 2011

**Software ID:** 11000129 **Software Version:** v1.00

**EIN:** 23-1352588

Name: UNITED WAY OF YORK COUNTY

#### Form 990, Special Condition Description:

#### **Special Condition Description**

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

<b>(A)</b> Name and Title	(B) A verage hours per		(tion that a		/)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Michael Hady Immediate Past Board Chair	2	Х						0	0	0	
C Matthew Smith Board Chair	5	Х		х				0	0	0	
David Confer Chair Elect	5	Х		х				0	0	0	
Scott Michael Treasurer	5	Х		х				0	0	0	
Barrie Callahan Board Member	2	Х						0	0	0	
Joshua Carney Board Member	2	Х						0	0	0	
Betty Carson	2	Х						0	0	0	
Board Member Judith Chambers	2	X						0	0	0	
Board Member Susan Crawford	2	Х						0	0	0	
Board Member Lorı Cutshall	2	Х						0	0	0	
Board Member W Casey Deller	2	X						0	0	0	
Board Member Roger Dick	2	X						0	0	0	
Board Member Silvia Dugan	2	X						0	0	0	
Board Member Thomas Gross	2							0	0	0	
Board Member J T Hand	2							0	0		
Board Member Robert Lombardo		X						Ĭ			
Board Member Todd Lord	2	Х						0	0	0	
Board Member	2	Х						0	0	0	
Hank Maul Board Member	5	Х						0	0	0	
Kenneth Mazzie Board Member	2	Х						0	0	0	
Russell McKnight Board Member	2	Х						0	0	0	
Daniel Meckley Board Member	2	Х						0	0	0	
Rıchard Merluzzı Board Member	2	Х						0	0	0	
Leroy Moore Jr Board Member	2	Х						0	0	0	
David Muth Board Member	2	Х						0	0	0	
Josette Myers Board Member	2	Х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per		tion (	(che	′)		<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	per week	Highest compensated organizations (W- 2/1099-MISC)  Former  Former		from the organization and related organizations					
Reesy Neff Board Member	2	Х					0	0	0
Keith Noll Board Member	2	Х					0	0	0
Mark Ottemiller Board Member	2	Х					0	0	0
William Perkins Board Member	2	х					0	0	0
Joseph Rilatt Board Member	2	х					0	0	0
Rayda Rıvera Board Member	2	х					0	0	0
Stephen Selby Board Member	2	Х					0	0	0
Neil Slenker Board Member	2	Х					0	0	0
Courtney Stoner Board Member	2	Х					0	0	0
Jerry Watson Board Member	2	Х					0	0	0
Scott Weaver Board Member	2	Х					0	0	0
Mark Wheeler Board Member	5	Х					0	0	0
William Yanavitch Board Member	2	Х					0	0	0
Robert Woods Secretary	45			х	Х		117,431	0	23,283
Elizabeth Loucks Director - Finance	40				Х		69,595	0	6,498

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493223001132

OMB No 1545-0047

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

**Political Campaign and Lobbying Activities** 

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of the	organi	ızatıon
UNITED	WAY O	F YORK	COUNTY

	me of the organization ITED WAY OF YORK COUNTY			Employeride	entification number
ON.	TIED HAT OF TORK COUNTY			23-135258	8
Par	t I-A Complete if the or	ganization is exempt under	section 501(		
1 2 3	Provide a description of the orgin opposition to candidates for Political expenditures Volunteer hours	ganization's direct and indirect politic public office in Part IV	cal campaign act	ivities on behalf of or	\$
Par	t I-B Complete if the or	ganization is exempt under	section 501(	c)(3).	
1		e tax incurred by the organization und			
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectioi	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c) except section 50	01(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing o exempt funtion activities	organization's funds contributed to ot	her organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			Yes No
5	Enter the names, addresses ar organization made payments f amount of political contribution separate segregated fund or a	s funds Also enter the ganızatıon, such as a			
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	contributions received

section 4911 tax for this year?

┌ Yes ┌ No

		. 49
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (	election
	under section 501(h)).	

