

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)

2006

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 2006 calendar year, or tax year beginning 04-01-2006 and ending 03-31-2007

- 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; 800 East King Street; York, PA 17403

D Employer identification number: 23-1352588; E Telephone number: (717) 843-0957; F Accounting method: Accrual

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?; H(b) If "Yes" enter number of affiliates; H(c) Are all affiliates included?; H(d) Is this a separate return filed by an organization covered by a group ruling?; I Group Exemption Number; M Check if the organization is not required to attach Sch B

G Web site: www.unitedway-york.org

J Organization type (check only one): 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 7,586,082

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 7,586,082; Expenses total: 7,540,155; Net Assets total: 6,330,856.

Part III 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.)

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
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22b Other grants and allocations (attach schedule) (cash \$ 5,703,961 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 5,703,961	5,703,961		
23 Specific assistance to individuals (attach schedule)	23 0	0		
24 Benefits paid to or for members (attach schedule)	24 0	0		
25a Compensation of current officers, directors, key employees etc Listed in Part V - A (attach schedule)	25a 110,558	50,702	23,825	36,031
b Compensation of former officers, directors, key employees etc listed in Part V - B (attach schedule)	25b 0	0	0	0
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c 0	0	0	0
26 Salaries and wages of employees not included on lines 25a, b and c	26 826,181	461,248	145,259	219,674
27 Pension plan contributions not included on lines 25a, b and c	27 50,281	23,059	10,836	16,386
28 Employee benefits not included on lines 25a - 27	28 86,623	39,725	18,667	28,231
29 Payroll taxes	29 73,614	37,812	14,251	21,551
30 Professional fundraising fees	30 0	0	0	0
31 Accounting fees	31 9,900	4,540	2,134	3,226
32 Legal fees	32 833	474	180	179
33 Supplies	33 25,220	11,567	5,434	8,219
34 Telephone	34 12,620	5,788	2,719	4,113
35 Postage and shipping	35 19,475	8,931	4,197	6,347
36 Occupancy	36 29,982	13,750	6,461	9,771
37 Equipment rental and maintenance	37 11,956	5,483	2,576	3,897
38 Printing and publications	38 0	0	0	0
39 Travel	39 19,635	9,004	4,232	6,399
40 Conferences, conventions, and meetings	40 25,144	13,884	4,482	6,778
41 Interest	41 165	0	165	0
42 Depreciation, depletion, etc (attach schedule)	42 44,166	20,254	9,518	14,394
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 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 7,471,922	6,596,993	325,173	549,756

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.

<p>What is the organization's primary exempt purpose? Fundraising, Community Impact, Volunteerism</p> <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 See Additional Data Table</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/></p>	<p>6,596,993</p>

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		933,447	46	667,265	
	47a Accounts receivable	47a	1,470			
	b Less allowance for doubtful accounts	47b	0	311	47c	1,470
	48a Pledges receivable	48a	4,975,549			
	b Less allowance for doubtful accounts	48b	606,353	4,279,497	48c	4,369,196
	49 Grants receivable		48,039	49	78,062	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a	0	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		0	50b	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		16,823	53	19,876	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54a	0	
	b Investments—other securities (attach schedule) <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		3,729,932	54b	4,057,447	
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	940,359				
b Less accumulated depreciation (attach schedule)	57b	753,006	209,229	57c	187,353	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		8,035	58	7,402		
59 Total assets (must equal line 74) Add lines 45 through 58		9,225,463	59	9,388,221		
Liabilities	60 Accounts payable and accrued expenses		2,283,906	60	2,210,183	
	61 Grants payable		814,943	61	847,182	
	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		3,098,849	66	3,057,365		
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		2,294,576	67	2,199,271	
	68 Temporarily restricted		2,249,660	68	2,458,765	
	69 Permanently restricted		1,582,378	69	1,672,820	
	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 and column (B) must equal line 21)		6,126,614	73	6,330,856	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		9,225,463	74	9,388,221	

Part VI Other Information (continued)

Form with multiple sections (82a-91b) containing questions and answers regarding organizational activities, dues, and financial information. Includes a table for 91b with Yes/No columns.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **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	2,665	0
b Rental to Exempt Organizations		0	3	70,538	0
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments		0	3	3,723	0
95 Interest on savings and temporary cash investments		0	14	35,129	0
96 Dividends and interest from securities		0	14	171,453	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 Miscellaneous Income		0	3	1,844	0
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		285,352	0
105 Total (add line 104, columns (B), (D), and (E))					285,352

Note: Line 105 plus line 1e, 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).

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

Please Sign Here	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.		
		2007-08-03	
	Robert Woods Executive Director		
	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			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.)

