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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)

OMB No 1545-0047

2011

Open to Public Inspection

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

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 ADAMS COUNTY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 PO BOX 3545

City or town, state or country, and ZIP + 4
 GETTYSBURG, PA 17325

D Employer identification number
 23-1663379

E Telephone number
 (717) 334-5809

G Gross receipts \$ 497,710

F Name and address of principal officer
 KATHY NELSON
 PO BOX 3545
 GETTYSBURG, PA 17325

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 ▶

I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: WWW UWADAMS ORG

K Form of organization Corporation Trust Association Other ▶ **L Year of formation** 1947 **M State of legal domicile** PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities UWAC WORKS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES THROUGH PROGRAMS AND INITIATIVES THAT ENSURE OUR CHILDREN ENTER SCHOOL READY TO LEARN AND GRADUATE ON TIME, THAT EVERY FAMILY IS FINANCIALLY SECURE AND THAT EVERYONE HAS GOOD HEALTH		
	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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	520
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	395,656	427,632
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,029	8,358
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21	30
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,674	46,517
		441,380	482,537
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	92,747	97,801
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	236,319	239,455
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 46,927		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	159,240	139,934
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	488,306	477,190
19 Revenue less expenses Subtract line 18 from line 12	-46,926	5,347	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	238,170	277,795
	22 Net assets or fund balances Subtract line 21 from line 20	231,256	265,534
	6,914	12,261	

Part II Signature Block

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

Sign Here

Signature of officer: *****
 Date: 2013-05-10

KATHY NELSON EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: ERICA M THORNTON
 Date: 2013-05-13
 Check if self-employed:

Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: STURGILL & ASSOCIATES LLP
 139 BALTIMORE ST
 GETTYSBURG, PA 17325

EIN: _____
 Phone no: (717) 334-6728

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

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
 UWAC WORKS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES THROUGH PROGRAMS AND INITIATIVES THAT ENSURE OUR CHILDREN ENTER SCHOOL READY TO LEARN AND GRADUATE ON TIME, THAT EVERY FAMILY IS FINANCIALLY SECURE AND THAT EVERYONE HAS GOOD HEALTH

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 \$ 161,400 including grants of \$ 58,500) (Revenue \$)
 UWAC HELPS OTHERS AND MAKES A DIFFERENCE IN PEOPLE'S LIVES BY HELPING CHILDREN SUCCEED, STRENGTHENING AND SUPPORTING FAMILIES, PROMOTING INDEPENDENCE, IMPROVING HEALTH AND WELLNESS, AND PROVIDING A SAFETY NET FOR THE MOST VULNERABLE

4b (Code) (Expenses \$ 66,689 including grants of \$) (Revenue \$ 50,500)
 READY TO LEARN - A COUNTY WIDE INITIATIVE WHICH FOCUSES ON PROMOTING QUALITY EARLY EDUCATION AND CARE FOR CHILDREN, PROVIDING INFORMATION TO PARTENTS, EASING THE TRANSITION FROM EARLY CARE TO ELEMENTARY SCHOOL AND PROMOTING THE KEYSTONE STARS PROGRAM

4c (Code) (Expenses \$ 72,473 including grants of \$) (Revenue \$)
 VOLUNTEER CENTER - BRINGS PEOPLE AND RESOURCES TOGETHER TO FIND CREATIVE SOLUTIONS TO COMMUNITY NEEDS IT CONNECTS PEOPLE WITH VOLUNTEER SERVICE OPPORTUNITIES THROUGH FAMILY FRIENDLY EVENTS, INCLUDING THE MARTIN LUTHER KING SERVICE DAY, POSTAL FOOD DRIVE, GIVE IT UP FOR GOOD SALE AND HOLIDAY FAMILY OUTREACH THE VOLUNTEER CENTER MAINTAINS A COMPREHENSIVE DATABASE OF ON-GOING AND ONE-TIME INDIVIDUAL AND GROUP VOLUNTEER OPPORTUNITIES AVAILABLE IN ADAMS COUNTY

