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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization  
UNITED WAY OF CARLISLE & CUMBERLAND CO

Doing Business As

Number and street (or P O box if mail is not delivered to street address)145 S HANOVER STREET

Room/suite

City or town, state or country, and ZIP + 4  
CARLISLE, PA 17013

F Name and address of principal officer  
DAVID METZ  
145 S HANOVER STREET  
CARLISLE, PA 17013

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number  
23-1552261

E Telephone number  
(717) 243-4805

G Gross receipts \$ 2,253,940

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CARLISLEUNITEDWAY.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1960

M State of legal domicile PA

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities OUR MISSION IS TO UNITE PEOPLE AND RESOURCES TO BUILD A STRONGER, HEALTHIER CARLISLE & CUMBERLAND COUNTY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	7
	6	Total number of volunteers (estimate if necessary)	6	592
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
Revenue	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-2,282
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,600,292	1,794,254
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d )	3,608	4,800
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	131,396	134,897
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,277	64,889
			1,771,573	1,998,840
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	1,211,719	1,386,993
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	303,992	340,096
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶107,997		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	247,348	218,955
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,763,059	1,946,044
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	8,514	52,796
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	4,344,863	4,223,600
	21	Total liabilities (Part X, line 26)	643,866	637,187
	22	Net assets or fund balances Subtract line 21 from line 20	3,700,997	3,586,413

Part II

Signature Block

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

Sign Here

Signature of officer

DAVID METZ PRESIDENT

Type or print name and title

2012-10-02

Date

Paid Preparer's Use Only

Preparer's signature

CHARLES R NEBEL JR

Firm's name (or yours if self-employed), address, and ZIP + 4

BOYER & RITTER CPAS  
141 WEST HIGH STREET  
CARLISLE, PA 17013

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)  
P00143823

EIN ▶ 23-1311005

Phone no ▶ (717) 249-3414

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

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

1 Briefly describe the organization’s mission

OUR MISSION IS TO UNITE PEOPLE AND RESOURCES TO BUILD A STRONGER, HEALTHIER CARLISLE & CUMBERLAND COUNTY

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

If “Yes,” describe these new services on Schedule O

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

If “Yes,” describe these changes on Schedule O

4 Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code )	(Expenses \$ 1,480,516	including grants of \$ 1,297,478	) (Revenue \$ 7,249 )
AS THE LEADER IN COORDINATING RESOURCES TO MEET THE HUMAN SERVICE NEEDS OF OUR COMMUNITY, THE UNITED WAY OF CARLISLE AND CUMBERLAND COUNTY WORKS WITH AN ARRAY OF COMMUNITY ORGANIZATIONS. TOGETHER, THEY ADDRESS LOCAL NEEDS AS THEY RELATE TO THE CRITICAL ISSUES OF EDUCATION, INCOME AND HEALTH. AN ANNUAL CAMPAIGN IS HELD TO RAISE MUCH NEEDED FUNDS TO PROVIDE THE IMPORTANT PROGRAMS THAT HELP MEET THE NEEDS OF OUR COMMUNITY. THE UNITED WAY RECEIVES PROGRAM APPLICATIONS FROM PARTNER AGENCIES WHICH ARE REVIEWED AND ASSESSED BY TRAINED COMMUNITY VOLUNTEERS TO ENSURE THAT THEY ADDRESS AND DEMONSTRATE POSITIVE, MEASURABLE RESULTS. FUNDING LEVELS ARE RECOMMENDED BY THE VOLUNTEERS AND APPROVED BY THE UNITED WAY OF CARLISLE AND CUMBERLAND COUNTY’S BOARD OF DIRECTORS. AS PART OF UNITED WAY OF CARLISLE AND CUMBERLAND COUNTY’S ANNUAL FUNDRAISING CAMPAIGN, DONORS ARE ALSO ABLE TO DESIGNATE THEIR CONTRIBUTION TO OTHER LOCAL QUALIFIED ORGANIZATIONS EXEMPT UNDER SECTION 501(C)(3).				