4	Check	$\neg$	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)
В	Check	Г	if the filing organization checked box A and "limited control" provisions apply

	Check I if the filing organization checked bo.	x A and Timited Control provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
a	Total lobbying expenditures to influence public o	718		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	1,152	_
c	Total lobbying expenditures (add lines 1a and 1i	o)	1,870	
d	Other exempt purpose expenditures		7,378,668	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	7,380,538	
f	Lobbying nontaxable amount Enter the amount f	519,027		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 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		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	129,757	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0	

# 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 instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> Total				
2a	Lobbying non-taxable amount	0	509,564	522,322	519,027	1,550,913				
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,326,370				
c	Total lobbying expenditures	0	3,905	1,446	1,870	7,221				
_d	Grassroots non-taxable amount	0	127,391	130,581	129,757	387,729				
e 	Grassroots ceiling amount (150% of line 2d, column (e))					581,594				
f_	Grassroots lobbying expenditures	0	1,825		718					

_	edule C (Form 990 or 990-EZ) 2011				Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768 
		(	a)	(	b)
		Yes	No	Am	ount
1	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				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	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 expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493223001132

OMB No 1545-0047

## **SCHEDULE D**

(Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

Open to Public

петта	ar Revenue Service	orm 990. ► See separate instructions.		Tushec	uon
	me of the organization ITED WAY OF YORK COUNTY		Employer identificat	tion numbe	er
	O seed office Metaletic Bross A	diade de Otto Civila E	23-1352588	C1-	
Pe	ort I Organizations Maintaining Donor A organization answered "Yes" to Form 99		nas or Accounts	. Comple	te ir the
	organization answered Tes to Form 5	(a) Donor advised funds	(b) Funds and o	ther accou	ınts
1	Total number at end of year	1			0
2	Aggregate contributions to (during year)	0			0
3	Aggregate grants from (during year)	49,612			0
4	Aggregate value at end of year	1,192,425			0
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	risors in writing that the assets held in dono	radvised	<b>▽</b> Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bei conferring impermissible private benefit	nefit of the donor or donor advisor, or for any	y other purpose	✓ Yes	┌ No
Pa	rt II Conservation Easements. Complete	if the organization answered "Yes" to	Form 990, Part IV	<u>, lıne 7.</u>	
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a quaeasement on the last day of the tax year	cion or pleasure)	nistorically important ertified historic struct of a conservation	•	a
		_	Held at the	End of the	Year
а	Total number of conservation easements	_	2a		
Ь	·	<b>⊢</b>	2b		
C	Number of conservation easements on a certified his	storic structure included in (a)	2c		
d	Number of conservation easements included in (c) a	ecquired after 8/17/06	2d		
3	Number of conservation easements modified, transf the taxable year ▶	erred, released, extinguished, or terminated	l by the organization o	during	
4	Number of states where property subject to conserv	ation easement is located 🛌	_		
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		ing of violations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easeme	ents during the year 🕨	-	
7	A mount of expenses incurred in monitoring, inspect  \$\blue{5}\$	ing, and enforcing conservation easements	during the year		
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sect	ion	┌ Yes	┌ No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial s ments	statements that desc	rıbes	
Par	rt III Organizations Maintaining Collection		r Other Similar A	Assets.	
_	Complete if the organization answered	· · · · · · · · · · · · · · · · · · ·			
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or research	n in furtherance of pul		e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in			
	(i) Revenues included in Form 990, Part VIII, line	L	<b>►</b> \$		
	(ii) Assets included in Form 990, Part X		<b>►</b> \$		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		financial gain, provid	le the	