(Code) (Expenses \$ 69,810 including grants of \$ 39,301) (Revenue \$ 40,000)
 EMERGENCY ASSISTANCE - UWAC RECEIVES ADAMS COUNTY ACT 137 FUNDS TO PROVIDE EMERGENCY RENT/MORTGAGE OR UTILITY PAYMENTS TO FAMILIES WHO HAVE MET FINANCIAL CHALLENGES IN 2011-2012, THE ORGANIZATION RECEIVED 40,000 AND ASSISTED 140 FAMILIES A WOMAN'S PURSE IS THE WOMEN'S LEADERSHIP INITIATIVE OF UWAC, AND HELPS FOSTER YOUTHS, AGES 16 TO 21, TRANSITION FROM FOSTER CARE TO INDEPENDENCE MEMBERS MENTOR THE YOUTHS, CONNECT THEM TO COMMUNITY SYSTEMS AND BUSINESSES, AND RAISE AWARENESS AND FUNDS FOR THE ADAMS COUNTY CHILDREN AND YOUTH SERVICES'INDEPENDENT LIVING PROGRAM A WOMAN'S PURSE IS PART OF A NATIONAL WOMEN'S MOVEMENT AT MORE THAN 250 UNITED WAYS ACCROSS THE COUNTRY A WOMAN'S PURSE FOCUSES IT STRENGTHS AND INVESTMENTS ON A PARTNERSHIP WITH ADAMS COUNTY CHILDREN AND YOUTH SERVICES'INDEPENDENT LIVING PROGRAM THE INDEPENDENT LIVING PROGRAM IS THE COUNTY'S ONLY SAFETY NET FOR FOSTER YOUTHS TRANSITIONING TO SELF-SUFFICIENCY BY MAKING AN INVESTMENT TO BETTER PREPARE AND ADVISE THEM DURING THE EMANCIPATION PROCESS AND SUPPORT THEM DURING AND AFTER THEIR TRANSITION, FOSTER YOUTH CAN AQUIRE THE LIFE-LONG SKILLS AND CONNECTIONS THEY NEED TO SUCCEED MEMBER'S OF A WOMAN'S PURSE SERVE AS MENTORS TO THE FOSTER YOUTHS, HELP THEM SECURE NEEDED SERVICES, PROVIDE FINANCIAL ASSISTANCE FOR EDUCATION AND LIFE'S UNEXPECTED COSTS, AND SERVE AS A FORCE OF STABILITY IN THEIR LIVES THE WOMEN SHARE THEIR TIME, TALENTS, AND TREASURES TO HELP THEM WORK TOWARD INDEPENDENT LIVING THE CALLIE AWARDS CELEBRATION HONORS EXCEPTIONAL WOMEN IN ADAMS COUNTY THE HONOREES ARE BOTH ACCOMPLISHED AND INSPIRATIONAL, AND ARE RECOGNIZED IN THEIR FIELD OF ENDEAVOR, ARE WOMEN WHO HAVE SERVED THE COMMUNITY FOR A LIFETIME OR ARE AN OUTSTANDING HIGH SCHOOL OR COLLEGE STUDENT THE EVENT PROCEEDS FUND A 1,000 SCHOLARSHIP FOR THE EXCEPTIONAL YOUNG WOMAN PARTNER AGENCIES, UWA, UWWW, AND UWP

4d Other program services (Describe in Schedule O)
 (Expenses \$ 69,810 including grants of \$ 39,301) (Revenue \$ 40,000)

4e Total program service expenses \$ 370,372

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> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	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>		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? <i>If "Yes," complete Schedule C, Part II.</i>		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>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. 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	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? <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	Section 501(c)(3) organizations. 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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 1a through 14b regarding Form 1096, W-2G forms, employee reporting, foreign accounts, tax shelter transactions, and charitable trusts.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (13), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
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. [X] Own website [X] Another's website [X] 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. KATHY NELSON, 123 BUFORD AVE, 123 BUFORD AVE, GETTYSBURG, PA 17325, (717) 334-5809

