



**UNITED WAY OF YORK COUNTY
NON-PROFIT TAX RETURNS**

2020





ADVISORS for WHAT'S NEXT

UNITED WAY OF YORK COUNTY
800 EAST KING STREET
YORK, PA 17403

DEAR CLIENT:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2020 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2020 FORM 990

2020 PENNSYLVANIA FORM BCO-10

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

YOUR RETURN(S) HAVE BEEN DESIGNATED FOR ELECTRONIC FILING. WE CANNOT TRANSMIT YOUR RETURN(S) UNTIL WE RECEIVE YOUR SIGNED E-FILE AUTHORIZATION FORM(S). FOR YOUR CONVENIENCE, YOU MAY RETURN THE SIGNED FORM(S) VIA ONE OF THE FOLLOWING METHODS:

- E-MAIL AS A PDF ATTACHMENT TO RKLEFILE@RKLCPA.COM
- MAIL THE FORM(S) IN THE ENCLOSED ENVELOPE
- FAX THE SIGNED FORM(S) TO OUR OFFICE 717-392-3195, ATTN: RKLEFILE

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

SINCERELY,

RKL LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

MARCH 31, 2021

PREPARED FOR:

UNITED WAY OF YORK COUNTY
800 EAST KING STREET
YORK, PA 17403

PREPARED BY:

RKL LLP
3501 CONCORD ROAD, STE 250
YORK, PA 17402

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS.

RETURN MUST BE MAILED ON OR BEFORE:

RETURN FEDERAL FORM 8879-EO TO US BY FEBRUARY 15, 2022.

SPECIAL INSTRUCTIONS:

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning APR 1, 2020, and ending MAR 31, 2021

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

UNITED WAY OF YORK COUNTY

**** - *** 2588**

Name and title of officer or person subject to tax

**ANNE R DRUCK
PRESIDENT**

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (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 one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>5,548,803.</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 _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the 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. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize RKL LLP to enter my PIN 17403
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

24623317402

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature DOUGLAS L. BERMAN, CPA Date 02/11/22

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning APR 1, 2020 and ending MAR 31, 2021

B Check if applicable:	C Name of organization UNITED WAY OF YORK COUNTY	D Employer identification number ** - ***2588
<input type="checkbox"/> Address change	Doing business as	E Telephone number 717-843-0957
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 800 EAST KING STREET	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code YORK, PA 17403	G Gross receipts \$ 6,351,925.
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: ANNE R. DRUCK SAME AS C ABOVE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending		If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.UNITEDWAY-YORK.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1921 M State of legal domicile: PA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: RAISED OVER \$5 MILLION DOLLARS WHICH WAS DISTRIBUTED TO 66 LOCAL PROGRAMS OF 35 PARTNER AGENCIES	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	31
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	32
6	Total number of volunteers (estimate if necessary)	700
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,735,674.
	9 Program service revenue (Part VIII, line 2g)	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	173,159.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	86,478.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,995,311.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,912,990.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,408,559.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 709,117.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	808,113.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,129,662.
19 Revenue less expenses. Subtract line 18 from line 12	-134,351.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	7,865,298.
	21 Total liabilities (Part X, line 26)	2,570,843.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,294,455.

Part II Signature Block

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

Sign Here	Signature of officer	Date 2-12-22
	ANNE R. DRUCK, PRESIDENT Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name DOUGLAS L. BERMAN, CPA	Preparer's signature DOUGLAS L. BERMAN, C
	Date 02/11/22	Check if self-employed <input type="checkbox"/> PTIN P01269555
	Firm's name ▶ RKL LLP	Firm's EIN ▶ ** - ***8173
	Firm's address ▶ 3501 CONCORD ROAD, STE 250 YORK, PA 17402	Phone no. 717-843-3804