a Revenues included in Form 990, Part VIII, line 1

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

Part	Organizations Maintaining Co	llections of Ar	t, His	tori	<u>cal Tr</u>	easu	<u>res, or Ot</u>	<u>her S</u>	<u>Similar Asse</u>	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	ny of th	ne fol	lowing t	hat are	e a significar	nt use	of its collection	า	
а	Public exhibition		d	Γ	Loan c	rexch	nange progra	ms			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's c Part XIV	ollections and expla	ain hov	w the	y furthe	r the o	rganızatıon's	exem	npt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than									Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	<b>ements.</b> Compl	ete ıf	the	organı:	zation			" to Form 990	),	·
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interm	edıary	forc	ontribut	tions o	rotherasse	ts not		Yes	√ No
b	If "Yes," explain the arrangement in Part XI	√ and complete the	follow	ving t	able		Г		Amoı	ınt	
С	Beginning balance						<u></u>	lc l			
d	Additions during the year							ld			
e	Distributions during the year						-	le l			
f	Ending balance						<u> </u>	Lf .			
2a	Did the organization include an amount on F	orm 990 Part X lin	ne 212				<u> </u>			Yes	
	If "Yes," explain the arrangement in Part XIV	·	IC 21						,	103	, 110
	rt V Endowment Funds. Complete		n ans	wer	ed "Yes	s" to F	orm 990 I	Part I	V line 10		
I G	Endownent Funds. Complete	(a)Current Year		Prior \			o Years Back			e)Four Y	ears Back
1a	Beginning of year balance	1,700,636		1,	553,093		1,281,672		1,696,616		
ь	Contributions	25,000			0		0		50,000		
С	Investment earnings or losses	17,444			228,776		396,951		-432,488		
d	Grants or scholarships	0			0		0		0		
e	Other expenditures for facilities and programs	68,096			71,387		115,580		21,311		
f	Administrative expenses	9,875			9,846		9,950		11,145		
g	End of year balance	1,665,109		1,	700,636		1,553,093		1,281,672		
2	Provide the estimated percentage of the year	r end balance held	as		•						
а	Board designated or quasi-endowment 🕨	0 %									
ь	Permanent endowment ► 1 00 %										
С	Term endowment ► 0 %										
3a	Are there endowment funds not in the posse	ssion of the organiz	zation	that a	are held	and a	dmınıstered	for the	<b>:</b>		
	organization by	_								Yes	No
	(i) unrelated organizations								3a(i)	Yes	
	(ii) related organizations								3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organization	•							3b		
4	Describe in Part XIV the intended uses of th										
Par	t VI Land, Buildings, and Equipmo	ent. See Form 99	90, Pa	art X	, line 1	0.	1				
	Description of property				i) Cost or sis (inves		(b)Cost or ot basis (other		<b>c)</b> Accumulated depreciation	( <b>d)</b> B	ook value
1a	Land					0	26,	063			26,063
b	Buildings					0	413,	789	413,789		0
c	Leasehold improvements					0	375,	560	233,817		141,743
d I	Equipment					0	138,0	011	119,049		18,962
е	Other	<u> </u>				0		0	0		0
Tota	I. Add lines 1a-1e <i>(Column (d) should equal F</i> o	orm 990, Part X, colu	mn (B,	), line	10(c).)				. ►		186,768
									Schedule D (I	Form 9	90) 2011

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of end-of-year market value
(2)Closely-held equity interests		
(3)Other		
(A) Certificates of Deposit	178,577	
(B) Mutual Funds	3,311,608	
(C) Ben Int in Perpetual Trust Held by Third Party	472,684	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	3,962,869	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line :	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III		(b) Book value
(a) Descri	ption	(b) Book value
	45.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		<u> </u>
<b>Part X</b> Other Liabilities. See Form 990, Part > 1 (a) Description of Liability	(b) A mount	
	(b) Amount	
Federal Income Taxes		
	-	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,458,626
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,380,538
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	78,088
4	Net unrealized gains (losses) on investments	4	-119,32
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	-119,32
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-41,233
Par	<b>XII</b> Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	5,110,153
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines <b>2a</b> through <b>2d</b>	2e	948
3	Subtract line <b>2e</b> from line <b>1</b>	3	5,109,20
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	2,349,42
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,458,626
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per l	
1	Total expenses and losses per audited financial statements	1	5,151,386
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	165,110
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,986,276
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	]	
b	Other (Describe in Part XIV)	]	
C	Add lines <b>4a</b> and <b>4b</b>	4c	2,394,262
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	7,380,538
Pai	t XIV Supplemental Information		

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

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 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
SchD_P04_S00_L02b	Schedule D, Part IV, Line 2b	United Way of York County serves as the fiscal administrator for support services provided by the York County Treatment Courts
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Annual distributions from United Way of York County's endowment funds are added to the current year fundraising campaign in order to provide additional support for partner agency programs
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Donor Designations - \$2,394,262 less Rental Expenses - \$44,841
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Rental expenses included on Statement of Revenue line 6b
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Donor Designations

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493223001132

OMB No 1545-0047

2011

Open to Public

Inspection

**Employer identification number** 

#### SCHEDULE G (Form 990 or 990-EZ)

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

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

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Name of the organization

NITED WAT OF TORK COON	1 1			23-1352588	
Part I Fundraising Act	t <b>ivities.</b> Complet	te ıf the organıza	tion answered "Yes"	to Form 990, Part IV	, lıne 17.
Indicate whether the organ  Mail solicitations  Internet and e-mail so  Phone solicitations  In-person solicitations  In-person solicitations  or key employees listed in  If "Yes," list the ten highes to be compensated at leas	licitations s a written or oral agr Form 990, Part VII st paid individuals o	e f g eement with any ind I) or entity in conne r entities (fundraise	Solicitation of no Solicitation of go Special fundraisidal  dividual (including office ection with professional ers) pursuant to agreem	n-government grants vernment grants ng events ers, directors, trustees fundraising services? ents under which the fui	
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?  Yes No	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
otal	organization is regi	stered or licensed t	to solicit funds or has b	een notified it is exempt	from registration or