OMB No 1545-0047

2006

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

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 2 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
Vicki Klinedinst 800 East King Street York, PA 17403	Dir-Community Impact 37 5	53,520	10,216	0
Alan Vandersloot 800 East King Street York, PA 17403	Dir-Labor Participat 37 5	52,622	11,417	0
Deborah Gogniat 800 East King Street York, PA 17403	Dir-Major Gifts 37 5	53,930	9,984	0
Elizabeth Loucks 800 East King Street York, PA 17403	Dir-Finance 37 5	58,212	5,247	0
Total number of other employees paid over \$50,000	0			

Part II-A 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 II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

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

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

Yes No

<p>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)</p> <p>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</p>	1		No
<p>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.)</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		No
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		No
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		No
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0 _____</p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0 _____</p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	7,078,140	6,484,954	6,306,903	7,014,890	26,884,887
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	145,469	154,211	149,440	138,115	587,235
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	74,299	57,740	44,469	32,682	209,190
23 Total of lines 15 through 22	7,297,908	6,696,905	6,500,812	7,185,687	27,681,312
24 Line 23 minus line 17	7,297,908	6,696,905	6,500,812	7,185,687	27,681,312
25 Enter 1% of line 23	72,979	66,969	65,008	71,857	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 553,626
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 2002 through 2005 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 27,681,312
d Add Amounts from column (e) for lines	18 587,235	19 0			
	22	26b 0			26d 796,425
e Public support (line 26c minus line 26d total)					26e 26,884,887
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.12 %
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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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 11b, 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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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					27h _____

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 10 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**

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals**(b)**
To be completed
for all electing
organizations

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 13 of the instructions)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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

- 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**.)

Yes	No	Amount
	No	
	No	
	No	
	No	
	No	
	No	
	No	
	No	
	No	0

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

TY 2006 Cash Grants Paid Schedule

Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Software ID: 06000173

Software Version: v1.00

Class of Activity	Recipient's name	Address	Amount	Relationship
Various Charitable Purposes	Miscellaneous Grant Allocations	800 East King Street York, PA 17403	135,327	Member & Non-Member Agencies
Building Strong Families	Adams Hanover Counseling Services	625 West Elm Street Hanover, PA 17331	52,600	Member Agency
Building Strong Families	Victim Assistance Center	P O Box 30 York, PA 17405	42,782	Member Agency
Helping Youth Succeed	YWCA of York	320 East Market Street York, PA 17403	249,085	Member Agency
Helping Youth Succeed	York Day Nursery and Kindergarten	450 East Philadelphia Street York, PA 17403	140,760	Member Agency
Building Strong Families	Visiting Nurse Association of York County	218 East Market Street York, PA 17403	71,000	Member Agency
Emergency & Basic Needs	American Red Cross Greater Hanover Area	529 Carlisle Street Hanover, PA 17331	130,613	Member Agency
Helping Youth Succeed	Crispus Attucks Association Inc	605 South Duke Street York, PA 17401	167,000	Member Agency

Class of Activity	Recipient's name	Address	Amount	Relationship
Building Strong Families	Family First Health	116 South George Street York, PA 17401	60,000	Member Agency
Helping Youth Succeed	Girl Scouts in the Heart of PA	350 Hale Avenue P O Box 2837 Harrisburg, PA 17105	131,405	Member Agency
Helping Youth Succeed	York Jewish Community Center	2000 Hollywood Drive York, PA 17403	94,600	Member Agency
Helping Youth Succeed	Boy Scouts of America York Adams Area Council	2139 White Street York, PA 17404	171,399	Member Agency
Building Strong Families	Family and Children Services of Central PA	141 East Market Street York, PA 17401	180,000	Member Agency
Providing for Basic Needs	ForSight Vision	1380 Spahn Avenue York, PA 17403	25,500	Member Agency
Providing for Basic Needs	Lutheran Social Services of South Central PA	1050 Pennsylvania Avenue York, PA 17404	98,549	Member Agency
Providing for Basic Needs	American Red Cross York County Chapter	724 South George Street York, PA 17401	256,141	Member Agency

Class of Activity	Recipient's name	Address	Amount	Relationship
Providing for Basic Needs	The Arc of York County	497 Hill Street York, PA 17403	63,674	Member Agency
Helping Youth Succeed	Big Brothers Big Sisters of York County	227 West Market Street York, PA 17401	42,000	Member Agency
Building Strong Families	Catholic Charities	253 East Market Street York, PA 17403	56,000	Member Agency
Providing for Basic Needs	Penn Mar Organization Inc	P O Box 97 Shrewsbury, PA 17361	77,053	Member Agency
Building Strong Families	Visiting Nurse Association Hanover and Spring Grove	440 North Madison Street Hanover, PA 17331	45,000	Member Agency
Helping Youth Succeed	Hanover Area Family YMCA	500 North George Street Hanover, PA 17331	87,652	Member Agency
Helping Youth Succeed	YMCA of York and York County	90 North Newberry Street York, PA 17401	195,180	Member Agency
Building Strong Families	MidPenn Legal Services York	256 East Market Street York, PA 17403	11,000	Member Agency