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 ADAIR IP CHAIR	2 50	X						0	0	0
(2) BETH KANAGY BOARD MEMBER	2 00	X						0	0	0
(3) CINDY KEENEY CHAIR	2 50	X						0	0	0
(4) ANNE MARIE LOGUE TREASURER	2 50	X						0	0	0
(5) JANE GWYN BOARD MEMBER	2 00	X						0	0	0
(6) WILL LAVERY BOARD MEMBER	1 00	X						0	0	0
(7) RUTHMARY MCILHENNY SECRETARY	2 50	X						0	0	0
(8) DAVID CAMPBELL BOARD MEMBER	2 00	X						0	0	0
(9) KAMI NOEL BOARD MEMBER	1 00	X						0	0	0
(10) TERRY REDDEN BOARD MEMBER	1 00	X						0	0	0
(11) PATRICIA SCHINDEL VICE CHAIR	2 50	X						0	0	0
(12) DENISE SCHULTZ BOARD MEMBER	1 00	X						0	0	0
(13) DONNA WHITE BOARD MEMBER	1 00	X						0	0	0
(14) KATHY NELSON PRESIDENT &	54 00			X				64,900	0	0
(15) VICKIE CORBETT VICE PRESIDE	47 00			X				48,520	0	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					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	427,632				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f	427,632				
Program Service Revenue	2a	CALLIE AWARDS	6,340	6,340			
	b	ADMIN FEES	2,018	2,018			
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	8,358				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)	30			30	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a		(i) Real				
			2,400				
		b		(ii) Personal			
	c	Rental income or (loss)	2,400				
	d	Net rental income or (loss)	2,400			2,400	
	7a		(i) Securities				
			(ii) Other				
		b					
	c	Gain or (loss)					
	d	Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	a		49,379				
	b	Less direct expenses b	15,173				
c	Net income or (loss) from fundraising events	34,206					
9a		Gross income from gaming activities See Part IV, line 19					
	a		2,665				
	b	Less direct expenses b					
c	Net income or (loss) from gaming activities	2,665	2,665				
10a		Gross sales of inventory, less returns and allowances					
	a						
	b	Less cost of goods sold b					
c	Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code					
11a		MISCELLANEOUS REVENUE	7,246	7,246			
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	7,246				
12	Total revenue. See Instructions	482,537	18,269		2,430		

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	58,500	58,500		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	39,301	39,301		
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	113,420	95,711	9,417	8,292
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	71,623	46,029	20,643	4,951
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	38,245	29,295	6,213	2,737
10	Payroll taxes	16,167	12,384	2,626	1,157
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	10,895		10,895	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	6,570	1,203	255	5,112
12	Advertising and promotion				
13	Office expenses	1,652	1,265	269	118
14	Information technology				
15	Royalties				
16	Occupancy	10,507	8,048	1,707	752
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	9,179	7,031	1,491	657
21	Payments to affiliates	5,318	5,318		
22	Depreciation, depletion, and amortization	3,568	2,734	578	256
23	Insurance	3,222	2,468	523	231
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 AND COMMUNICATIO	20,343			20,343
b	ILP EXPENSES	12,353	12,353		
c	BAD DEBTS	10,938	10,938		
d	EQUIPMENT AND SUPPLIES	10,193	7,808	1,656	729
e					
f	All other expenses	35,196	29,986	3,618	1,592
25	Total functional expenses. Add lines 1 through 24f	477,190	370,372	59,891	46,927
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,837	1	2,151
	2 Savings and temporary cash investments	30,492	2	64,292
	3 Pledges and grants receivable, net	101,311	3	109,837
	4 Accounts receivable, net		4	
	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	5,142	9	5,694
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	172,258		
	b Less accumulated depreciation	78,660		
		97,045	10c	93,598
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	2,343	14	2,223
15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	238,170	16	277,795	
Liabilities	17 Accounts payable and accrued expenses	10,150	17	8,720
	18 Grants payable	63,280	18	103,476
	19 Deferred revenue		19	
	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	157,826	23	153,338
	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	231,256	26	265,534
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	2,634	27	243
	28 Temporarily restricted net assets	4,280	28	12,018
	29 Permanently restricted net assets		29	
	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	6,914	33	12,261	
34 Total liabilities and net assets/fund balances	238,170	34	277,795	

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	482,537
2	Total expenses (must equal Part IX, column (A), line 25)	2	477,190
3	Revenue less expenses Subtract line 2 from line 1	3	5,347
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,914
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	12,261

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 type="checkbox"/> Separate basis <input checked="" 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)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF ADAMS COUNTY INC