t II					
		(a) Event #1  90th Anniversary (event type)	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
1	Crease reasonts	, , , , ,		(total number)	82,400
2	Less Charitable				0
3	Gross income (line 1 minus line 2)	82,400	)		82,400
4	Cash prizes	(			0
5	Non-cash prizes				0
6	Rent/facility costs				0
7	Food and beverages	23,704	1	0	23,704
8	Entertainment	(		0	0
9	Other direct expenses .	22,735	5		22,735
10	Direct expense summary Add lin	es 4 through 9 ın columr	ı (d)		(46,439)
11	Net income summary Combine III	nes 3 and 10 ın column (	d)	🗲	35,961
: III			"Yes" to Form 990, Pa	rt IV, line 19, or repo	
		(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				
<b>3</b> N	Non-cash prizes				
<b>4</b> F	Rent/facility costs				
5	Other direct expenses				
6 \	√olunteer labor	Г Yes Г No	☐ Yes	┌ Yes	
7	Direct expense summary Add lines	s 2 through 5 ın column (	(d)		( )
8 1	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ► .</u>	
Is th	ne organization licensed to operate	gaming activities in eac	h of these states?		
 Were		icenses revoked, susper	nded or terminated during	the tax year?	
	1 2 3 4 5 6 7 8 9 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	more than \$15,000 on Form  1 Gross receipts 2 Less Charitable contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Non-cash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses . 10 Direct expense summary Add line. 11 Net income summary Combine line. 11 Gaming. Complete if the or \$15,000 on Form 990-EZ, line. 1 Gross revenue 2 Cash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines. 8 Net gaming income summary Community Community Enter the state(s) in which the organization licensed to operate.	more than \$15,000 on Form 990-EZ, line 6a. List  (a) Event #1  90th Anniversary (event type)  1 Gross receipts	more than \$15,000 on Form 990-EZ, line 6a. List events with gross record (a) Event #1    90th Anniversary (event type)   (event type)	more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,      (a) Event #1

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza		<u> </u>	
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			_ No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	<b>\$</b> \$			
	Description of services provided	<b>&gt;</b>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

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

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

OMB No 1545-0047

DLN: 93493223001132

Inspection

Employer identification number Name of the organization UNITED WAY OF YORK COUNTY 23-1352588 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . . . . 68

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	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	On an annual basis, United Way of York County parnter agencies submit program applications which are reviewed by trained volunteers in the areas of Education, Income, and Health. The applications include budget information for the program as well as measurable outcomes. Panel volunteers also meet with agency staff to discuss the programs. Every three years, partner agencies go through an Agency Review process where volunteers review audits and financial policies and procedures of the agencies. United Way of York County also allows donors to designate their contributions to qualified 501(c)(3) organizations. These contributions are specifically directed by the donor to be forwarded to other nonprofit organizations. This service is provided as a convenience to our donors. Because the designations are directed by the donors, we do not require the recipient organizations to provide us with information relative to the use and results of these contributions.

