

Form **990**

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

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning April 01, 2004, and ending March 31, 2005

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
UNITED WAY OF YORK COUNTY
 Number and street (or P O box if mail is not delivered to street address) Room/suite
800 East King Street
 City or town, state or country, and ZIP + 4
York PA 17403

D Employer identification number
23 : 1352588
E Telephone number
(717) 843-0957
F Accounting method Cash Accrual
 Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations**
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No (If "No," attach a list See instructions)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ **www.unitedway-york.org**

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. **Some states require a complete return**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **7317351**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a		6615729	
	b Indirect public support	1b		312541	
	c Government contributions (grants)	1c		219855	
	d Total (add lines 1a through 1c) (cash \$ 7148125 noncash \$ 0)				1d 7148125
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				2 82097
	3 Membership dues and assessments				3 2859
	4 Interest on savings and temporary cash investments				4 32749
	5 Dividends and interest from securities				5 50503
	6a Gross rents	6a		0	
	b Less rental expenses	6b		0	
	c Net rental income or (loss) (subtract line 6b from line 6a)				6c 0
7 Other investment income (describe ▶)				7 0	
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	0	8a	0		
	0	8b	0		
	0	8c	0		
d Net gain or (loss) (combine line 8c, columns (A) and (B))				8d 0	
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 0 of contributions reported on line 1a)	9a		0	
	b Less direct expenses other than fundraising expenses	9b		0	
	c Net income or (loss) from special events (subtract line 9b from line 9a)				9c 0
10a Gross sales of inventory, less returns and allowances	10a		0		
	b Less cost of goods sold	10b		0	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c 0
11 Other revenue (from Part VII, line 103)				11 1018	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12 7317351	
Expenses	13 Program services (from line 44, column (B))				13 6238513
	14 Management and general (from line 44, column (C))				14 348993
	15 Fundraising (from line 44, column (D))				15 438926
	16 Payments to affiliates (attach schedule)				16 66209
	17 Total expenses (add lines 16 and 44, column (A))				17 7092641
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)				18 224710
	19 Net assets or fund balances at beginning of year (from line 73, column (A))				19 5546952
	20 Other changes in net assets or fund balances (attach explanation)				20 97377
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21 5869039

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>5342643</u> noncash \$ <u>0</u>)	5342643	5342643		
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0	0		
25	Compensation of officers, directors, etc	102458	53032	24026	25400
26	Other salaries and wages	731214	381606	169949	179659
27	Pension plan contributions	55985	28978	13128	13879
28	Other employee benefits	78969	40875	18518	19576
29	Payroll taxes	65900	34350	15336	16214
30	Professional fundraising fees	0	0	0	
31	Accounting fees	9000	0	9000	0
32	Legal fees	492	0	492	0
33	Supplies	15253	7895	3576	3782
34	Telephone	18564	9609	4353	4602
35	Postage and shipping	16968	8783	3979	4206
36	Occupancy	28287	14641	6634	7012
37	Equipment rental and maintenance	10749	5576	2503	2670
38	Printing and publications	0	0	0	0
39	Travel	16115	8341	3779	3995
40	Conferences, conventions, and meetings	22136	11457	5191	5488
41	Interest	114	0	114	0
42	Depreciation, depletion, etc (attach schedule)	48430	25068	11357	12005
43	Other expenses not covered above (itemize) a				
b	Attachment #1: PART II OTHER EXPENSES	463155	265659	57058	140438
c				
d				
e				
44	Total functional expenses (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</i>	7026432	6238513	348993	438926

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? **Attachment #2: PRIMARY EXEMPT PURPOSE**
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a Attachment #3: PROGRAM SERVICE ACCOMPLISHMENTS (Grants and allocations \$ _____)	
b (Grants and allocations \$ _____)	
c (Grants and allocations \$ _____)	
d (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	6238513