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO BUILD A STRONGER, CARING COMMUNITY BY CULTIVATING FINANCIAL GENEROSITY, VOLUNTEERISM AND ADVOCACY.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 4,195,041. including grants of \$ 3,534,933.) (Revenue \$ 41,133.) THE COMMUNITY FUND AND DESIGNATIONS - THROUGH UNITED WAY OF YORK COUNTY'S ANNUAL CAMPAIGN, DONORS CAN DESIGNATE THEIR CONTRIBUTION TO THE COMMUNITY FUND. DURING THE PAST YEAR, FUNDING WAS PROVIDED TO 66 PROGRAMS OF 35 PARTNER AGENCIES THROUGH THE COMMUNITY FUND IN AREAS OF EDUCATION, HEALTH AND FINANCIAL STABILITY. UNITED WAY OF YORK COUNTY RECEIVES PROGRAM APPLICATIONS FROM PARTNER AGENCIES WHICH WAS REVIEWED AND ASSESSED BY TRAINED COMMUNITY VOLUNTEERS TO ENSURE THEY DEMONSTRATE MEASURABLE RESULTS. UNITED WAY OF YORK COUNTY ALSO ALLOCATES FUNDS FOR SPECIAL ONE-TIME PROJECTS AND NEW PROGRAMS OF PARTNER AGENCIES. APPLICATIONS FOR THESE PROGRAMS ARE ALSO REVIEWED BY VOLUNTEERS AND WITH UNITED WAY OF YORK COUNTY'S BOARD OF DIRECTORS WHO APPROVE THE ACTUAL FUNDING LEVELS. AS PART OF UNITED WAY OF YORK COUNTY'S ANNUAL

4b (Code:) (Expenses \$ 335,585. including grants of \$ 0.) (Revenue \$ 0.) EDUCATION PROGRAMS - FOCUS, AN EARLY CHILDHOOD INITIATIVE OF UNITED WAY OF YORK COUNTY, WORKS TO IMPROVE THE LIVES OF CHILDREN IN YORK COUNTY BY SUPPORTING QUALITY CHILDHOOD EXPERIENCES. FOCUS WAS DEVELOPED IN 1994 AS A COLLABORATIVE EFFORT BETWEEN THE UNITED WAY, YORK COUNTY COMMUNITY FOUNDATION, PENN STATE YORK, AND CHILD CARE CONSULTANTS, INC. FOCUS WORKS TO ENSURE ALL CHILDREN WHO ENTER SCHOOL ARE READY TO LEARN. IT DOES THIS THROUGH SUPPORTING YORK COUNTY'S EARLY LEARNING CENTERS, FAMILY PROVIDERS, SCHOOL DISTRICTS, AND STAKEHOLDERS, IN PROVIDING QUALITY CHILDHOOD EXPERIENCES FOR ALL CHILDREN. THIS COLLABORATION HAS RESULTED IN THE DEVELOPMENT OF COUNTY-WIDE RESOURCES, SHARED CURRICULUM AND PROFESSIONAL DEVELOPMENT SESSIONS. ADDITIONALLY, FOCUS IMPLEMENTS FIVE READING PROGRAMS AND A KINDERGARTEN TRANSITION PROGRAM. THESE

4c (Code:) (Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 0.) UNITED WAY OF YORK COUNTY OPERATES THE VOLUNTEER CENTER TO PROVIDE NONPROFIT ORGANIZATIONS WITH VOLUNTEER RECRUITMENT AND MANAGEMENT TOOLS, EVENT REGISTRATION, AND ADVOCACY. USING EVOLUNTEER, AN ONLINE EVENT MANAGEMENT AND VOLUNTEER INFORMATION AND REFERRAL DATABASE, UNITED WAY AND VOLUNTEER CENTER MEMBERS CAN EFFECTIVELY RECRUIT AND MANAGE VOLUNTEERS. MEMBERS CAN ALSO MANAGE AND COMMUNICATE WITH THEIR VOLUNTEERS BY E-MAIL. DURING 2019-2020, OVER 1,000 PEOPLE SERVED AS VOLUNTEERS ON THE UNITED WAY BOARD OF DIRECTORS, COMMITTEES, CAMPAIGN CABINET, ALLOCATIONS PANELS AND AGENCY REVIEW TEAMS AND FOR COMMUNITY INITIATIVES SUCH AS FOCUS AND THE TRUANCY PREVENTION INITIATIVE. IN ADDITION, MORE THAN 2,000 COMMUNITY VOLUNTEERS WERE CONNECTED TO OPPORTUNITIES WITH MORE THAN 90 NONPROFIT ORGANIZATIONS. AN ADDITIONAL

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

4e Total program service expenses 4,530,626.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 31		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 31		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
ANNE R DRUCK - 717-843-0957
800 EAST KING STREET, YORK, PA 17403