Software ID: 11000129
Software Version: v1.00

**EIN:** 23-1352588

Name: UNITED WAY OF YORK COUNTY

(a) Name and address of organization or government	I, Part II, 6 (b) EIN	Grants and Or (c) IRC Code section if applicable		(e) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Adams-Hanover Counseling Services Inc625 West Elm Street Hanover,PA 17331	23- 2007907	501(c)(3)	52,930	0		A mazing Kids Club, Transitions
American Red Cross Greater Hanover Chapter529 Carlisle Street Hanover,PA 17331	23- 1352014	501(c)(3)	118,323			Biomedical Services, Emergency Social Services, Family Center, Health & Safety Services
American Red Cross York-Adams Chapter 724 South George Street York,PA 17401	23- 1352022	501(c)(3)	204,693			Community Disaster Education, Emergency Services, Health & Safety Services
The Arc of York County497 Hill Street York,PA 17403	23- 2799907	501(c)(3)	53,723			Advocacy Services
Bell Socialization Services Inc160 South George Street York, PA 17401	23- 1896438	501(c)(3)	41,500			Bell Family Shelter, Bridge Housing- Children's Program
Big Brothers Big Sisters of York County Inc227 West Market Street York, PA 17401	23- 2580603	501(c)(3)	41,325			Community Based Mentoring Program, School Based Mentoring Program
Boy Scouts of America New Birth of Freedom CouncilOne Baden Powell Lane Mechanicsburg, PA 17050	23- 1365194	501(c)(3)	166,192			Traditional and Urban Scouting
Catholic Charities 253 East Market Street York, PA 17403	23- 1352059	501(c)(3)	48,200			Counseling
Child Care Consultants Inc13 West Market Street York, PA 17401	22- 2842846	501(c)(3)	51,030			Child Care Recruitment and Support Services
Childrens Aid Society The Lehman Center343 Lincoln Highway West New Oxford, PA 17350	23- 1429838	501(c)(3)	41,900			Crisis Respite Nursery
Community Progress Council Inc226 East College Avenue York, PA 17403	23- 1653135	501(c)(3)	53,865			Community Centers
Crispus Attucks Association Inc605 South Duke Street York,PA 17401	23- 1365320	501(c)(3)	191,110			Active Learning Center, Center for Employment and Training - General and Youth Employment Services, Early Learning Center, Rising STARS After School and Family Program, Rising STARS Summer Camp
Family First Health 116 South George Street Suite 349 York, PA 17401	23- 7118262	501(c)(3)	87,000			Healthcare Access Program, Nurse Family Partnership
ForSight Vision1380 Spahn Avenue York, PA 17403	23- 1365986	501(c)(3)	23,215			Independent Living Skills for Persons with Vision Loss
Girl Scouts in the Heart of Pennsylvania350 Hale Avenue Harrisburg, PA 17104	23- 1599657	501(c)(3)	111,360			Girl Scout Leadership Experience Defy the Odds Outreach Program, Girl Scout Leadership Experience
Hanover Area YMCA Association500 North George Street Hanover,PA 17331	23- 7172265	501(c)(3)	63,420			Program  Camp Hickory, Discovery Program, Early Learning Center
Leadership York39 East King Street York,PA 17401	23- 2139541	501(c)(3)	22,868			Future Leaders of York, Board Development
Lutheran Social Services of South Central PA1050 Pennsylvania Avenue York, PA 17404	23- 1476329	501(c)(3)	108,559			A DVA NCE, Center for the Deaf and Hard of Hearing, Circles Program, VITA
Mental Health America of York and Adams Counties36 South Queen Street York, PA 17403	23- 1576691	501(c)(3)	33,345			Compeer, Financial Management and Education
MidPenn Legal Services213A North Front Street Harrisburg, PA 17101	23- 7101191	501(c)(3)	27,405			Critical Help for Critical Moments

Form 990,Schedule	I, Part II, C	Grants and O	ther Assista	nce to Gove	rnments and	Organizatio	ns in the United S
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Hope Ministries 211 South Baltimore Street Dillsburg, PA 17019	23- 2223120	501(c)(3)	65,205				Children and Youth Program, Crisis Assistance
Penn Mar Human Services310 Old Freeland Road Freeland,MD 21053	52- 1590195	501(c)(3)	66,639				CSLA, Southern Community Services
Pressley Ridge141 East Market Street York,PA 17401	23- 1352133	501(c)(3)	129,600				O utpatient Tratment Program
The Salvation Army 50 East King Street York, PA 17401	23- 1352533	501(c)(3)	157,575				Community Center Youth Program, Family Emergency Services
UCP of South Central PA Inc788 Cherry Tree Court Hanover,PA 17331	23- 1878861	501(c)(3)	37,800				Child Development Group
Visiting Nurse Association of Hanover and Spring Grove440 North Madison Street Hanover,PA 17331	23- 2347658	501(c)(3)	38,200				Home Health Care
VNA Home Care540 South George Street York,PA 17401	23- 1352573	501(c)(3)	52,500				Skilled Home Care-Free and Subsidized
YMCA of York and York County90 North Newberry Street York,PA 17401	23- 1352600	501(c)(3)	207,370				Day Camp, Full Day Child Care, Membership, School Age Child Care, Youth Development, Latino Services
York County Literacy Council800 East King Street York,PA 17403	23- 2088132	501(c)(3)	58,259				Adult Reading, English as a Second Language
York Jewish Community Center 2000 Hollywood Drive York,PA 17403	23- 1355127	501(c)(3)	84,552				Child Care, Diversity Program, Financial Assistance for Membership
YWCA Hanover23 West Chestnut Street Hanover,PA 17331	23- 1352608	501(c)(3)	79,050				Child Care, Safe Home, School Age Child Care
YWCA York320 East Market Street York,PA 17403	23- 1360889	501(c)(3)	279,420				Community Education, Early Learning Center, Emergency Shelter, Quantum Opportunities, School Age Child Care, Temple Guard Drill Team, Victim Assistance Center Counseling Services, Services to Victims of Domestic Violence
Adams Hanover Counseling Services Inc625 West Elm Street Hanover, PA 17331	23- 2007907	501(c)(3)	13,802				Designations
American Red Cross Greater Hanover Chapter529 Carlisle Street Hanover, PA 17331	23- 1352014	501(c)(3)	19,671				Designations
American Red Cross York Adams Chapter 724 South George Street York, PA 17401	23- 1352022	501(c)(3)	147,666				Designations
The Arc of York County497 Hill Street York,PA 17403	23- 2799907	501(c)(3)	30,632				Designations
Bell Socialization Services160 South George Street York,PA 17401	23- 1896438	501(c)(3)	32,049				Designations
Big Brothers Big Sisters of York County Inc227 West Market Street York,PA 17401	23- 2580603	501(c)(3)	52,392				Designations
Boy Scouts of America New Birth of Freedom CouncilOne Baden Powell Lane Mechanicsburg, PA 17050	23- 1365194	501(c)(3)	82,500				Designations
Catholic Charities 253 East Market Street York,PA 17403	23- 1352059	501(c)(3)	80,025				Designations

