

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2005

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning 04-01-2005 and ending 03-31-2006

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

C Name of organization: UNITED WAY OF YORK COUNTY. % Robert J Woods. Number and street (or P O box if mail is not delivered to street address): 800 East King Street. Room/suite. 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 [x] 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).

G Web site: www.unitedway-york.org

J Organization type (check only one): [x] 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.

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? [] Yes [x] No. H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? [] Yes [] No. H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [x] No. I Group Exemption Number. M Check [] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 7,436,649

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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 the instructions)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) <input type="checkbox"/> (cash \$ <u>5,570,368</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22 5,570,368	5,570,368		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25	Compensation of officers, directors, etc	25 136,989	78,084	27,398	31,507
26	Other salaries and wages	26 727,495	413,927	145,635	167,933
27	Pension plan contributions	27 43,605	22,448	9,829	11,328
28	Other employee benefits	28 84,893	43,703	19,134	22,056
29	Payroll taxes	29 73,460	41,411	14,888	17,161
30	Professional fundraising fees	30 0	0	0	0
31	Accounting fees	31 11,850	2,350	9,500	0
32	Legal fees	32 1,159	0	1,159	0
33	Supplies	33 17,455	8,986	3,935	4,534
34	Telephone	34 19,142	9,854	4,315	4,973
35	Postage and shipping	35 20,668	10,640	4,658	5,370
36	Occupancy	36 31,850	16,396	7,179	8,275
37	Equipment rental and maintenance	37 10,501	5,405	2,368	2,728
38	Printing and publications	38 0	0	0	0
39	Travel	39 15,927	8,199	3,590	4,138
40	Conferences, conventions, and meetings	40 28,017	14,424	6,314	7,279
41	Interest	41 83	0	83	0
42	Depreciation, depletion, etc (attach schedule) <input type="checkbox"/>	42 47,015	24,204	10,597	12,214
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 7,312,972	6,518,677	336,256	458,039

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 the instructions.)

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.

What is the organization's primary exempt purpose? ► Fundraising, Community Impact, Volunteerism 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 See Additional Data Table _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	6,518,677

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)	
		Beginning of year		End of year	
Assets	45 Cash—non-interest-bearing	150	45	150	
	46 Savings and temporary cash investments	1,074,124	46	933,447	
	47a Accounts receivable	47a 311			
	b Less allowance for doubtful accounts	47b 0	905	47c 311	
	48a Pledges receivable	48a 4,897,906			
	b Less allowance for doubtful accounts	48b 618,409	4,423,785	48c 4,279,497	
	49 Grants receivable	21,411	49	48,039	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0	
	51a Other notes and loans receivable (attach schedule)	51a 0			
	b Less allowance for doubtful accounts	51b 0	0	51c 0	
	52 Inventories for sale or use	0	52	0	
	53 Prepaid expenses and deferred charges	17,251	53	16,823	
	54 Investments—securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,007,372	54 <input checked="" type="checkbox"/>	3,729,932
	55a Investments—land, buildings, and equipment basis	55a 0			
	b Less accumulated depreciation (attach schedule)	55b 0	0	55c 0	
	56 Investments—other (attach schedule)	0	56	0	
	57a Land, buildings, and equipment basis	57a 924,127			
	b Less accumulated depreciation (attach schedule)	57b 714,898	250,273	57c <input checked="" type="checkbox"/>	209,229
58 Other assets (describe <input type="checkbox"/> _____)	6,057	58 <input checked="" type="checkbox"/>	8,035		
59 Total assets (must equal line 74) Add lines 45 through 58	8,801,328	59	9,225,463		
Liabilities	60 Accounts payable and accrued expenses	2,146,867	60	2,283,906	
	61 Grants payable	785,422	61	814,943	
	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 <input type="checkbox"/> _____)	0	65	0	
66 Total liabilities Add lines 60 through 65	2,932,289	66	3,098,849		
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	2,187,617	67	2,294,576	
	68 Temporarily restricted	2,164,847	68	2,249,660	
	69 Permanently restricted	1,516,575	69	1,582,378	
	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)	5,869,039	73	6,126,614		
74 Total liabilities and net assets / fund balances Add lines 66 and 73	8,801,328	74	9,225,463		

Part VI Other Information (continued)