4b	(Code )	(Expenses \$ 159,632	including grants of \$ 77,591	) (Revenue \$ )
SUCCESS BY SIX-PROVIDES TRAINING AND MENTORING TO CHILD CARE PROVIDERS TO IMPROVE THE QUALITY OF CHILD CARE IN CARLISLE AND CUMBERLAND COUNTY. EXPENSES ALSO INCURRED TO EDUCATE AREA BUSINESSES, PARENTS, AND THE GENERAL PUBLIC ABOUT ISSUES IN EARLY LEARNING. ALSO, COSTS ASSOCIATED WITH SCHOOL READINESS AND THE COORDINATION OF EFFORTS BETWEEN PROVIDERS AND SCHOOL DISTRICTS.				
















4c	(Code )	(Expenses \$ 11,924	including grants of \$ 11,924	) (Revenue \$ )
IN 2005 THE UNITED WAY OF CARLISLE & CUMBERLAND COUNTY DECIDED TO PLACE MORE RESOURCES TOWARDS HELPING "WORKING POOR" FAMILIES/INDIVIDUALS ACCESS HEATING ASSISTANCE. A FAMILY MUST BE 150% OR BELOW THE POVERTY LEVEL TO RECEIVE THE GOVERNMENT ASSISTANCE CALLED LIHEAP (LOW INCOME HEAT ASSISTANCE PROGRAM). TO QUALIFY FOR OUR UNITED WAY PROGRAM A FAMILY CAN HAVE AN INCOME UP TO 200% OF THE POVERTY LEVEL, EXAMPLE: FAMILY OF THREE CAN EARN \$36,620. ALL INDIVIDUAL/FAMILIES EARNING 150% OR LESS OF THE POVERTY LEVEL ARE REQUESTED TO APPLY AND ACCESS LIHEAP FIRST. IF THEY ARE STILL IN NEED OF ASSISTANCE LATER IN THE SEASON WE MAY PROVIDE ADDITIONAL ASSISTANCE. LAST YEAR WE ASSISTED 33 FAMILIES IN THE GREATER CARLISLE AREA.				

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

4e	Total program service expenses	\$ 1,652,072		
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	4	No
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? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .	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? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
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? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .	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? <i>If "Yes," complete Schedule F, Part I.</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 ? <i>If "Yes," complete Schedule F, Part II and IV.</i> . . . . .	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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . . . .	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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . . . .	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	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	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 "Yes," complete Schedule L, Part III</i> . . . . .	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	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 "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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 "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			Yes	No
Check if Schedule O contains a response to any question in this Part V				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a13		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account 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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
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		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. 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.	13b		
c	Enter the aggregate amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
1a	25		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	25
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	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
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	Yes
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 . . . . .		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes
b	Describe in Schedule O 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? . . . . .		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
b	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	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
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. <input checked="" type="checkbox"/> BRENDA KAUFMAN 145 S HANOVER STREET CARLISLE, PA 17013 (717) 243-4805

Part VII

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN BITTINGER BOARD MEMBER	1 00	X						0	0	0
(2) THOMAS A BREAM BOARD MEMBER	1 00	X						0	0	0
(3) KEN BUERGER BOARD MEMBER	1 00	X						0	0	0
(4) MICHAEL J CROSS BOARD MEMBER	1 00	X						0	0	0
(5) KEVIN C CURTIS BOARD MEMBER	1 00	X						0	0	0
(6) JEFFREY R ERNST BOARD MEMBER	1 00	X						0	0	0
(7) BILL FINNERTY BOARD MEMBER	1 00	X						0	0	0
(8) JAMES D FLOWER ESQ BOARD MEMBER	1 00	X						0	0	0
(9) JUAN L GARCIA-TUNON BOARD MEMBER	1 00	X						0	0	0
(10) P MARK HARMON BOARD MEMBER	1 00	X						0	0	0
(11) GREG HALL TREASURER	2 00	X		X				0	0	0
(12) DEB KEYSER VICE PRESIDENT	1 00	X		X				0	0	0
(13) ANN HOFFER BOARD MEMBER	1 00	X						0	0	0
(14) MINDY LOFTUS SECRETARY	2 00	X						0	0	0
(15) TOM LONGENECKER BOARD MEMBER	1 00	X						0	0	0
(16) MIRA HEWLETT BOARD MEMBER	1 00	X						0	0	0
(17) MARK HEINTZLEMAN BOARD MEMBER	1 00	X						0	0	0



Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID METZ PRESIDENT	2 00	X		X				0	0	0
(19) SONYA KIVISTO ESQ BOARD MEMBER	1 00	X						0	0	0
(20) KEVIN LEE BOARD MEMBER	1 00	X						0	0	0
(21) CAROL LENNON BOARD MEMBER	1 00	X						0	0	0
(22) JAIME PITTMAN BOARD MEMBER	1 00	X						0	0	0
(23) PAT STRICKLER BOARD MEMBER	1 00	X						0	0	0
(24) DOTTIE WARNER BOARD MEMBER	1 00	X						0	0	0
(25) SHERRIE DAVIS PRESIDENT\CEO	40 00			X				68,694	0	15,455
(26) BRENDA KAUFMAN FINANCE DIRECTOR	26 00			X				23,678	0	1,896
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								92,372	0	17,351

2

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

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	45,109			
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	24,989			
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e	160,869			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,563,287			
	g	Noncash contributions included in lines 1a-1f \$ 4,114					
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue			Business Code				
	2a	SERVICE FEES-DONOR CHO	561000	4,800	4,800		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .			4,800		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		136,745			136,745
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties . . . . .					
	6a	(i) Real		(ii) Personal			
		10,965					
		0					
		10,965					
	d	Net rental income or (loss) . . . . .			10,965		10,965
	7a	(i) Securities		(ii) Other			
		226,091		8,167			
		228,606		7,500			
		-2,515		667			
	d	Net gain or (loss) . . . . .			-1,848		-1,848
	8a	Gross income from fundraising events (not including \$ 24,989 of contributions reported on line 1c) See Part IV, line 18 . . . . .			51,475		51,475
	a	70,469					
	b	18,994					
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .					
	a						
	b						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances . . . . .						
a							
b							
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS		900099	2,449	2,449		
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .			2,449			
12	Total revenue. See Instructions . . . . .			1,998,840	7,249	0	197,337

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)  
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,260,336	1,260,336		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	126,657	126,657		
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				
5	Compensation of current officers, directors, trustees, and key employees	109,723	35,940	62,853	10,930
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	169,060	109,423	39,423	20,214
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,314	6,271	1,875	1,168
9	Other employee benefits	28,644	15,605	9,841	3,198
10	Payroll taxes	23,355	12,102	8,580	2,673
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	11,925		11,925	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	8,974	4,702	3,156	1,116
13	Office expenses	41,548	30,712	8,263	2,573
14	Information technology	6,108	2,706	2,594	808
15	Royalties				
16	Occupancy	22,048	11,567	7,997	2,484
17	Travel	4,951	3,117	1,398	436
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	468	207	199	62
20	Interest	3,288		3,288	
21	Payments to affiliates	20,214	10,604	7,332	2,278
22	Depreciation, depletion, and amortization	22,560	11,835	8,183	2,542
23	Insurance	4,477	2,348	1,624	505
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	CAMPAIGN EXPENSES	54,691			54,691
b	MISCELLANEOUS	10,612	4,799	4,432	1,381
c	CONTRACT SERVICES	7,091	3,141	3,012	938
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,946,044	1,652,072	185,975	107,997
26	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 combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			200	1	200
	2	Savings and temporary cash investments . . . . .			611,844	2	644,755
	3	Pledges and grants receivable, net . . . . .			344,078	3	340,458
	4	Accounts receivable, net . . . . .			24,128	4	36,716
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			9,175	9	4,696
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	635,917			
	b	Less: accumulated depreciation . . . . .	10b	270,066	380,833	10c	365,851
	11	Investments—publicly traded securities . . . . .			1,804,409	11	1,761,091
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			1,170,196	15	1,069,833
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			4,344,863	16	4,223,600	
Liabilities	17	Accounts payable and accrued expenses . . . . .			90,601	17	39,635
	18	Grants payable . . . . .			483,324	18	536,505
	19	Deferred revenue . . . . .			125	19	150
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			69,816	23	60,897
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	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 D . . . . .				25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			643,866	26	637,187
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			619,124	27	562,243
	28	Temporarily restricted net assets . . . . .			107,268	28	193,246
	29	Permanently restricted net assets . . . . .			2,974,605	29	2,830,924
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			3,700,997	33	3,586,413
34	Total liabilities and net assets/fund balances . . . . .			4,344,863	34	4,223,600	