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	150	45	150
	46 Savings and temporary cash investments	1004670	46	1074124
	47a Accounts receivable	905		
	b Less allowance for doubtful accounts	0	126	47c 905
	48a Pledges receivable	4997602		
	b Less allowance for doubtful accounts	573817	4585205	48c 4423785
	49 Grants receivable	54297	49	21411
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51a Other notes and loans receivable (attach schedule)	0		
	b Less allowance for doubtful accounts	0	0	51c 0
	52 Inventories for sale or use	0	52	0
	53 Prepaid expenses and deferred charges	21566	53	17251
	54 Investments—securities (attach schedule)	2658520	54	3007372
	55a Investments—land, buildings, and equipment basis	0		
	b Less accumulated depreciation (attach schedule)	0	0	55c 0
56 Investments—other (attach schedule)	0	56	0	
57a Land, buildings, and equipment basis	918157			
b Less accumulated depreciation (attach schedule)	667884	275224	57c 250273	
58 Other assets (describe ► <u>Interest Receivable</u>)	7698	58	6057	
59 Total assets (add lines 45 through 58) (must equal line 74)	8607456	59	8801328	
Liabilities	60 Accounts payable and accrued expenses	2245912	60	2146867
	61 Grants payable	814592	61	785422
	62 Deferred revenue	0	62	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe ► _____)	0	65	0
66 Total liabilities (add lines 60 through 65)	3060504	66	2932289	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	2101408	67	2187617
	68 Temporarily restricted	2026752	68	2164847
	69 Permanently restricted	1418792	69	1516575
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	5546952	73	5869039	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	8607456	74	8801328	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		<input checked="" type="checkbox"/>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . If "Yes," attach a conformed copy of the changes	<input checked="" type="checkbox"/>	
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<input checked="" type="checkbox"/>
78b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		<input checked="" type="checkbox"/>
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . .		<input checked="" type="checkbox"/>
81a	b If "Yes," enter the name of the organization ► and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures See line 81 instructions . . . 81a 0		
81b	b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input checked="" type="checkbox"/>	
82b	b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) . . . 82b 142609		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . .	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85c	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
85d	c Dues, assessments, and similar amounts from members. 85c		
85e	d Section 162(e) lobbying and political expenditures. 85d		
85f	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. 85e		
85g	f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f		
85h	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g		
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h		
86a	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12. 86a		
86b	b Gross receipts, included on line 12, for public use of club facilities 86b		
87a	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a		
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 ► 0, section 4912 ► 0, section 4955 ► 0		
89b	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<input checked="" type="checkbox"/>
89c	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0		
89d	d Enter Amount of tax on line 89c, above, reimbursed by the organization ► 0		
90a	List the states with which a copy of this return is filed ► <u>Pennsylvania</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions) 90b 23		
91	The books are in care of ► <u>United Way of York County</u> Telephone no ► <u>(717) 843-0957</u> Located at ► <u>800 East King Street York, PA</u> ZIP + 4 ► <u>17403</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here. <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 92		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Directory Sales		0	3	11138	0
b Rental to Exempt Organizations		0	3	70959	0
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments		0	3	2859	0
95 Interest on savings and temporary cash investments		0	14	32749	0
96 Dividends and interest from securities		0	14	50503	0
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b Miscellaneous Income		0	3	1018	0
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		169226	0
105 Total (add line 104, columns (B), (D), and (E))					169226

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here

Signature of officer: **Robert J Woods, Secretary** Date: **Jul 29, 2005**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen. Inst. W): _____

EIN: _____ Phone no: () - _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization
UNITED WAY OF YORK COUNTY