	Yes	No
--	-----	----

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?	82a	Yes	
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	151,033	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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 the prior year			
c	Dues assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
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		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a		
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	88		No
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____ 0, section 4912 <input type="checkbox"/> _____ 0, section 4955 <input type="checkbox"/> _____ 0			
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	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____ 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> _____ 0			
90a	List the states with which a copy of this return is filed <input type="checkbox"/> PA			
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b		22
91a	The books are in care of <input type="checkbox"/> United Way of York County Telephone no <input type="checkbox"/> (717) 843-0957 800 East King Street Located at <input type="checkbox"/> York, PA ZIP + 4 <input type="checkbox"/> 17403			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts	91b	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	91c		No
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 <input type="checkbox"/> _____	92		

Part VII Analysis of Income-Producing Activities (See 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	11,250	0
b Rental to Exempt Organizations		0	3	70,958	0
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments		0	3	2,364	0
95 Interest on savings and temporary cash investments		0	14	19,255	0
96 Dividends and interest from securities		0	14	128,192	0
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non 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 <u>Miscellaneous Income</u>		0	3	2,178	0
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		234,197	0
105 Total (add line 104, columns (B), (D), and (E))					234,197

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 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 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 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: _____ Date: 2006-07-27

Robert Woods Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

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

Check if self-employed

Preparer's SSN or PTIN (See Gen Inst W): _____

EIN: _____

Phone no: _____

SCHEDULE A (Form 990 or 990EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2005

Department of the Treasury Internal Revenue Service

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.")

Table with 5 columns: (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. Includes entries for Deborah Gogniat, Vicki Klinedinst, Elizabeth Loucks, and Alan Vandersloot.

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. Includes a total row for professional services.

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. Includes a total row for other services.

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, include 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 1 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	1	No
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 property?	2a	No
b	Lending of money or other extension of credit?	2b	No
c	Furnishing of goods, services, or facilities?	2c	No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	No
e	Transfer of any part of its income or assets?	2e	No
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	No
b	Do you have a section 403(b) annuity plan for your employees?	3b	Yes
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	No
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	Yes
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	No

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	<input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)								
6	<input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V)								
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)								
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)								
9	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)								
12	<input type="checkbox"/> 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	<input type="checkbox"/> 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3								
Provide the following information about the supported organizations (see page 5 of the instructions)									
<table border="1"> <thead> <tr> <th>(a) Name(s) of supported organization(s)</th> <th>(b) Line number from above</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		(a) Name(s) of supported organization(s)	(b) Line number from above						
(a) Name(s) of supported organization(s)	(b) Line number from above								
14	<input type="checkbox"/> 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	6,484,954	6,306,903	7,014,890	7,389,577	27,196,324
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	154,211	149,440	138,115	152,781	594,547
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	57,740	44,469	32,682	36,861	171,752
23 Total of lines 15 through 22	6,696,905	6,500,812	7,185,687	7,579,219	27,962,623
24 Line 23 minus line 17	6,696,905	6,500,812	7,185,687	7,579,219	27,962,623
25 Enter 1% of line 23	66,969	65,008	71,857	75,792	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 559,252
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 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 363,875
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 27,962,623
d Add Amounts from column (e) for lines 18 594,547 19 0 22 26b 363,875					26d 1,130,174
e Public support (line 26c minus line 26d total)					26e 26,832,449
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 95.96 %
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 (2004) (2003) (2002) (2001)					
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 (2004) (2003) (2002) (2001)					
c Add Amounts from column (e) for lines 15 16 17 20 21					27c
d Add Line 27a total and line 27b total					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 2001 through 2004, 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 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 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	41	
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) 2005	(b) 2004	(c) 2003	(d) 2002	(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		No	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		No	
c Media advertisements		No	
d Mailings to members, legislators, or the public		No	
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
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			

TY 2005 Cash Grants Paid Schedule

Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Software ID: 05000240

Software Version: v1.00

Class of Activity	Recipient's name	Address	Amount	Relationship
Strengthening Families	ACCESS York	P O Box 743 York, PA 17405	52,035	Member Agency
Emergency & Basic Needs	Bell Socialization Services	160 South George Street York, PA 17401	39,000	Member Agency
Nurturing Children & Youth	Crispus Attucks Association	605 South Duke Street York, PA 17401	164,500	Member Agency
Strengthening Families	Mental Health Association	303 East Market Street York, PA 17403	59,600	Member Agency
Strengthening Families	Victim Assistance Center	P O Box 30 York, PA 17405	41,782	Member Agency
Strengthening Families	VNA of York County	218 East Market Street York, PA 17403	71,000	Member Agency
Emergency & Basic Needs	York County Literacy Council	800 East King Street York, PA 17403	61,000	Member Agency
Nurturing Children & Youth	YWCA Hanover	23 West Chestnut Street Hanover, PA 17331	116,000	Member Agency