Part XI Reconciliation of Net Assets

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	1,998,840
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,946,044
3	Revenue less expenses Subtract line 2 from line 1	3	52,796
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,700,997
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-167,380
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,586,413

Part XII Financial Statements and Reporting

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

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

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.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization UNITED WAY OF CARLISLE & CUMBERLAND CO	Employer identification number  23-1552261
--	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in 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 organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,816,234	1,589,929	1,519,220	1,600,292	1,817,256	8,342,931
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,816,234	1,589,929	1,519,220	1,600,292	1,817,256	8,342,931
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						8,342,931

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,816,234	1,589,929	1,519,220	1,600,292	1,817,256	8,342,931
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	153,093	174,144	161,146	143,784	147,709	779,876
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						
11 Total support (Add lines 7 through 10)						9,122,807
12 Gross receipts from related activities, etc (See instructions )					12	49,040
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	91 450 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	91 190 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIIPart 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 in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
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 more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization			
b 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 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			



**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the 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

**Additional Data**

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

**Form 990, Special Condition Description:**

<b>Special Condition Description</b>
--------------------------------------

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
UNITED WAY OF CARLISLE & CUMBERLAND CO

Employer identification number  
23-1552261

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

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

(i) Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

1b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

2b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	1,804,409	1,585,370	1,449,544	1,852,356	
1b Contributions . . . . .	23,700	5,850	12,168	7,500	
1c Investment earnings or losses . . . . .	23,878	306,844	223,005	-310,755	
1d Grants or scholarships . . . . .					
1e Other expenditures for facilities and programs . . . . .	80,847	83,142	89,627	90,754	
1f Administrative expenses . . . . .	10,049	10,513	9,720	8,803	
1g End of year balance . . . . .	1,761,091	1,804,409	1,585,370	1,449,544	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

3a(i)

Yes

No

3a(ii)

No

b

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

3b

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	55,239			55,239
1b Buildings . . . . .	310,064		90,767	219,297
1c Leasehold improvements . . . . .	161,546		99,222	62,324
1d Equipment . . . . .	109,068		80,077	28,991
1e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				365,851



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,998,840
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,946,044
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	52,796
4	Net unrealized gains (losses) on investments	4	-167,380
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	-167,380
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-114,584

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	1,338,285
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-167,380
b	Donated services and use of facilities . . . . .	2b	13,892
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	3,753
e	Add lines 2a through 2d . . . . .	2e	-149,735
3	Subtract line 2e from line 1 . . . . .	3	1,488,020
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	510,820
c	Add lines 4a and 4b . . . . .	4c	510,820
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	1,998,840

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	1,452,869
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	13,892
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	3,753
e	Add lines 2a through 2d . . . . .	2e	17,645
3	Subtract line 2e from line 1 . . . . .	3	1,435,224
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	510,820
c	Add lines 4a and 4b . . . . .	4c	510,820
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	1,946,044

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INTENDED USE OF THE ENDOWMENT FUND IS TO PROVIDE AGENCY FUNDING TO DEFRAY THE ADMINISTRATIVE COST ASSOCIATED WITH THE OPERATIONS OF THE UNITED WAY AND ULTIMATELY TO PROVIDE FUNDS FOR DISTRIBUTION TO MEMBER AGENCIES IN ADDITION TO THOSE RAISED BY THE UNITED WAY'S ANNUAL CAMPAIGN
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE UNITED WAY QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THEREFORE, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN ESTABLISHED WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS TAX POSITION THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY INTEREST AND PENALTIES ASSOCIATED WITH UNRECOGNIZED TAX BENEFITS ARE CLASSIFIED AS ADDITIONAL INCOME TAXES IN THE STATEMENT OF OPERATIONS AS OF JUNE 30, 2012 AND 2011, THERE WERE NO MATERIAL AMOUNTS OF INTEREST AND PENALTIES CLASSIFIED AS ADDITIONAL INCOME TAXES IN THE FINANCIAL STATEMENTS
		PART XII, LINE 4B AND PART XIII, LINE 4B PRIOR YEAR DONOR CHOICE DESIGNATIONS RELEASED FROM RESTRICTIONS
		PART XII, LINE 2B AND PART XIII, LINE 2D SPECIAL EVENT EXPENSES