Employer identification number

23-1663379

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 See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 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.")	488,795	408,248	439,602	395,656	427,632	2,159,933
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	488,795	408,248	439,602	395,656	427,632	2,159,933
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						2,159,933

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	488,795	408,248	439,602	395,656	427,632	2,159,933
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,781	517	3	21	2,430	5,752
9 Net income from unrelated business activities, whether or not the business is regularly carried on	137					137
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)						2,165,822
12 Gross receipts from related activities, etc (See instructions)					12	252,608

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	99.730%
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99.400%

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 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 stop here <input type="checkbox"/>						

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 **stop here**. 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 **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF ADAMS COUNTY INC

Employer identification number 23-1663379

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), 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?

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)?

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

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

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

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

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	No

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		26,521		26,521
b Buildings		144,498	77,421	67,077
c Leasehold improvements				
d Equipment		1,239	1,239	
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				93,598

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	482,537
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	477,190
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,347
4	Net unrealized gains (losses) on investments	4	
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	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,347

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

1	Total revenue, gains, and other support per audited financial statements	1	497,710
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	15,173
e	Add lines 2a through 2d	2e	15,173
3	Subtract line 2e from line 1	3	482,537
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	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	482,537

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

1	Total expenses and losses per audited financial statements	1	492,363
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	15,173
e	Add lines 2a through 2d	2e	15,173
3	Subtract line 2e from line 1	3	477,190
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	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	477,190

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	SPECIAL EVENT EXPENSES 15,173 SPECIAL EVENT EXPENSES -15,173
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENT EXPENSES 15,173
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	SPECIAL EVENT EXPENSES 15,173

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF ADAMS COUNTY INC

Employer identification number 23-1663379

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... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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.

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

PA

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>PURSE EVENTS</u> (event type)	<u>MOVE OUT SALE</u> (event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	27,901	18,028		45,929
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	27,901	18,028		45,929
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,650	523		15,173
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(15,173)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				30,756	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Revenue	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) ▶				()
Direct Expenses	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
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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 2011 Open to Public Inspection

Name of the organization UNITED WAY OF ADAMS COUNTY INC

Employer identification number 23-1663379

Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance... 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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Contains 4 rows of data for various organizations in Gettysburg, PA.

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

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) EMERGENCY ASSISTANCE	140	39,301			

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
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	GRANT FUNDING IS REVIEWED BY THE COMMUNITY IMPACT AND EXECUTIVE COMMITTEES AND THEN RATIFIED BY THE BOARD OF DIRECTORS THE COMPETITIVE GRANT AND AUTHORIZATION REVIEW TAKES PLACE EVERY OTHER YEAR THE ORGANIZATION PROVIDES OVERSIGHT FOR ITS GRANTS IN THE OFF-YEAR THROUGH VOLUNTEERS WHO REVIEW ANNUAL PROGRAM REPORTS TO ENSURE GRANTEEES MEET THE ORGANIZATION'S GRANT GUIDELINES