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE DRUCK PRESIDENT/SECRETARY	45.00			X			171,390.	0.	27,377.	
(2) ELIZABETH LOUCKS (TILL 8/2020) SVP FINANCE / ADMINISTRATION	45.00			X			100,208.	0.	17,185.	
(3) DANIEL SURMA (START 11/2020) VP OF FINANCE	45.00			X			13,192.	0.	642.	
(4) AMY WANNEMACHER BOARD CHAIR	5.00	X		X			0.	0.	0.	
(5) SCOTT DEISLEY CHAIR ELECT	5.00	X		X			0.	0.	0.	
(6) TOM KOPPMANN TREASURER	5.00	X		X			0.	0.	0.	
(7) JOSEPH RILATT IMMEDIATE PAST CHAIR	2.00	X					0.	0.	0.	
(8) CHRIS BEAVERSON BOARD MEMBER	2.00	X					0.	0.	0.	
(9) TIMOTHY BIBER BOARD MEMBER	2.00	X					0.	0.	0.	
(10) WILLIAM HARTMAN BOARD MEMBER	2.00	X					0.	0.	0.	
(11) ROBERT BREIGHNER BOARD MEMBER	2.00	X					0.	0.	0.	
(12) CRISTINE ANDREWLESKI BOARD MEMBER	2.00	X					0.	0.	0.	
(13) NATALEE COLON BOARD MEMBER	2.00	X					0.	0.	0.	
(14) AMANDA CRESSWELL BOARD MEMBER	2.00	X					0.	0.	0.	
(15) KEITH NOLL BOARD MEMBER	2.00	X					0.	0.	0.	
(16) KIMBERLY BRISTER BOARD MEMBER	2.00	X					0.	0.	0.	
(17) MICHAEL DEROSA JR BOARD MEMBER	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATE HYNES BOARD MEMBER	2.00	X						0.	0.	0.
(19) ZACHARY KAUFFMAN BOARD MEMBER	2.00	X						0.	0.	0.
(20) ANDREW KOPLITZ BOARD MEMBER	2.00	X						0.	0.	0.
(21) LEIGH ANN WILSON BOARD MEMBER	2.00	X						0.	0.	0.
(22) EDSON MORALES BOARD MEMBER	2.00	X						0.	0.	0.
(23) MYNECA OJO BOARD MEMBER	2.00	X						0.	0.	0.
(24) CHRISTINE NENTWIG BOARD MEMBER	2.00	X						0.	0.	0.
(25) LANCE PETERS BOARD MEMBER	2.00	X						0.	0.	0.
(26) LOUIS RIVERA III BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								284,790.	0.	45,204.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								284,790.	0.	45,204.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 96,210.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 257,736.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 4,923,258.				
	g	Noncash contributions included in lines 1a-1f	1g \$ 111,950.				
	h	Total. Add lines 1a-1f	▶ 5,277,204.				
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶ 66,774.			66,774.	
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
	6 a	Gross rents	(i) Real	65,931.			
			(ii) Personal				
			6a	65,931.			
	b	Less: rental expenses ...	6b 46,294.				
	c	Rental income or (loss)	6c 19,637.				
	d	Net rental income or (loss)	▶ 19,637.			19,637.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	883,196.			
			(ii) Other				
			7a	883,196.			
	b	Less: cost or other basis and sales expenses	7b 756,828.				
c	Gain or (loss)	7c 126,368.					
d	Net gain or (loss)	▶ 126,368.			126,368.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events	▶					
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities	▶					
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue	11 a	COST RECOVERY FEES ON	Business Code 900099	41,133.	41,133.		
	b	MISCELLANEOUS REVENUE	900099	17,687.		17,687.	
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶ 58,820.				
12	Total revenue. See instructions	▶ 5,548,803.	41,133.	0.	230,466.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,534,933.	3,534,933.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	304,991.	142,828.	64,963.	97,200.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	862,156.	403,746.	183,640.	274,770.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,737.	21,418.	9,742.	14,577.
9 Other employee benefits	126,881.	59,419.	27,026.	40,436.
10 Payroll taxes	84,667.	39,650.	18,034.	26,983.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,995.	2,339.	1,064.	1,592.
c Accounting	15,850.	7,423.	3,376.	5,051.