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
UNITED WAY OF CARLISLE & CUMBERLAND CO

Employer identification number  
23-1552261

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

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

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

☐ Yes ☐ No

b

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

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

3

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

Part II Fundraising Events.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events		
		<u>GALA</u> (event type)	<u>WLC PURSE AUCTION</u> (event type)	<u>3</u> (total number)	(Add col (a) through col (c))		
Revenue	1	Gross receipts . . . .	37,740	31,421	17,018	86,179	
	2	Less Charitable contributions . . . .	24,989			24,989	
	3	Gross income (line 1 minus line 2) . . . .	12,751	31,421	17,018	61,190	
Direct Expenses	4	Cash prizes . . . .					
	5	Non-cash prizes . . .					
	6	Rent/facility costs . .					
	7	Food and beverages . .					
	8	Entertainment . . . .					
	9	Other direct expenses .	11,098	5,896	2,000	18,994	
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					( 18,994 )
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶					42,196

Part III Gaming.

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

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

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

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

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

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

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

Part IV

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

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF CARLISLE & CUMBERLAND CO

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

2011

Open to Public  
Inspection

Employer identification number  
23-1552261

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

37

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

0

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SUMMER YOUTH PROGRAM SCHOLARSHIPS	45	24,252			
(2) HEATING COALITION ASSISTANCE	33	11,924			
(3) CHILD CARE SCHOLARSHIPS	34	76,763			

Part IV

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMELIA GIVIN LIBRARY114 N BALTIMORE AVENUE MT HOLLY SPRINGS, PA 17065	23-2027997	501(C)(3)	14,330				PROGRAM SPECIFIC SUPPORT - CHILDREN'S SERVICES
AMERICAN RED CROSS79 E POMFRET STREET CARLISLE, PA 17013	23-1352016	501(C)(3)	56,947				PROGRAM SPECIFIC SUPPORT - DISASTER SERVICES, SERVICE TO MILITARY FAMILIES, AND HEALTH & SAFETY SERVICES

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

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BIG BROTHERS BIG SISTERS1500 N 2ND STREET HARRISBURG, PA 17101	23-2260248	501(C)(3)	16,977				PROGRAM SPECIFIC SUPPORT - CORE PROGRAM
BOSLER MEMORIAL LIBRARY158 WEST HIGH STREET CARLISLE, PA 17013	23-1381007	501(C)(3)	9,699				PROGRAM SPECIFIC SUPPORT - CHILDREN'S PROGRAMMING

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BOY SCOUTS OF AMERICA NEW BIRTH PF FREEDOMONE BADEN POWELL LANE MECHANICSBURG, PA 17055	23-1365193	501(C)(3)	17,084				PROGRAM SPECIFIC SUPPORT - CORE PROGRAM
CARLISLE CARES45 SOUTH WEST STREET CARLISLE, PA 17013	26-3194660	501(C)(3)	20,306				PROGRAM SPECIFIC SUPPORT - EMERGENCY SHELTER

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CARLISLE EARLY EDUCATION CENTER100 E POMFRET STREET CARLISLE, PA 17013	23-1657371	501(C)(3)	107,296				PROGRAM SPECIFIC SUPPORT - CHILDCARE
CONTACT HELPLINEPO BOX 90035 HARRISBURG, PA 171090035	23-7083169	501(C)(3)	6,990				PROGRAM SPECIFIC SUPPORT - CONTACT HELPLINE

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DOMESTIC VIOLENCE SERVICESPO BOX 1039 CARLISLE, PA 17013	25-1629910	501(C)(3)	30,167				PROGRAM SPECIFIC SUPPORT - SHELTER PROGRAM
EMPLOYMENT SKILLS CENTER29 SOUTH HANOVER STREET CARLISLE, PA 17013	23-1995705	501(C)(3)	26,076				PROGRAM SPECIFIC SUPPORT - GED, ENGLISH AND LITERACY PROGRAMS