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.**

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF ADAMS COUNTY INC

Employer identification number

23-1663379

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	UWAC WORKS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES THROUGH PROGRAMS AND INITIATIVES THAT ENSURE OUR CHILDREN ENTER SCHOOL READY TO LEARN AND GRADUATE ON TIME, THAT EVERY FAMILY IS FINANCIALLY SECURE AND THAT EVERYONE HAS GOOD HEALTH
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	EMERGENCY ASSISTANCE - UWAC RECEIVES ADAMS COUNTY ACT 137 FUNDS TO PROVIDE EMERGENCY RENT/MORTGAGE OR UTILITY PAYMENTS TO FAMILIES WHO HAVE MET FINANCIAL CHALLENGES IN 2011-2012, THE ORGANIZATION RECEIVED 40,000 AND ASSISTED 140 FAMILIES A WOMAN'S PURSE IS THE WOMEN'S LEADERSHIP INITIATIVE OF UWAC, AND HELPS FOSTER YOUTHS, AGES 16 TO 21, TRANSITION FROM FOSTER CARE TO INDEPENDENCE MEMBERS MENTOR THE YOUTHS, CONNECT THEM TO COMMUNITY SYSTEMS AND BUSINESSES, AND RAISE AWARENESS AND FUNDS FOR THE ADAMS COUNTY CHILDREN AND YOUTH SERVICES'INDEPENDENT LIVING PROGRAM A WOMAN'S PURSE IS PART OF A NATIONAL WOMEN'S MOVEMENT AT MORE THAN 250 UNITED WAYS ACCROSS THE COUNTRY A WOMAN'S PURSE FOCUSES IT STRENGTHS AND INVESTMENTS ON A PARTNERSHIP WITH ADAMS COUNTY CHILDREN AND YOUTH SERVICES'INDEPENDENT LIVING PROGRAM THE INDEPENDENT LIVING PROGRAM IS THE COUNTY'S ONLY SAFETY NET FOR FOSTER YOUTHS TRANSITIONING TO SELF-SUFFICIENCY BY MAKING AN INVESTMENT TO BETTER PREPARE AND ADVISE THEM DURING THE EMANCIPATION PROCESS AND SUPPORT THEM DURING AND AFTER THEIR TRANSITION, FOSTER YOUTH CAN AQUIRE THE LIFE-LONG SKILLS AND CONNECTIONS THEY NEED TO SUCCEED MEMBER'S OF A WOMAN'S PURSE SERVE AS MENTORS TO THE FOSTER YOUTHS, HELP THEM SECURE NEEDED SERVICES, PROVIDE FINANCIAL ASSISTANCE FOR EDUCATION AND LIFE'S UNEXPECTED COSTS, AND SERVE AS A FORCE OF STABILITY IN THEIR LIVES THE WOMEN SHARE THEIR TIME, TALENTS, AND TREASURES TO HELP THEM WORK TOWARD INDEPENDENT LIVING THE CALLIE AWARDS CELEBRATION HONORS EXCEPTIONAL WOMEN IN ADAMS COUNTY THE HONOREES ARE BOTH ACCOMPLISHED AND INSPIRATIONAL, AND ARE RECOGNIZED IN THEIR FIELD OF ENDEAVOR, ARE WOMEN WHO HAVE SERVED THE COMMUNITY FOR A LIFETIME OR ARE AN OUTSTANDING HIGH SCHOOL OR COLLEGE STUDENT THE EVENT PROCEEDS FUND A 1,000 SCHOLARSHIP FOR THE EXCEPTIONAL YOUNG WOMAN PARTNER AGENCIES, UWA, UWWW, AND UWP
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE FINANCE COMMITTEE REVIEWS THE COMPLETED DRAFT OF THE AUDIT AND THE 990 WITH THE EXECUTIVE THE COMPLETED AUDIT AND 990 ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS AND THE EXECUTIVE PRIOR TO ITS SUBMISSION TO THE IRS FOLLOWING SUBMISSION, THE DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE AND BY REQUEST
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ALL MEMBERS OF THE BOARD OF DIRECTORS AND OF THE STAFF ARE REQUIRED TO REVEAL ANY POTENTIAL CONFLICTS OF INTEREST AT THE BEGINNING OF EACH CALENDAR YEAR BY SUBMITTING THE ANNUAL BOARD/STAFF SERVICE CODE OF CONDUCT FORM THE COMPLETED FORMS ARE KEPT ON FILE WITH THE EXECUTIVE
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, WHICH SERVES AS THE PERSONNEL COMMITTEE, IN CONJUNCTION WITH THE FINANCE COMMITTEE, REVIEW AND APPROVE THE ANNUAL COMPENSATION OF THE EXECUTIVE BEFORE IT IS APPROVED BY THE FULL BOARD OF DIRECTORS THE COMPENSATION FOR THE EXECUTIVE IS THEN MADE AVAILABLE ON THE ORGANIZATION'S COMPLETED FORM 990
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE COMPENSATION FOR OTHER KEY EMPLOYEES IS DETERMINED BY THE EXECUTIVE WITHIN GUIDELINES MUTUALLY DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE GOVERNING DOCUMENTS AND CODES OF CONDUCT FORMS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FINANCIAL DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE AND BY REQUEST

Form **4562**

**Depreciation and Amortization
(Including Information on Listed Property)**

OMB No 1545-0172
2011
Attachment
Sequence No **179**

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return UNITED WAY OF ADAMS COUNTY INC	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 23-1663379
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Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	3,448

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	3,448
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

26 Property used more than 50% in a qualified business use

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use

		%			S/L -		
		%			S/L -		
		%			S/L -		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through 6. Rows include 30-33 (miles driven) and 34-36 (availability and use questions).