Employer identification number
23 : 1352588

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Elizabeth Loucks 800 East King Street York PA 17403	Dir-Finance 37.5	53660	6862	0
Kenneth Runne 800 East King Street York PA 17403	Dir-Workplace Cam 37.5	55808	9476	0
Alan Vandersloot 800 East King Street York PA 17403	Dir-Labor Participat 37.5	50009	10010	0
Deborah Gogniat 800 East King Street York PA 17403	Dir-Major Gifts 37.5	52164	8995	0
Gail Nourse 800 East King Street York PA 17403	Dir-Focus on our Fut 37.5	57177	9993	456
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		✓
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	✓
b Lending of money or other extension of credit?	2b	✓
c Furnishing of goods, services, or facilities?	2c	✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e Transfer of any part of its income or assets?	2e	✓
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	✓
b Do you have a section 403(b) annuity plan for your employees?	3b	✓
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	✓
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	✓

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28).	6306903	7014890	7389577	6125813	26837183
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	0	0	0	0	0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	149440	138115	152781	181561	621897
19 Net income from unrelated business activities not included in line 18.	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	44469	32682	36861	313252	427264
23 Total of lines 15 through 22.	6500812	7185687	7579219	6620626	27886344
24 Line 23 minus line 17.	6500812	7185687	7579219	6620626	27886344
25 Enter 1% of line 23.	65008	71857	75792	66206	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. ▶					26a 557727
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 0
c Total support for section 509(a)(1) test. Enter line 24, column (e). ▶					26c 27886344
d Add Amounts from column (e) for lines 18 <u>621897</u> 19 <u>0</u> 22 <u>427264</u> 26b <u>0</u> ▶					26d 1049161
e Public support (line 26c minus line 26d total) ▶					26e 26837183
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 0.96 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year (2003) _____ (2002) _____ (2001) _____ (2000) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2003) _____ (2002) _____ (2001) _____ (2000) _____ c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c _____
d Add Line 27a total, <u>0</u> and line 27b total, <u>0</u> ▶					27d _____
e Public support (line 27c total minus line 27d total). ▶					27e _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e). ▶					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table—		
	If the amount on line 40 is— The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40	} 41	
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000. . . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000. \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41).	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		✓	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		✓	
c Media advertisements		✓	
d Mailings to members, legislators, or the public		✓	
e Publications, or published or broadcast statements		✓	
f Grants to other organizations for lobbying purposes		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		✓	
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Organization Name: UNITED WAY OF YORK COUNTY**EIN:** 23-1352588

Return: 990

OTHER EXPENSES

Statement: 1

Page 1 of 1

DESCRIPTION	OTHER EXPENSES	OTHER EXPENSES (PROGRAM)	OTHER EXPENSES (MANAGEMENT)	OTHER EXPENSES (FUNDRAISING)
DUES AND SUBSCRIPTIONS	6822	3531	1600	1691
CONSULTANT FEES	33511	30335	3176	0
ACCREDITATION AND TRAINING	50650	50650	0	0
CASH MANAGEMENT FEES	21466	11111	5034	5321
OTHER EXPENSES	5805	3064	1274	1467
RETENTION GRANT	75000	75000	0	0
CAMPAIGN AND COMMUNICATIONS	99351	19168	2997	77186
EMPLOYMENT COSTS	1505	779	353	373
BUILDING MAINTENANCE	27592	0	27592	0
INSURANCE	22098	7181	11478	3439
ADVERTISING	47204	0	0	47204
EDUCATION	12116	12116	0	0
QUALITY ENHANCEMENT	44879	44879	0	0
COMPUTER	15156	7845	3554	3757

Attention: This page was created using data from an Electronically-Filed return.

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

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PRIMARY EXEMPT PURPOSE

Statement: 2

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Fundraising, Community Impact, Volunteerism

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

Program Service Accomplishments

Statement: 3

Page 1 of 6

Grants: 3141688

Expenses: 3141688

Description:

Human Services Programs, General/Other: Provide funding to 82 programs of 39 member agencies in the areas of : Early Education and Advocacy for Youth; Family Support and Community Development; and Emergency, Basic Needs, and Self-Sufficiency Services

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

Statement: 3

Program Service Accomplishments

Page 2 of 6

Grants: 0

Expenses: 340242

Description:

Human Services Programs, General/Other: Sponsors early childhood education initiative working to enhance the quality of child care and prepare children to succeed in school.