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FAMILY SUPPORT OF CENTRAL PA 3700 VARTAN WAY HARRISBURG, PA 171109441	23-2140849	501(C)(3)	21,362				PROGRAM SPECIFIC SUPPORT - GREATER CARLISLE AREA PROGRAMMING
GIRL SCOUTS IN THE HEART OF PA 350 HALE AVENUE HARRISBURG, PA 17104	24-0795960	501(C)(3)	17,468				PROGRAM SPECIFIC SUPPORT - CORE PROGRAM

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HOSPICE OF CENTRAL PA17 EAST HIGH STREET SUITE 102 CARLISLE, PA 17013	23-2106895	501(C)(3)	18,465				PROGRAM SPECIFIC SUPPORT - GRIEVING PROGRAM
MIDPENN LEGAL SERVICES401 EAST LOUTHER STREET CARLISLE, PA 17013	23-7101191	501(C)(3)	33,639				PROGRAM SPECIFIC SUPPORT - CONSUMER, FAMILY LAW, AND HOUSING & PUBLIC BENEFITS

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MARANATHA FINANCIAL COUNSELING17 EAST HIGH STREET CARLISLE, PA 17013	25-1694818	501(C)(3)	21,865				PROGRAM SPECIFIC SUPPORT - CORE PROGRAM
PRESSLY RIDGE PARENT WORKS INC331 BRIDGE STREET SUITE 200 NEW CUMBERLAND, PA 17070	25-0965460	501(C)(3)	7,734				PROGRAM SPECIFIC SUPPORT - CARLISLE PROGRAMMING

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PROJECT SHARE5 NORTH ORANGE STREET 4 CARLISLE, PA 17013	27- 0531231	501(C)(3)	71,693				PROGRAM SPECIFIC SUPPORT - CORE PROGRAM
SAFE HARBOUR 102 WEST HIGH STREET CARLISLE, PA 17013	23- 2405118	501(C)(3)	52,487				PROGRAM SPECIFIC SUPPORT - BRIDGE HOUSING

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SALVATION ARMY 20 EAST POMFRET STREET CARLISLE, PA 17013	13-5562351	501(C)(3)	71,873				PROGRAM SPECIFIC SUPPORT - MY BROTHER'S TABLE, SENIOR ACTION CENTER, STUART HOUSE, AND SUPPORTIVE SERVICES
SUMMER PROGRAM FOR YOUTH1 NORTH HANOVER STREET CARLISLE, PA 17013	25-1798756	501(C)(3)	16,686				PROGRAM SPECIFIC SUPPORT - CORE PROGRAM

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UNITED CEREBRAL PALSY 925 LINDA LANE CAMP HILL,PA 17011	23-1433882	501(C)(3)	26,073				PROGRAM SPECIFIC SUPPORT - ALERNATIVES CARLISLE AND FAMILY SERVICES
CARLISLE VICTORY CIRCLE 8 WEST HIGH STREET CARLISLE,PA 17013	25-1785326	501(C)(3)	7,766				PROGRAM SPECIFIC SUPPORT - CORE PROGRAM

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YWCA 301 G STREET CAMP HILL, PA 17013	23-1429866	501(C)(3)	75,555				PROGRAM SPECIFIC SUPPORT - COMMUNITY PRESCHOOL, YOUTH INTERVENTION, COUNSELING SERVICES, SOCIAL JUSTICE AND RAPE CRISIS PROGRAMS
THE ARC OF CUMBERLAND AND PERRY COUNTIES 71 ASHLAND AVENUE CARLISLE, PA 17013	23-1489737	501(C)(3)	56,875				PROGRAM SPECIFIC SUPPORT - ADVOCACY AND RESIDENTIAL PROGRAMS

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CARLISLE FAMILY YMCA311 SOUTH WEST STREET CAMP HILL, PA 17013	23-1386198	501(C)(3)	113,128				PROGRAM SPECIFIC SUPPORT - CHILDCARE CENTER, CAMPS, AND COMMUNITY YOUTH PROGRAMS
CARLISLE CHRISTIAN ACADEMY1412 HOLLY PIKE CARLISLE, PA 17015	20-5321174	501(C)(3)	20,475				PROGRAM SPECIFIC SUPPORT - CHILDCARE CENTER, CAMPS, AND COMMUNITY YOUTH PROGRAMS