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with columns Yes/No. Rows 37-41: 37. Do you maintain a written policy statement that prohibits all personal use of vehicles... 38. Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting... 39. Do you treat all use of vehicles by employees as personal use? 40. Do you provide more than five vehicles to your employees... 41. Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

Table for Section VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2011 tax year (see instructions)

43 Amortization of costs that began before your 2011 tax year **43** 120

44 Total. Add amounts in column (f) See the instructions for where to report **44** 120

Additional Data

Software ID:
Software Version:
EIN: 23-1663379
Name: UNITED WAY OF ADAMS COUNTY INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 69,810 including grants of \$ 39,301) (Revenue \$ 40,000)

EMERGENCY ASSISTANCE - UWAC RECEIVES ADAMS COUNTY ACT 137 FUNDS TO PROVIDE EMERGENCY RENT/MORTGAGE OR UTILITY PAYMENTS TO FAMILIES WHO HAVE MET FINANCIAL CHALLENGES IN 2011-2012, THE ORGANIZATION RECEIVED 40,000 AND ASSISTED 140 FAMILIES A WOMAN'S PURSE IS THE WOMEN'S LEADERSHIP INITIATIVE OF UWAC, AND HELPS FOSTER YOUTHS, AGES 16 TO 21, TRANSITION FROM FOSTER CARE TO INDEPENDENCE MEMBERS MENTOR THE YOUTHS, CONNECT THEM TO COMMUNITY SYSTEMS AND BUSINESSES, AND RAISE AWARENESS AND FUNDS FOR THE ADAMS COUNTY CHILDREN AND YOUTH SERVICES'INDEPENDENT LIVING PROGRAM A WOMAN'S PURSE IS PART OF A NATIONAL WOMEN'S MOVEMENT AT MORE THAN 250 UNITED WAYS ACCROSS THE COUNTRY A WOMAN'S PURSE FOCUSES IT STRENGTHS AND INVESTMENTS ON A PARTNERSHIP WITH ADAMS COUNTY CHILDREN AND YOUTH SERVICES'INDEPENDENT LIVING PROGRAM THE INDEPENDENT LIVING PROGRAM IS THE COUNTY'S ONLY SAFETY NET FOR FOSTER YOUTHS TRANSITIONING TO SELF-SUFFICIENCY BY MAKING AN INVESTMENT TO BETTER PREPARE AND ADVISE THEM DURING THE EMANCIPATION PROCESS AND SUPPORT THEM DURING AND AFTER THEIR TRANSITION, FOSTER YOUTH CAN AQUIRE THE LIFE-LONG SKILLS AND CONNECTIONS THEY NEED TO SUCCEED MEMBER'S OF A WOMAN'S PURSE SERVE AS MENTORS TO THE FOSTER YOUTHS, HELP THEM SECURE NEEDED SERVICES, PROVIDE FINANCIAL ASSISTANCE FOR EDUCATION AND LIFE'S UNEXPECTED COSTS, AND SERVE AS A FORCE OF STABILITY IN THEIR LIVES THE WOMEN SHARE THEIR TIME, TALENTS, AND TREASURES TO HELP THEM WORK TOWARD INDEPENDENT LIVING THE CALLIE AWARDS CELEBRATION HONORS EXCEPTIONAL WOMEN IN ADAMS COUNTY THE HONOREES ARE BOTH ACCOMPLISHED AND INSPIRATIONAL, AND ARE RECOGNIZED IN THEIR FIELD OF ENDEAVOR, ARE WOMEN WHO HAVE SERVED THE COMMUNITY FOR A LIFETIME OR ARE AN OUTSTANDING HIGH SCHOOL OR COLLEGE STUDENT THE EVENT PROCEEDS FUND A 1,000 SCHOLARSHIP FOR THE EXCEPTIONAL YOUNG WOMAN PARTNER AGENCIES, UWA , UWWW, AND UWP