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

Statement: 3

Program Service Accomplishments

Page 3 of 6

Grants: 2200955

Expenses: 2200955

Description:

Human Services Programs, General/Other: Distribution of donor designated pledges to qualified 501-c--3- organizations

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

Program Service Accomplishments

Statement: 3

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Grants: 0

Expenses: 110894

Description:

Information and Referral Programs: Provides county-wide free information and referral services 24 hours per day, 7 days per week.

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

Program Service Accomplishments

Statement: 3

Page 5 of 6

Grants: 0

Expenses: 310678

Description:

Human Services Programs, General/Other: Serves as a convener and partner in addressing community needs through development of community initiatives, participation on committees, and provision of financial resources.

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

Program Service Accomplishments

Statement: 3

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Grants: 0

Expenses: 134056

Description:

Human Services Programs, General/Other: Provides an information and referral service helping people of all ages find appropriate volunteer opportunities.

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

PART IV-A NON-INCLUDED REVENUE

Statement: 4

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DESCRIPTION

AMOUNT

Designated Pledges

2160982

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

PART IV-B NON-INCLUDED EXPENSES

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DESCRIPTION

AMOUNT

Designated Pledges

2160982

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Statement: 6
Page 1 of 7

Name	Patrick Ball	Hours/ week	5	Compensation	0	Contributions to Benefit Plans	0	Expense Account	0
Title:	Board Member								
Address:	800 East King Street York PA 17403								
Name	Mark Ottemiller	Hours/ week	2	Compensation	0	Contributions to Benefit Plans	0	Expense Account	0
Title:	Board Member								
Address:	800 East King Street York PA 17403								
Name	Joel Rodney	Hours/ week	2	Compensation	0	Contributions to Benefit Plans	0	Expense Account	0
Title:	Board Member								
Address:	800 East King Street York PA 17403								
Name	Richard Seim	Hours/ week	2	Compensation	0	Contributions to Benefit Plans	0	Expense Account	0
Title:	Board Member								
Address:	800 East King Street York PA 17403								
Name	Lulu Thomas	Hours/ week	2	Compensation	0	Contributions to Benefit Plans	0	Expense Account	0
Title:	Board Member								
Address:	800 East King Street York PA 17403								
Name	Dan Waltersdorff	Hours/ week	2	Compensation	0	Contributions to Benefit Plans	0	Expense Account	0
Title:	Board Member								
Address:	800 East King Street York PA 17403								

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Statement: 6

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Name Eugene Draganosky Title: Board Member Address: 800 East King Street York PA 17403	Hours/ week 2	Compensation 0	Contributions to Benefit Plans 0	Expense Account 0
Name John Bartman Title: Board Member Address: 800 East King Street York PA 17403	Hours/ week 2	Compensation 0	Contributions to Benefit Plans 0	Expense Account 0
Name Keith Wentz Title: Board Member Address: 800 East King Street York PA 17403	Hours/ week 2	Compensation 0	Contributions to Benefit Plans 0	Expense Account 0
Name Robert Woods Title: Exec Director/CEO Address: 800 East King Street York PA 17403	Hours/ week 50	Compensation 102458	Contributions to Benefit Plans 15385	Expense Account 0
Name Chad Clabaugh Title: Board Member Address: 800 East King Street York PA 17403	Hours/ week 2	Compensation 0	Contributions to Benefit Plans 0	Expense Account 0
Name Matthew Clemens Title: Board Member Address: 800 East King Street York PA 17403	Hours/ week 2	Compensation 0	Contributions to Benefit Plans 0	Expense Account 0

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Statement: 6

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Name Steve Feldmann
 Title: Board Member
 Address: 800 East King Street York PA 17403
 Hours/week 2
 Compensation 0
 Contributions to Benefit Plans 0
 Expense Account 0

Name Keith Gee
 Title: Board Member
 Address: 800 East King Street York PA 17403
 Hours/week 2
 Compensation 0
 Contributions to Benefit Plans 0
 Expense Account 0