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HABITAT FOR HUMANITY39 HEISERS LANE CARLISLE, PA 17013	25-1682630	501(C)(3)	15,524				PROGRAM SPECIFIC SUPPORT - ADVOCACY AND RESIDENTIAL PROGRAMS
NICHOLAS RYAN OVER FOUNDATIONPO BOX 402 CARLISLE, PA 17013	01-0727865	501(C)(3)	8,119				PROGRAM SPECIFIC SUPPORT

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CENTRAL PA CONSERVANCY401 E LOUTHER ST SUITE 308 CARLISLE,PA 17013	23-2191037	501(C)(3)	5,500				PROGRAM SPECIFIC SUPPORT
CUMBERLAND COUNTY HISTORICAL SOCIETY21 N PITT ST CARLISLE,PA 17013	23-1522656	501(C)(3)	6,395				PROGRAM SPECIFIC SUPPORT - HISTORICAL PRESERVATION

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GITTLEN CANCER RESEARCH FOUNDATION4331 S VICTORIA WAY HARRISBURG, PA 17112	23-2149559	501(C)(3)	5,000				PROGRAM SPECIFIC SUPPORT - CANCER RESEARCH
HARRISBURG SYMPHONY ORCHESTRA800 CORPORATE CIRCLE SUITE 101 HARRISBURG, PA 171109441	23-1355180	501(C)(3)	19,000				PROGRAM SPECIFIC SUPPORT - THE ARTS

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HELP A HERO11410 CARSON FIELD LANE CYPRESS, TX 77433	20- 5433598	501(C)(3)	20,000				PROGRAM SPECIFIC SUPPORT - US VETERANS
LEHIGH UNIVERSITY PO BOX 8285 PHILADELPHIA, PA 19178	24- 0795445	501(C)(3)	5,000				PROGRAM SPECIFIC SUPPORT - EDUCATION

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ST PATRICK'S CATHOLIC CHURCH140 E POMFRET ST CARLISLE, PA 17013	23-1353341	501(C)(3)	23,950				PROGRAM SPECIFIC SUPPORT - CHILDCARE CENTER, CAMPS, AND COMMUNITY YOUTH PROGRAMS
SAMARITAN FELLOWSHIPPO BOX 495 CARLISLE, PA 17013	23-2054289	501(C)(3)	6,742				PROGRAM SPECIFIC SUPPORT - ADVOCACY AND RESIDENTIAL PROGRAMS

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THE RASE PROJECT8 S HANOVER ST SUITE 207 CARLISLE,PA 17013	25-1861015	501(C)(3)	5,000				PROGRAM SPECIFIC SUPPORT - ADDICTIO WORKSHOPS * ADVOCACY * FAMILY PROGRAMS * EDUCATIONAL SEMINARS * SOCIAL EVENTS

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Name of the organization  
UNITED WAY OF CARLISLE & CUMBERLAND CO**Employer identification number**

23-1552261

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	ALL CONTRIBUTORS TO THE ANNUAL CAMPAIGN ARE MEMBERS FOR ONE YEAR FOLLOWING THE ANNUAL CAMPAIGN
	FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS ELECT THE BOARD
	FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE COMMITTEE REVIEWS THE 990 PRIOR TO FILING THE 990 IS MADE AVAILABLE TO ALL OTHER BOARD MEMBERS
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, THE OFFICERS, DIRECTORS, AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST BY FILLING OUT A FORM THE FORMS ARE THEN REVIEWED AND ANY CONFLICTS ARE ADDRESSED ON A CASE BY CASE BASIS
	FORM 990, PART VI, SECTION B, LINE 15	COMPARABILITY DATA IS USED TO DETERMINE APPROPRIATE COMPENSATION
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -167,380
	990, PART XII, LINE 2C	THE ORGANIZATION HAS A FINANCE COMMITTEE WHICH OVERSEES THE AUDIT AND TAX PREPARATION THIS COMMITTEE RECOMMENDS THE INDEPENDENT AUDITOR WITH APPROVAL BY THE BOARD