d Lobbying	2,618.	918.	942.	758.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	25,777.		25,777.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	133,524.	62,529.	28,441.	42,554.
12 Advertising and promotion	49,521.			49,521.
13 Office expenses	9,208.	2,613.	2,642.	3,953.
14 Information technology	54,771.	27,820.	10,734.	16,217.
15 Royalties				
16 Occupancy	13,723.	5,881.	3,142.	4,700.
17 Travel	1,217.	798.	168.	251.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	4,417.	2,473.	517.	1,427.
20 Interest	6,320.	2,960.	1,346.	2,014.
21 Payments to affiliates	90,084.	42,186.	19,188.	28,710.
22 Depreciation, depletion, and amortization	30,331.	14,204.	6,460.	9,667.
23 Insurance	22,709.	10,635.	4,837.	7,237.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EDUCATION PROGRAM EXPEN	64,428.	47,196.		17,232.
b OTHER EXPENSES	48,987.	47,764.	490.	733.
c CAMPAIGN AND COMMUNICAT	28,459.	11,467.	7,032.	9,960.
d CAMPAIGN INCENTIVES	26,744.			26,744.
e All other expenses	84,189.	39,426.	17,933.	26,830.
25 Total functional expenses. Add lines 1 through 24e	5,677,237.	4,530,626.	437,494.	709,117.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	150.	1	150.
	2 Savings and temporary cash investments	175,916.	2	1,404,207.
	3 Pledges and grants receivable, net	3,031,152.	3	2,244,800.
	4 Accounts receivable, net	60,671.	4	82,026.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	32,769.	9	26,846.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 954,176.		
	b Less: accumulated depreciation	10b 838,094.		
	11 Investments - publicly traded securities	146,413.	10c	116,082.
	12 Investments - other securities. See Part IV, line 11	3,997,627.	11	5,228,974.
	13 Investments - program-related. See Part IV, line 11	420,600.	12	562,458.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,865,298.	15		
		16	9,665,543.	
Liabilities	17 Accounts payable and accrued expenses	1,718,565.	17	1,840,688.
	18 Grants payable	531,591.	18	522,382.
	19 Deferred revenue		19	5,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	320,687.	24	803,238.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,570,843.	26	3,171,308.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,170,934.	27	3,388,426.
	28 Net assets with donor restrictions	3,123,521.	28	3,105,809.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,294,455.	32	6,494,235.
33 Total liabilities and net assets/fund balances	7,865,298.	33	9,665,543.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,548,803.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,677,237.
3	Revenue less expenses. Subtract line 2 from line 1	3	-128,434.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,294,455.
5	Net unrealized gains (losses) on investments	5	1,080,961.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	247,253.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,494,235.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6660772.	6210783.	6136851.	5735674.	5277204.	30021284.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6660772.	6210783.	6136851.	5735674.	5277204.	30021284.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						30021284.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	6660772.	6210783.	6136851.	5735674.	5277204.	30021284.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	199,013.	203,435.	226,618.	212,999.	132,705.	974,770.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	71,506.	78,419.	56,256.	52,597.	58,820.	317,598.
11 Total support. Add lines 7 through 10						31313652.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	95.87 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	95.76 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