Class of Activity	Recipient's name	Address	Amount	Relationship
Providing for Basic Needs	York Spanish American Center	200 East Princess Street York, PA 17403	53,750	Member Agency
Member & Non Member Agencies	Various	Various York, PA 17403	2,215,905	Member & Non-Member Agencies
Providing for Basic Needs	York County Literacy Council	800 East King Street York, PA 17403	61,650	Member Agency
Building Strong Families	ACCESS York	P O Box 743 York, PA 17405	53,117	Member Agency
Building Strong Families	Children's Aid Society The Lehman Center	343 Lincoln Way West New Oxford, PA 17350	45,900	Member Agency
Providing for Basic Needs	Community Progress Council Inc	226 East College Avenue York, PA 17403	54,000	Member Agency
Providing for Basic Needs	The Salvation Army	50 East King Street York, PA 17401	215,500	Member Agency
Providing for Basic Needs	United Cerebral Palsy of South Central PA	788 Cherry Tree Court Hanover, PA 17331	43,862	Member Agency

Class of Activity	Recipient's name	Address	Amount	Relationship
Helping Youth Succeed	YWCA of Hanover	23 West Chestnut Street Hanover, PA 17331	116,900	Member Agency
Building Strong Families	Child Care Consultants	13 West Market Street York, PA 17401	59,492	Member Agency
Building Strong Families	Mental Health America of York and Adams Counties	36 South Queen Street York, PA 17403	63,000	Member Agencies
Providing for Basic Needs	New Hope Ministries Inc	211 South Baltimore Street Dillsburg, PA 17019	62,565	Member Agency
Providing for Basic Needs	Bell Socialization Services	160 South George Street York, PA 17401	41,500	Member Agency
Building Strong Families	Leadership York	39 East King Street York, PA 17401	20,500	Member Agency
Building Strong Families	South George Street Community Partnership	506 South George Street York, PA 17401	12,000	Member Agency

TY 2006 Depreciation and Depletion Schedule

Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Software ID: 06000173

Software Version: v1.00

Asset	Amount
Building & Improvements	28,721
Computer Equipment	14,896
Furniture & Equipment	549

TY 2006 Investments - Securities Schedule

Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Software ID: 06000173

Software Version: v1.00

Description	Book Value	Cost/FMV
Mutual Funds	1,867,086	F
Beneficial Int in Perpetual Trusts Held by Third Parties	479,233	F
Bonds and Certificates of Deposit	1,711,128	F

TY 2006 Land etc. Schedule

Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Software ID: 06000173

Software Version: v1.00

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Automobile	13,277	13,277	0
Computer Equipment	155,099	129,826	25,273
Building	717,056	581,452	135,604
Furniture and Equipment	28,864	28,451	413
Land	26,063	0	26,063

TY 2006 Other Assets Schedule

Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Software ID: 06000173

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Interest Receivable	8,035	7,402

TY 2006 Other Changes in Net Assets Schedule**Name:** UNITED WAY OF YORK COUNTY**EIN:** 23-1352588**Software ID:** 06000173**Software Version:** v1.00

Description	Amount
Unrealized Gain on Investments	158,315

**TY 2006 Other Expenses
Not Included Schedule**

Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Software ID: 06000173

Software Version: v1.00

Description	Amount
Donor Designations	2,188,091

**TY 2006 Other Revenues
Not Included Schedule**

Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Software ID: 06000173

Software Version: v1.00

Description	Amount
Donor Designations	2,188,091

TY 2006 Payments to Affiliates Schedule

Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Software ID: 06000173

Software Version: v1.00

Name	Address	Amount	Purpose
United Way of America	701 North Fairfax Street Alexandria, VA 22314	68,233	Dues

TY 2006 Other Income Schedule

Name: UNITED WAY OF YORK COUNTY

EIN: 23-1352588

Software ID: 06000173

Software Version: v1.00

Description	2003	2002	2001	2000	Total
Other Income	13,428	12,656	3,580	1,250	30,914
Processing Fees	51,602	40,036	30,171	27,088	148,897
Bequests	9,269	5,048	10,718	4,344	29,379

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

Form 8453-EO	Exempt Organization Declaration and Signature for Electronic Filing For calendar year 2006, or tax year beginning <u>4/1/2006</u> , and ending <u>3/31/2007</u> For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 ▶ See instructions on back.	OMB No. 1545-1879 <div style="font-size: 2em; font-weight: bold;">2006</div>
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Name of exempt organization UNITED WAY OF YORK COUNTY	Employer identification number 23 1352588
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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 (that is, 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 <u>\$7,586,082</u>
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(ies) 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(ies).