Form 990,Schedul	e I, Part II,	Grants and C	ther Assista	nce to Gove	rnments and	Organization	s in the United S
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Child Care Consultants Inc13 West Market Street York,PA 17401	22- 2842846	501(c)(3)	10,520				Designations
Children's Aid Society The Lehman Center343 Lincoln Way West New Oxford, PA 17350	23- 1429838	501(c)(3)	36,671				Designations
Community Progress Council Inc226 East College Avenue York,PA 17403	23- 1653135	501(c)(3)	16,524				Designations
Crispus Attucks Association Inc605 South Duke Street York,PA 17401	23- 1365320	501(c)(3)	72,141				Designations
Family First Health 116 South George Street Suite 349 York, PA 17401	23- 7118262	501(c)(3)	14,444				Designations
ForSight Vision 1380 Spahn Avenue York,PA 17403	23- 1365986	501(c)(3)	29,264				Designations
Girl Scouts in the Heart of Pennsylvania350 Hale Avenue Harrisburg, PA 17104	23- 1599657	501(c)(3)	22,624				Designations
Leadership York39 East King Street York,PA 17401	23- 2139541	501(c)(3)	28,016				Designations
Lutheran Social Services of South Central PA1050 Pennsylvania Avenue York, PA 17404	23- 1476329	501(c)(3)	59,856				Designations
Mental Health America of York and Adams Counties36 South Queen Street York,PA 17403	23- 1576691	501(c)(3)	12,159				Designations
MidPenn Legal Services213A North Front Street Harrisburg, PA 17101	23- 7101191	501(c)(3)	8,882				Designations
New Hope Ministries 211 South Baltimore Street Dillsburg, PA 17019	23- 2223120	501(c)(3)	56,336				Designations
Penn Mar Human Services310 Old Freeland Road Freeland, MD 21053	52- 1590195	501(c)(3)	42,048				Designations
The Salvation Army 50 East King Street York,PA 17401	23- 1352533	501(c)(3)	109,932				Designations
UCP of South Central PA Inc788 Cherry Tree Court Hanover, PA 17331	23- 1878861	501(c)(3)	21,276				Designations
Visiting Nurse Association of Hanover and Spring Grove440 North Madison Street Hanover, PA 17331	23- 2347658	501(c)(3)	40,703				Designations
VNA Home Care 540 South George Street York,PA 17401	23- 1352573	501(c)(3)	37,749				Designations
Hanover Area YMCA Association 500 North George Street Hanover, PA 17331	23- 7172265	501(c)(3)	10,943				Designations
YMCA of York and York County90 North Newberry Street York,PA 17401	23- 1352600	501(c)(3)	45,452				Designations
York County Literacy Council 800 East King Street York,PA 17403	23- 2088132	501(c)(3)	43,426				Designations