Name Michael Gleim
 Title: Board Member
 Address: 800 East King Street York PA 17403
 Hours/week 2
 Compensation 0
 Contributions to Benefit Plans 0
 Expense Account 0

Name Charles Green
 Title: Board Member
 Address: 800 East King Street York PA 17403
 Hours/week 2
 Compensation 0
 Contributions to Benefit Plans 0
 Expense Account 0

Name Rachel Mckinney
 Title: Board Member
 Address: 800 East King Street York PA 17403
 Hours/week 2
 Compensation 0
 Contributions to Benefit Plans 0
 Expense Account 0

Name Belinda Sabaka
 Title: Board Member
 Address: 800 East King Street York PA 17403
 Hours/week 2
 Compensation 0
 Contributions to Benefit Plans 0
 Expense Account 0

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Statement: 6

Page 4 of 7

Name	Alan Turner	Hours/ week	2	Compensation	0	Contributions to Benefit Plans	0	Expense Account	0
Title:	Board Member								
Address:	800 East King Street York PA 17403								
Name	Brad Banachowicz	Hours/ week	2	Compensation	0	Contributions to Benefit Plans	0	Expense Account	0
Title:	Board Member								
Address:	800 East King Street York PA 17403								
Name	Carol Wagman	Hours/ week	2	Compensation	0	Contributions to Benefit Plans	0	Expense Account	0
Title:	Board Member								
Address:	800 East King Street York PA 17403								
Name	Elbert Hill	Hours/ week	2	Compensation	0	Contributions to Benefit Plans	0	Expense Account	0
Title:	Board Member								
Address:	800 East King Street York PA 17403								
Name	Jean Jameson	Hours/ week	2	Compensation	0	Contributions to Benefit Plans	0	Expense Account	0
Title:	Board Member								
Address:	800 East King Street York PA 17403								
Name	Michael Kochenour	Hours/ week	5	Compensation	0	Contributions to Benefit Plans	0	Expense Account	0
Title:	Chairman								
Address:	800 East King Street York PA 17403								

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Statement: 6

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Name	William Hartman Jr	Hours/ week	2	0	0	0
Title:	Board Member					
Address:	800 East King Street York PA 17403					
Name	Michael King	Hours/ week	2	0	0	0
Title:	Board Member					
Address:	800 East King Street York PA 17403					
Name	W Robert Berkebile	Hours/ week	5	0	0	0
Title:	Treasurer					
Address:	800 East King Street York PA 17403					
Name	Flavius Lilly	Hours/ week	2	0	0	0
Title:	Board Member					
Address:	800 East King Street York PA 17403					
Name	David Lovelace	Hours/ week	2	0	0	0
Title:	Board Member					
Address:	800 East King Street York PA 17403					
Name	Susan Parente	Hours/ week	2	0	0	0
Title:	Board Member					
Address:	800 East King Street York PA 17403					

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Statement: 6

Page 7 of 7

Name Michael Hady
 Title:
 Board Member
 Address:
 800 East King Street York PA 17403

Hours/ week 2
 Compensation 0
 Contributions to Benefit Plans 0
 Expense Account 0

Name Kittie Hake
 Title:
 Board Member
 Address:
 800 East King Street York PA 17403

Hours/ week 2
 Compensation 0
 Contributions to Benefit Plans 0
 Expense Account 0

Name Gregory Johnson
 Title:
 Board Member
 Address:
 800 East King Street York PA 17403

Hours/ week 2
 Compensation 0
 Contributions to Benefit Plans 0
 Expense Account 0

Name
 Title:
 Address:

Hours/ week
 Compensation
 Contributions to Benefit Plans
 Expense Account

Name
 Title:
 Address:

Hours/ week
 Compensation
 Contributions to Benefit Plans
 Expense Account

Name
 Title:
 Address:

Hours/ week
 Compensation
 Contributions to Benefit Plans
 Expense Account

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

Statement: 7

Cash Grants and Allocations Paid

Page 1 of 7

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	VNA of York County	71000	Member Agency	Strengthening Families

Address: 218 East Market Street York PA 17403

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	York County Blind Center	26833	Member Agency	Emergency and Basic Needs

Address: 1380 Spahn Avenue York PA 17403

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	York Day Nursery	135000	Member Agency	Nurturing Children and Youth

Address: 450 East Philadelphia Street York PA 17403

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	York Jewish Community Center	93000	Member Agency	Nurturing Children and Youth

Address: 2000 Hollywood Drive York PA 17402

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	YWCA Hanover	114600	Member Agency	Nurturing Children and Youth

Address: 23 West Chestnut Street Hanover PA 17331

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	United Cerebral Palsy	40684	Member Agency	Emergency and Basic Needs

Address: 788 Cherry Tree Court Hanover PA 17331

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

Statement: 7

Cash Grants and Allocations Paid

Page 2 of 7

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	York County Literacy Council	60100	Member Agency	Emergency and Basic Needs

Address: 800 East King Street York PA 17403

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	ACCESSYork Inc	51340	Member Agency	Strengthening Families

Address: P O Box 743 York PA 17405

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	AdamsHanover Counseling Srv	45990	Member Agency	Strengthening Families

Address: 625 West Elm Street Hanover PA 17331

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	The Arc of York County	58108	Member Agency	Emergency and Basic Needs

Address: 497 Hill Street York PA 17403

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	Bell Socialization Services	37900	Member Agency	Emergency and Basic Needs

Address: 160 South George Street York PA 17401

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	Big BrothersBig Sisters York Cty	39010	Member Agency	Nurturing Children and Youth

Address: 227 West Market Street York PA 17401

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

Statement: 7

Cash Grants and Allocations Paid

Page 3 of 7

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	Child Care Consultants	64492	Member Agency	Strengthening Families

Address: 13 West Market Street York PA 17401

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	Community Progress Council	43641	Member Agency	Emergency and Basic Needs

Address: 226 East College Avenue York PA 17403

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	Family Service Partners	170000	Member Agency	Strengthening Families

Address: 1 Marketway West York PA 17401

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	Leadership York	19000	Member Agency	Strengthening Families

Address: 605 South George Street Ste 100 York PA 17403

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	New Hope Ministries Inc	57000	Member Agency	Emergency and Basic Needs

Address: 211 South Baltimore Street Dillsburg PA 17019

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	Boy Scouts YorkAdams Area	158500	Member Agency	Nurturing Children and Youth

Address: 2139 White Street York PA 17404

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

Statement: 7

Cash Grants and Allocations Paid

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Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	American Red Cross York	249561	Member Agency	Emergency and Basic Needs

Address: 724 South George Street York PA 17403

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	Salvation Army	171640	Member Agency	Emergency and Basic Needs

Address: 50 East King Street York PA 17401

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	Hanover Area Family YMCA	76700	Member Agency	Nurturing Children and Youth

Address: 500 North George Street Hanover PA 17331

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	York Health Corporation	57500	Member Agency	Strengthening Families

Address: 132 South George Street York PA 17401

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	American Red Cross Hanover	122523	Member Agency	Emergency and Basic Needs

Address: 529 Carlisle Street Hanover PA 17331

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	Catholic Charities	52000	Member Agency	Strengthening Families

Address: 253 East Market Street York PA 17403

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

Statement: 7

Cash Grants and Allocations Paid

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Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	Mental Health Assoc of York Cty	55600	Member Agency	Strengthening Families

Address: 303 East Market Street York PA 17403

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	Holy Child Nursery	15000	Member Agency	Nurturing Children and Youth

Address: 1141 East Market Street York PA 17403

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	MidPenn Legal Services Inc	10000	Member Agency	Strengthening Families

Address: 256 East Market Street York PA 17403

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	PennMar Organization Inc	64574	Member Agency	Emergency and Basic Needs