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 2006 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	Signature of officer	8/8/07 Date	Robert Woods, Executive Director Title
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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. () _____

Additional Data**Software ID:** 06000173**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	41,946	33,285	3,147	5,514
b Accreditation & Training	43b	24,728	24,728	0	0
c Advertising	43c	58,611	0	0	58,611
d Campaign & Communications	43d	83,176	16,742	2,484	63,950
e Computer	43e	33,056	15,160	7,124	10,772
f Dues and Subscriptions	43f	27,808	12,753	5,992	9,063
g Education	43g	11,834	11,834	0	0
h Insurance	43h	18,868	4,849	10,573	3,446
i Other Expenses	43i	7,129	3,345	1,407	2,377
j Quality Enhancement	43j	48,415	48,415	0	0
k Building Maintenance	43k	32,350	0	32,350	0
l Cash Management Fees	43l	33,224	15,237	7,160	10,827
m Employment Costs	43m	463	463	0	0

Form 990, Part III - Program Service Accomplishments:

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.)
<p>a Human Services Programs, General/Other The Community Fund process uses trained community volunteers to allocate funds to 78 programs of 38 member agencies. The programs address needs across three Focus Areas: Helping Youth Succeed, Building Strong Families and Providing for Basic Needs. All programs are assessed by volunteers to ensure that they demonstrate positive, measurable results.</p> <p>(Grants and allocations \$ 3,352,729) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>3,352,729</p>
<p>b Human Services Programs, General/Other The role of the Volunteer Center is to connect people with the opportunity to serve, build the capacity for effective local volunteering, promote volunteering and participate in strategic initiatives that mobilize volunteers. Primary initiatives include volunteer referral, Youth Volunteer Initiative, Free Income Tax Preparation and SecureCorps, a program that works with community organizations to develop disaster recovery plans.</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>329,849</p>
<p>c Information & Referral Programs FIRST links people in York County to services and information. FIRST is available 24/7 by phone and the searchable database is on the web. FIRST answers more than 37,000 calls annually and most callers have household incomes under \$25,000.</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>86,926</p>
<p>d Human Services Programs, General/Other To address the complex issues facing York County, United Way convenes and/or partners with public and private nonprofit and business organizations to develop community initiatives around quality early childhood education, access to health care, financial stability and disaster preparedness. United Way of York County helps develop initiatives, participates on committees and provides financial support.</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>284,553</p>
<p>e Human Services Programs, General/Other Focus On Our Future, a United Way Success By 6 program, is a community-wide effort to enhance the quality of early childhood education in York County and prepare children to succeed in school. United Way provides staff and financial support to the initiative that is a partnership of local universities, businesses, foundations and nonprofit organizations.</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>191,704</p>
<p>f Human Services Programs, General/Other Distribution of designated pledges to qualified 501(c)(3) organizations providing human services programs.</p> <p>(Grants and allocations \$ 2,351,232) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>2,351,232</p>

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
Joseph Clark II 800 East King Street York, PA 17403	Board Member 2	0	0	0
Robert Geisenberger 800 East King Street York, PA 17403	Board Member 2	0	0	0
William Law 800 East King Street York, PA 17403	Board Member 2	0	0	0
Barbara Lukawski 800 East King Street York, PA 17403	Board Member 2	0	0	0
Romana Li 800 East King Street York, PA 17403	Board Member 2	0	0	0
Rayda Rivera 800 East King Street York, PA 17403	Board Member 2	0	0	0
W Robert Berkebile 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
Belinda Sabaka 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

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
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
Joseph Barlek 800 East King Street York, PA 17403	Board Member 2	0	0	0
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
Joshua Carney 800 East King Street York, PA 17403	Board Member 2	0	0	0
Jeffrey Hunter 800 East King Street York, PA 17403	Board Member 2	0	0	0
Courtney Stoner 800 East King Street York, PA 17403	Board Member 2	0	0	0
Cliff Karoullas 800 East King Street York, PA 17403	Board Member 2	0	0	0
Hank Maul 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
Richard Merluzzi 800 East King Street York, PA 17403	Board Member 2	0	0	0
Susan Parente 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
Robert Woods 800 East King Street York, PA 17403	Exec Director/CEO 50	110,558	17,702	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
Michael O'Rourke 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
Bruce Williams 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
Michael Thew 800 East King Street York, PA 17403	Board Member 2	0	0	0
Michael Kochenour 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
Rachel McKinney 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
Keith Gee 800 East King Street York, PA 17403	Board Member 2	0	0	0
Michael Hady 800 East King Street York, PA 17403	Board Member 5	0	0	0
Michael King 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
Matthew Clemens 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	Treasurer 5	0	0	0
Patrick Ball 800 East King Street York, PA 17403	Chairman 5	0	0	0
Mark Ottemiller 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
Steve Feldmann 800 East King Street York, PA 17403	Board Member 2	0	0	0