Form 990,Schedu	le I, Part II	, Grants and	l Other Assi	stance to Go	vernments	and Organiz	ations in the United S
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
York Day Nursery Inc450 East Philadelphia Street York,PA 17403	23- 1649205	501(c)(3)	20,884				Designations
York Habitat for Humanity33 South Seward Street York,PA 17404	22- 2670895	501(c)(3)	28,170				Designations/Financial Education
York Jewish Community Center 2000 Hollywood Drive York, PA 17403	23- 1355127	501(c)(3)	40,559				Designations
YWCA Hanover23 West Chestnut Street Hanover, PA 17331	23- 1352608	501(c)(3)	10,041				Designations
YWCA York320 East Market Street York, PA 17403	23- 1360889	501(c)(3)	114,954				Designations
United Way of Adams CountyP O Box 3545 Gettysburg,PA 17325	23- 1663379	501(c)(3)	17,911				Designations
United Way of the Cape Fear Area 5919 Oleander Drive Suite 115 Wilmington, NC 28403	56- 0529949	501(c)(3)	10,000				Designations
United Way of Carlisle and Cumberland Counties 145 South Hanover Street Carlisle, PA 17013	23- 1552261	501(c)(3)	5,629				Designations
United Way of Central MarylandP O Box 1576 Baltimore, MD 21203	52- 0591543	501(c)(3)	23,361				Designations
United Way of Lancaster County 630 Janet Avenue Lancaster, PA 17601	23- 1352093	501(c)(3)	27,362				Designations
A merican Cancer Society York924 North Colonial Avenue York, PA 17403	25- 1798733	501(c)(3)	8,253				Designations
Children's Aid Society323 Lincoln Highway West New Oxford, PA 17350	23- 1429838	501(c)(3)	5,906				Designations
Children's Home of York77 Shoehouse Road York,PA 17406	23- 1352081	501(c)(3)	6,212				Designations
Cultural Alliance of York County14 West Market Street York,PA 17401	23- 2992925	501(c)(3)	9,789				Designations
First Presbyterian Church225 East Market Street York,PA 17403	23- 1355118	501(c)(3)	12,000				Designations
Guthrie Memorial Library44 Frederick Street Hanover, PA 17331	23- 6002870	501(c)(3)	9,000				Designations
Hanover Area Council of Churches 136 Carlisle Street Hanover, PA 17331	23- 2354101	501(c)(3)	5,216				Designations
Health Education Center515 South George Street York,PA 17401	23- 2588187	501(c)(3)	6,681				Designations
Healthy Community PharmacyP O Box 2767 York,PA 17405	20- 0519121	501(c)(3)	11,131				Designations
House of HopeP O Box 230 Jacobus, PA 17407	20- 5261277	501(c)(3)	10,496				Designations

Form 990,Schedule	I, Part II, (	Grants and O	ther Assista	nce to Gove	rnments and	Organization	s in the United S
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Family Services2000 Hollywood Drive York,PA 17403	23- 2613265	501(c)(3)	8,200				Designations
Junior A chievement of South Central PA 610 South George Street York, PA 17401	23- 1598129	501(c)(3)	5 ,8 5 2				Designations
Leg Up Farm4880 North Sherman Street Mt Wolf, PA 17347	23- 2931834	501(c)(3)	20,638				Designations
Living Word Community Church 2530 Cape Horn Road Red Lion, PA 17356	23- 2077459	501(c)(3)	12,520				Designations
Logos Academy250 West King Street York,PA 17401	31- 1520442	501(c)(3)	22,441				Designations
Memorial Hospital 325 South Belmont Street York,PA 17403	23- 1265004	501(c)(3)	5,200				Designations
Olivia's House830 South George Street York,PA 17403	23- 3100851	501(c)(3)	7,064				Designations
Otterbein United Methodist Church 131 Center Street Mt Wolf, PA 17347	23- 6277722	501(c)(3)	14,560				Designations
Planned Parenthood of Central PAP O Box 1469 York, PA 17405	23- 1580959	501(c)(3)	12,897				Designations
SPCA York County 3159 Susquehanna Trail North York,PA 17406	23- 1399588	501(c)(3)	37,101				Designations
Spring Grove Area Scholarship FundP O Box 66 Spring Grove, PA 17362	04- 2296967	501(c)(3)	5,639				Designations
St John Chrysostom Orthodox Church 2397 North Sherman Street York,PA 17406	25- 1697912	501(c)(3)	15,520				Designations
St Joseph Church 2935 Kingston Road York,PA 17402	23- 1494791	501(c)(3)	8,843				Designations
The Marist Brothers 4200 West 115th Street Chicago,IL 60655	13- 6078015	501(c)(3)	12,000				Designations
United Jewish Community of York 2000 Hollywood Drive York, PA 17403	23- 2139963	501(c)(3)	13,800				Designations
Wounded Warrior Project4899 Belfort Road Suite 300 Jacksonville, FL 32256	20- 2370934	501(c)(3)	16,722				Designations
York Cancer Patient Help Fund25 Monument Road Suite 194 York, PA 17403	23- 1352222	501(c)(3)	8,178				Designations
York Catholic High School601 East Springettsbury Avenue York,PA 17403	23- 1494791	501(c)(3)	5,436				Designations
York Health Foundation912 South George Street York,PA 17403	23- 3050192	501(c)(3)	41,426				Designations
York Rescue Mission P O Box 1968 York,PA 17405	23- 6444734	501(c)(3)	13,514				Designations