Address: P O Box 97 Shrewsbury PA 17361

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	Girl Scouts Penn Laurel Concl	121000	Member Agency	Nurturing Children and Youth

Address: 1600 Mt Zion Road York PA 17402

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	The Lehman Center	43500	Member Agency	Strengthening Families

Address: 400 West Market Street York PA 17404

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

Statement: 7

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Cash Grants and Allocations Paid

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	Lutheran Social Services	87800	Member Agency	Emergency and Basic Needs

Address: 1050 Pennsylvania Avenue York PA 17404

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	Victim Assistance Center	35982	Member Agency	Strengthening Families

Address: P O Box 30 York PA 17405

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	VNA Hanover/Spring Grove	37000	Member Agency	Strengthening Families

Address: 440 North Madison Street Hanover PA 17331

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	YMCA of York and York County	184625	Member Agency	Nurturing Children and Youth

Address: 264 West Market Street York PA 17401

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	YWCA York	238085	Member Agency	Nurturing Children and Youth

Address: 320 East Market Street York PA 17403

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	Miscellaneous Grant Allocations	39973	Member and Non-member Agencies	Various Charitable Purposes

Address: 800 East King Street York PA 17403

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

Statement: 7

Cash Grants and Allocations Paid

Page 7 of 7

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
Designations		2160982	Member and Non-Mem Agencies	Member and Non-member Agencies

Address: Various York PA 17403

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	Crispus Attucks Association	160500	Member Agency	Nurturing Children and Youth

Address: 605 South Duke Street York PA 17403

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	South George Street Comm Ptr	20000	Member Agency	Strengthening Families

Address: 506 South George Street York PA 17403

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity
	York Spanish American Center	51900	Member Agency	Emergency and Basic Needs

Address: 200 East Princess Street York PA 17403

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity

Address:

Recipient Name	Recipient Business Name	Amount	Relationship	Class of Activity

Address:

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

CHANGES IN NET ASSETS

Statement: 8

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DESCRIPTION

AMOUNT

Unrealized Gain on Investments

97377

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

DEPRECIATION AND DEPLETION

Statement: 9

Page 1 of 1

DESCRIPTION	AMOUNT
Computer	14158
Automobile	4426
Bldg and Improv	29162
Furn and Equip	684

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

INVESTMENTS (SECURITIES)

Statement: 10

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INVESTMENT SECURITIES	BOOK VALUE	COST OR FMV
Mutual Funds	924819	F
Certificates of Deposit	964362	F
Beneficial Interest In Perpetual Trust	413815	F
Endowment - CDs and Mutual Funds	704376	F

Organization Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Return: 990

LAND SCHEDULE

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Category or Item	Cost or Other Basis	Accumulated Depreciation	Book Value	EOY Fair Market Value
Land	26063	0	26063	
Furniture and Equipment	28864	28864	0	
Computer Equipment	147117	105541	41576	
Automobile	13277	9036	4241	
Building	702836	524443	178393	

Organization Name: UNITED WAY OF YORK COUNTY

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Payments to Affiliates

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Business Name	Purpose	Amount
United Way of America	Dues	66209

Address: 701 North Fairfax Street Alexandria VA 22314

Business Name	Purpose	Amount
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Address:

Business Name	Purpose	Amount
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Address:

Business Name	Purpose	Amount
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Address:

Business Name	Purpose	Amount
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Address:

Business Name	Purpose	Amount
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Address:

Business Name	Purpose	Amount
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Address:

Business Name	Purpose	Amount
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Address:

Attention: This page was created using data from an Electronically-Filed return.

Organization Name: UNITED WAY OF YORK COUNTY

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Support Schedule – Other Income Schedule

Other Income Description	2003	2002	2001	2000	Total
Bequests	10718	4344	7069	279732	301863
Other Income	3580	1250	772	8145	13747
Processing Fees	30171	27088	29020	25375	111654