Class of Activity	Recipient's name	Address	Amount	Relationship
Emergency & Basic Needs	American Red Cross York	724 South George Street York, PA 17403	252,991	Member Agency
Emergency & Basic Needs	The Arc of York County	497 Hill Street York, PA 17403	61,594	Member Agency
Strengthening Families	Catholic Charities	253 East Market Street York, PA 17403	53,500	Member Agency
Emergency & Basic Needs	Community Progress Council	226 East College Avenue York, PA 17403	51,000	Member Agency
Nurturing Children & Youth	Girl ScoutsPenn Laurel Council	1600 Mt Zion Road York, PA 17402	126,160	Member Agency
Strengthening Families	Leadership York	605 S George St Ste 100 York, PA 17403	20,000	Member Agency
Emergency & Basic Needs	PennMar Organization Inc	P O Box 97 Shrewsbury, PA 17361	67,400	Member Agency
Nurturing Children & Youth	Big BrothersBig Sisters York Cty	227 West Market Street York, PA 17401	41,000	Member Agency

Class of Activity	Recipient's name	Address	Amount	Relationship
Strengthening Families	The Lehman Center	400 West Market Street York, PA 17404	45,000	Member Agency
Emergency & Basic Needs	Lutheran Social Services	1050 Pennsylvania Avenue York, PA 17404	92,000	Member Agency
Strengthening Families	South George Street Comm Prt	506 South George Street York, PA 17403	18,000	Member Agency
Emergency & Basic Needs	United Cerebral Palsy	788 Cherry Tree Court Hanover, PA 17331	42,584	Member Agency
Nurturing Children & Youth	Hanover Area Family YMCA	500 North George Street Hanover, PA 17331	86,700	Member Agency
Member & Non-Member Agencies	Designations	Various York, PA 17403	2,174,760	Member & Non-Mem Agencies
Various Charitable Purposes	Miscellaneous Grant Allocations	800 East King Street York, PA 17403	135,835	Member & Non-mem Agencies
Nurturing Children & Youth	Boy Scouts York Adams Area	2139 White Street York, PA 17404	166,199	Member Agency

Class of Activity	Recipient's name	Address	Amount	Relationship
Strengthening Families	Child Care Consultants	13 West Market Street York, PA 17401	64,492	Member Agency
Emergency & Basic Needs	Salvation Army	50 East King Street York, PA 17401	207,700	Member Agency
Emergency & Basic Needs	York Spanish American Center	200 East Princess Street York, PA 17403	53,750	Member Agency
Nurturing Children & Youth	YWCA of York	320 East Market Street York, PA 17403	240,085	Member Agency
Strengthening Families	Adams Hanover Counseling	625 West Elm Street Hanover, PA 17331	45,990	Member Agency
Strengthening Families	Family Service Partners	1 Marketway West York, PA 17401	176,000	Member Agency
Emergency & Basic Needs	New Hope Ministries	211 South Baltimore Street Dillsburg, PA 17019	59,825	Member Agency
Strengthening Families	Visiting Nurse Assn HanoverSG	440 North Madison Street Hanover, PA 17331	44,500	Member Agency

Class of Activity	Recipient's name	Address	Amount	Relationship
Strengthening Families	Family First Health	116 South George Street York, PA 17401	60,000	Member Agency
Emergency & Basic Needs	American Red Cross Hanover	529 Carlisle Street Hanover, PA 17331	124,113	Member Agency
Strengthening Families	MidPenn Legal Services	256 East Market Street York, PA 17403	10,000	Member Agency
Emergency & Basic Needs	ForSight Vision	1380 Spahn Avenue York, PA 17403	25,500	Member Agency
Nurturing Children & Youth	York Jewish Community Center	2000 Hollywood Drive York, PA 17402	94,000	Member Agency
Nurturing Children & Youth	YMCA of York & York County	264 West Market Street York, PA 17401	186,773	Member Agency
Nurturing Children & Youth	York Day Nursery	450 East Philadelphia Street York, PA 17403	138,000	Member Agency