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
York Suburban Dollars for Scholars 1800 Hollywood Parkway York,PA 17403	04- 2296967	501(c)(3)	6,142				Designations
York Day Nursery Inc450 E Philadelphia St York,PA 17403	23- 1649205	501(c)(3)	137,025				Child Care

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493223001132

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE M** (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Internal Revenue Service Name of the organization UNITED WAY OF YORK COUNTY

**Employer identification number** 

					23-1352588			
Pa	rt I Types of Property							
		(a) Check If applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(c Method of d contributio	letermi	_	
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	6	39,923	FMV			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
<b>L4</b>	structures							
1 6	contribution—Other Real estate—Residential .							
	Real estate—Residential							
	Real estate—Commercial							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	Other ► () Other ► ( )							
	Other ► ()							
20 29	Number of Forms 8283 received	d by the ora	anization during the tay ve	ar for contributions				
29	for which the organization comp				29			0
	·		,				Yes	No
30a	During the year, did the organiza	atıon receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	rs from the	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gi	ft acceptan	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell r	non-cash	222	Yes	
Ŀ	If "Yes," describe in Part II					32a	162	
33 33	If the organization did not report	t revenues i	n column (c) for a type of n	roperty for which column (a)	) is checked			
,,,	describe in Part II	c revenues i	in columnity of for a cype of p	ropercy for willen column (a	, is checked,			

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SchM_P01_S00_L32b		United Way of York County has an agreement with Charity Direct in the event a car is donated There were no transactions with Charity Direct during the fiscal year ending March 31, 2012

Schedule M (Form 990) 2011

OMB No 1545-0047

**SCHEDULE 0** (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.

Open to Public Inspection

Name of the organization UNITED WAY OF YORK COUNTY **Employer identification number** 

23-1352588

ldentifier	Return Reference	Explanation
F990_P01_S00_L05	Form 990, Part I, Line 5	This line shows the number of employees as reported on forms W-2 for 2011 United Way of York County receved a grant from AmeriCorps which provided a stipend payment to individuals completing certain work requirments. The stipends were reported on form W-2 Because of this program, 86 W-2 forms were filed for the year 2011 Regular employees of United Way of York County included 17 full-time and 3 part-time employees during 2011
F990_P03_S00_L02	Form 990, Part III, Line 2	July 1, 2011, United Way of York County took over the York County Truancy Prevention Initiative which is a strategic effort to consistently respond to truancy among multiple partners, agencies and school districts in York County
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	Form 990 is distributed to United Way of York County's Finance and Audit Committee and the Board of Directors prior filing. Time is allowed for questions and comments
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	United Way of York County maintains information provided as conflicts of interest which are updated annually. If there is a conflict, the person abstains from any motion related to the conflict. This is documented in the minutes of each meeting.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Performance appraisals are conducted for all staff on an annual basis. The Executive Director completes the performance appraisals for management employees and reviews the forms completed by management for the staff reporting to them. Based on the performance appraisals, salary adjustments are recommended to the Personnel Committee by the Executive Director. The Personnel Committee receives information on the performance appraisals as well as salary ranges based on information received from United Way Worldwide for similar-sized. United Ways in the northeast region of the country. The Personnel Committee makes recommendations on the salary adjustments to the Executive Committee who approves the salary increases for all employees. The performance appraisal for the Executive Director is completed by the Executive Committee and Personnel Committee Chair. The Board of Directors approves the salary for the Executive Director.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	United Way of York County includes copies of the current Form 990, audited financial statements, code of ethics, and conflict of interest policy on its website - www unitedway-york org. The Form 990 is also available at www guidestar org.
F990_P09_S00_L25	Form 990, Part IX, Line 25	United Way of York County calculates its overhead ratio by adding Management and General and Fundraising Expenses from Form 990, Part IX, Line 25, Columns C & D and dividing them by Total Revenue on Form 990, Part VIII, Line 12, Column A Based on the information included for the fiscal year ending March 31, 2012, United Way of York County's current overhead rate is 11 2%
F990_P11_S00_L05	Form 990, Part XI, Line 5	Unrealized Loss on Investments