TY 2005 Compensation Explanation

Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Software ID: 05000240

Software Version: v1.00

Person Name	Explanation
Robert Woods	Compensation and benefits for the fiscal year ending 3/31/06 include payment of accrued vacation in the amount of \$30,323 which was earned from 1992 - 2005

TY 2005 Depreciation and Depletion Schedule

Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Software ID: 05000240

Software Version: v1.00

Asset	Amount
Furn & Equip	684
Computer Equip	13,803
Automobile	4,240
Bldg & Improve	28,288

TY 2005 Investments - Securities Schedule

Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Software ID: 05000240

Software Version: v1.00

Description	Book Value	Cost/FMV
Ben Int in Perpetual Trust Held by 3rd Party	447,553	F
Mutual Funds	1,706,150	F
Bonds & Certificates of Deposit	1,576,229	F

TY 2005 Land etc. Schedule

Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Software ID: 05000240

Software Version: v1.00

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	26,063	0	26,063
Furniture & Equipment	28,864	27,904	960
Automobile	13,277	13,277	0
Building	702,836	552,730	150,106
Computer Equipment	153,087	120,987	32,100

TY 2005 Other Assets Schedule

Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Software ID: 05000240

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Interest Receivable	6,057	8,035

TY 2005 Other Changes in Net Assets Schedule

Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Software ID: 05000240

Software Version: v1.00

Description	Amount
Unrealized Gain on Investments	200,992

**TY 2005 Other Expenses
Not Included Schedule**

Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Software ID: 05000240

Software Version: v1.00

Description	Amount
Donor Designations	2,174,760

**TY 2005 Other Revenues
Not Included Schedule**

Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Software ID: 05000240

Software Version: v1.00

Description	Amount
Donor Designations	2,174,760

TY 2005 Payments to Affiliates Schedule

Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Software ID: 05000240

Software Version: v1.00

Name	Address	Amount	Purpose
United Way of America	701 North Fairfax Street Alexandria, VA 22314	67,094	Dues

TY 2005 Other Income Schedule

Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Software ID: 05000240

Software Version: v1.00

Description	2003	2002	2001	2000	Total
Processing Fees	40,036	30,171	27,088	29,020	126,315
Bequests	5,048	10,718	4,344	7,069	27,179
Other Income	12,656	3,580	1,250	772	18,258

990 Online Filers: Please fax completed and signed form to 866-699-3916

Form 8453-EO Department of the Treasury Internal Revenue Service	Exempt Organization Declaration and Signature for Electronic Filing	OMB No 1545-1879
	For calendar year 2006, or tax year beginning 4/1/2005 and ending 3/31/2006 For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 ▶ See instructions on back.	2005

Name of exempt organization UNITED WAY OF YORK COUNTY	Employer identification number 23 1352588
---	---

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b whichever is applicable, blank (i.e. do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	\$7,436,649
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

- 6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(s).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2005 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here		<u>8/1/06</u>	Robert Woods, Executive Director
	Signature of officer	Date	Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN Phone no. ()

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code			EIN Phone no. ()

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Michael King 800 East King Street York, PA 17403	Board Member 2	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Steve Feldmann 800 East King Street York, PA 17403	Board Member 2	0	0	0
Joel Rodney 800 East King Street York, PA 17403	Board Member 2	0	0	0
Dan Waltersdorff 800 East King Street York, PA 17403	Board Member 2	0	0	0
Eugene Draganosky 800 East King Street York, PA 17403	Board Member 2	0	0	0
Earl Grove 800 East King Street York, PA 17403	Board Member 2	0	0	0
Michael Euculano 800 East King Street York, PA 17403	Board Member 2	0	0	0
Aaron Willford 800 East King Street York, PA 17403	Board Member 2	0	0	0
Patrick Ball 800 East King Street York, PA 17403	Board Member 5	0	0	0
Mark Ottemiller 800 East King Street York, PA 17403	Board Member 2	0	0	0
Keith Gee 800 East King Street York, PA 17403	Board Member 2	0	0	0


Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
John Lind 800 East King Street York, PA 17403	Board Member 2	0	0	0
C Matthew Smith 800 East King Street York, PA 17403	Board Member 2	0	0	0
Bruce Williams 800 East King Street York, PA 17403	Board Member 2	0	0	0
Michael Thew 800 East King Street York, PA 17403	Board Member 2	0	0	0
Michael Kochenour 800 East King Street York, PA 17403	Chairman 5	0	0	0
Rachel McKinney 800 East King Street York, PA 17403	Board Member 2	0	0	0
Brad Banachowicz 800 East King Street York, PA 17403	Board Member 2	0	0	0
Carol Wagman 800 East King Street York, PA 17403	Board Member 2	0	0	0
Elbert Hill 800 East King Street York, PA 17403	Board Member 2	0	0	0
Chad Clabaugh 800 East King Street York, PA 17403	Board Member 2	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
David Freeman 800 East King Street York, PA 17403	Board Member 2	0	0	0
W Robert Berkebile 800 East King Street York, PA 17403	Treasurer 5	0	0	0
Susan Parente 800 East King Street York, PA 17403	Board Member 2	0	0	0
Richard Seim 800 East King Street York, PA 17403	Board Member 2	0	0	0
Nancy StoughMiller 800 East King Street York, PA 17403	Board Member 2	0	0	0
Sandra Brown 800 East King Street York, PA 17403	Board Member 2	0	0	0
Richard Boyd 800 East King Street York, PA 17403	Board Member 2	0	0	0
Charles Green 800 East King Street York, PA 17403	Board Member 2	0	0	0
Kittie Hake 800 East King Street York, PA 17403	Board Member 2	0	0	0
Thomas Clippinger 800 East King Street York, PA 17403	Board Member 2	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Belinda Sabaka 800 East King Street York, PA 17403	Board Member 2	0	0	0
Robert Woods  800 East King Street York, PA 17403	Exec Director/CEO 50	136,989	21,510	0
Joseph Barlek 800 East King Street York, PA 17403	Board Member 2	0	0	0
Michael O'Rourke 800 East King Street York, PA 17403	Board Member 2	0	0	0
William Hartman 800 East King Street York, PA 17403	Board Member 2	0	0	0
David Lovelace 800 East King Street York, PA 17403	Board Member 2	0	0	0
Keith Wentz 800 East King Street York, PA 17403	Board Member 2	0	0	0
Michael Gleim 800 East King Street York, PA 17403	Board Member 2	0	0	0
Michael Hady 800 East King Street York, PA 17403	Board Member 2	0	0	0
Matthew Clemens 800 East King Street York, PA 17403	Board Member 2	0	0	0

Form 990, Part III - Program Service Accomplishments:

<p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a Human Services Programs, GeneralOther Provide funding to 82 programs of 39 member agencies in the areas of Early Education & Advocacy for Youth, Family Support & Community Development, and Emergency, Basic Needs, and Self-Sufficiency Services</p> <p>(Grants and allocations \$ 3,259,773) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>3,259,773</p>
<p>b Information & Referral Programs Provides county-wide free information and referral services 24 hours per day, 7 days per week</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>109,662</p>
<p>c Human Services Programs, GeneralOther Serves as a convener and partner in addressing community needs through development of community initiatives, participation on committees, and provision of financial resources</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>319,698</p>
<p>d Human Services Programs, GeneralOther Provides an information and referral service helping people of all ages find appropriate volunteer opportunities</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>254,037</p>
<p>e Human Services Programs, GeneralOther Sponsors early childhood education initiative working to enhance the quality of child care and prepare children to succeed in school</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>264,912</p>
<p>f Human Services Programs, GeneralOther Distribution of donor designated pledges to qualified 501(c)(3) organizations</p> <p>(Grants and allocations \$ 2,310,595) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>2,310,595</p>

Additional Data**Software ID:** 05000240**Software Version:** v1.00**EIN:** 23-1352588**Name:** UNITED WAY OF YORK COUNTY**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Consultant Fees	43a	37,451	34,578	2,873	0
b Advertising	43b	54,146	0	0	54,146
c Campaign and Communications	43c	99,992	19,334	2,610	78,048
d Education	43d	6,249	6,249	0	0
e Quality Enhancement	43e	44,423	44,423	0	0
f Retention Grant	43f	75,651	75,651	0	0
g Other Expenses	43g	7,508	3,908	1,628	1,972
h Accreditation and Training	43h	15,829	15,829	0	0
i Computer	43i	24,972	12,855	5,629	6,488
j Insurance	43j	24,416	8,274	11,967	4,175
k Building Maintenance	43k	29,068	0	29,068	0
l Cash Management Fees	43l	26,956	13,877	6,076	7,003
m Employment Costs	43m	2,228	1,147	502	579
n Dues and Subscriptions	43n	23,606	12,153	5,321	6,132