UNITED WAY OF YORK COUNTY

Employer identification number

-*2588

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization UNITED WAY OF YORK COUNTY	Employer identification number ** - *** 2588
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WELLSPAN HEALTH 1001 SOUTH GEORGE STREET YORK, PA 17401	\$ 264,602.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GLATFELTER INSURANCE GROUP 183 LEADER HEIGHTS ROAD YORK, PA 17403	\$ 251,908.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	KINSLEY CONSTRUCTION INC 2700 WATER STREET YORK, PA 17403	\$ 231,486.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE GRAHAM GROUP 1420 SIXTH AVENUE YORK, PA 17403	\$ 203,862.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PEOPLESBANK 109 LEADER HEIGHTS ROAD YORK, PA 17403	\$ 116,009.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF YORK COUNTY	Employer identification number ** - *** 2588
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization UNITED WAY OF YORK COUNTY	Employer identification number ** - *** 2588
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

UNITED WAY OF YORK COUNTY

Employer identification number

-*2588

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align:left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,618.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			2,618.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DIRECT CONTACT WITH LEGISLATORS AND GOVERNMENT OFFICIALS

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization UNITED WAY OF YORK COUNTY Employer identification number ** - *** 2588

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including purpose, monitoring, and reporting requirements. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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

Form with questions 1a, 1b, and 2 regarding the reporting of art and historical treasures. Includes sub-questions (i) and (ii) for revenue and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,526,185.	2,759,810.	2,748,548.	2,543,739.	2,081,921.
b Contributions				10,000.	294,169.
c Net investment earnings, gains, and losses	936,216.	-119,907.	117,891.	293,484.	263,967.
d Grants or scholarships					
e Other expenditures for facilities and programs	122,374.	99,741.	92,021.	85,392.	83,381.
f Administrative expenses	16,388.	13,977.	14,608.	13,283.	12,937.
g End of year balance	3,323,639.	2,526,185.	2,759,810.	2,748,548.	2,543,739.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 43.8800 %
 - b Permanent endowment 56.1200 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,063.		26,063.
b Buildings		413,789.	413,789.	0.
c Leasehold improvements		385,222.	358,903.	26,319.
d Equipment		129,102.	65,402.	63,700.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 116,082.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	562,458.	END-OF-YEAR MARKET VALUE
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	562,458.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,407,159.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,080,961.	
b	Donated services and use of facilities	2b	78,331.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	293,547.	
e	Add lines 2a through 2d	2e		1,452,839.
3	Subtract line 2e from line 1	3		3,954,320.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,777.	
b	Other (Describe in Part XIII.)	4b	1,568,706.	
c	Add lines 4a and 4b	4c		1,594,483.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		5,548,803.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	4,207,379.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	78,331.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	46,294.	
e	Add lines 2a through 2d	2e		124,625.
3	Subtract line 2e from line 1	3		4,082,754.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,777.	
b	Other (Describe in Part XIII.)	4b	1,568,706.	
c	Add lines 4a and 4b	4c		1,594,483.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		5,677,237.

Part XIII Supplemental Information.

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

PART V, LINE 4:

ANNUAL DISTRIBUTIONS FROM UNITED WAY OF YORK COUNTY'S ENDOWMENT FUNDS ARE ADDED TO THE CURRENT YEAR FUNDRAISING CAMPAIGN IN ORDER TO PROVIDE ADDITIONAL SUPPORT FOR AGENCY PROGRAMS.

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ENTITIY DESCRIBED IN SCHEDULE 501(C)(3) OF THE INTERNAL REVENUE CODE (CODE) AND IS EXEMPT FROM INCOME TAXES ON RELATED ACTIVITIES PURSUANT TO SECTION 509(A) OF THE CODE. IN ADDITION, THE ORGANIZATION WAS ORGANIZED UNDER THE PENNSYLVANIA NONPROFIT CORPORATION LAW AND IS EXEMPT FROM STATE INCOME TAXES. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES

Part XIII Supplemental Information (continued)

MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION, INCLUDING WHETHER THE ENTITY IS EXEMPT FROM INCOME TAXES. MANAGEMENT EVALUATED THE TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE MARCH 31. 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGES IN NET ASSETS OF COMMUNITY FOUNDATION	141,858.
BOOK/TAX DIFFERENCE ON SALE OF INVESTMENTS	105,395.
RENTAL EXPENSES	46,294.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	293,547.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	1,568,706.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	46,294.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	1,568,706.
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF YORK COUNTY** Employer identification number ****-***2588**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS OF SOUTH CENTRAL PA - 724 S GEORGE ST - YORK, PA 17403	●●*: *—** - *505605(3)		45,694.	0.			DESIGNATION
BELL SOCIALIZATION SERVICES INC 160 S GEORGE ST YORK, PA 17401	●●*: *—** - *505408(3)		21,551.	0.			DESIGNATION
BIG BROTHERS BIG SISTERS OF YORK AND ADAMS COUNTIES - 227 W MARKET ST - YORK, PA 17401	●●*: *—** - *500608(3)		17,328.	0.			DESIGNATION
BIG BROTHERS/BIG SISTERS 227 WEST MARKET ST YORK, PA 17401	●●*: *—** - *500608(3)		40,500.	0.			COMMUNITY BASED MENTORING PROGRAM, SCHOOL BASED MENTORING PROGRAM
BOY SCOUTS 1 BADEN POWELL LN MECHANICSBURG, PA 17050	●●*: *—** - *505104(3)		60,500.	0.			DESIGNATION
BOY SCOUTS OF AMERICA NEW BIRTH OF FREEDOM COUNCIL - 1 BADEN POWELL LN - MECHANICSBURG, PA 17050	●●*: *—** - *505104(3)		31,875.	0.			DESIGNATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 96.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BYRNES HEALTH EDUCATION CENTER 515 S GEORGE ST YORK, PA 17401	●●*: *___* - *502107(3)		5,493.	0.			DESIGNATION
CATHOLIC CHARITIES 253 E MARKET ST YORK, PA 17403	●●*: *___* - *502059(3)		35,000.	0.			YORK COUNSELING OFFICE
CATHOLIC CHARITIES 29 N DUKE ST YORK, PA 17401	●●*: *___* - *502045(3)		36,686.	0.			CHILD CARE RECRUITMENT AND SUPPORT SERVICES
CATHOLIC CHARITIES 253 E MARKET ST YORK, PA 17403	●●*: *___* - *502059(3)		41,018.	0.			DESIGNATION
CATHOLIC HARVEST FOOD PANTRY 628 E MARKET ST YORK, PA 17403	●●*: *___* - *504502(3)		12,625.	0.			DESIGNATION
CHILD CARE CONSULTANTS 29 N DUKE ST YORK, PA 17401	●●*: *___* - *502045(3)		5,612.	0.			DESIGNATION
CHILDREN'S AID SOCIETY - THE LEHMAN CENTER - 400 W MARKET ST - YORK, PA 17401	●●*: *___* - *509038(3)		19,061.	0.			DESIGNATION
CHILDREN'S HOME OF YORK 77 SHOE HOUSE RD YORK, PA 17406	●●*: *___* - *502061(3)		30,150.	0.			INDEPENDENT LIVING PROGRAM
CHILDREN'S HOME OF YORK 77 SHOE HOUSE RD YORK, PA 17406	●●*: *___* - *502061(3)		15,555.	0.			DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST LUTHERAN CHURCH 29 S GEORGE ST YORK, PA 17401	●●*: *___* - *505022(3)		8,000.	0.			DESIGNATION
COMMUNITIES IN SCHOOLS PO BOX 555 YORK, PA 17405	●●*: *___* - *508608(3)		65,000.	0.			COMMUNITIES IN SCHOOLS
COMMUNITY PROGRESS COUNCIL 226 E COLLEGE AVE YORK, PA 17403	●●*: *___* - *508105(3)		35,700.	0.			GETTING AHEAD IN A JUST GETTING BY WORLD, COMMUNITY CENTERS/SELF-SUFFICIENCY
COMMUNITY PROGRESS COUNCIL 226 E COLLEGE AVE YORK, PA 17403	●●*: *___* - *508105(3)		19,177.	0.			DESIGNATION
CONTACT HELPLINE PO BOX 90035 HARRISBURG, PA 17109	●●*: *___* - *508109(3)		35,000.	0.			PA 2-1-1
CRISPUS ATTUCKS 605 S DUKE ST YORK, PA 17401	●●*: *___* - *505020(3)		143,800.	0.			ACTIVE LIVING CENTER, CENTER FOR EMPLOYMENT AND TRAINING, YOUTH EMPLOYMENT SERVICES,
CRISPUS ATTUCKS ASSOCIATION INC 605 S DUKE ST YORK, PA 17401	●●*: *___* - *505020(3)		53,966.	0.			DESIGNATION
CULTURAL ALLIANCE OF YORK COUNTY 14 W MARKET ST YORK, PA 17401	●●*: *___* - *502025(3)		7,650.	0.			DESIGNATION
DIRECT TO AGENCY 800 E KING ST YORK, PA 17403		501(C)(3)	17,477.	0.			DESIGNATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DONEGAL SUBSTANCE ABUSE ALLIANCE 15 W MAIN ST MOUNT JOY, PA 17552	●●*: *___* - *501702(3)		6,591.	0.			DESIGNATION
FAMILY FIRST HEALTH 116 S GEORGE ST STE 349 YORK, PA 17401	●●*: *___* - *508062(3)		6,002.	0.			DESIGNATION
FAMILY FIRST HEALTH 116 S GEORGE ST STE 349 YORK, PA 17401	●●*: *___* - *508062(3)		52,650.	0.			NURSE FAMILY PARTNERSHIP
GIRL SCOUTS 350 HALE AVE HARRISBURG, PA 17104	●●*: *___* - *509657(3)		61,500.	0.			GIRL SCOUT LEADERSHIP EXPERIENCE PROGRAM, GIRLS GO STEAM
GIRL SCOUTS IN THE HEART OF PA 350 HALE AVE HARRISBURG, PA 17104	●●*: *___* - *509657(3)		6,717.	0.			DESIGNATION
JEWISH FAMILY SERVICES OF YORK 2000 HOLLYWOOD DR YORK, PA 17403	●●*: *___* - *508065(3)		5,000.	0.			DESIGNATION
JUNIATA COLLEGE 1700 MOORE ST HUNTINGDON, PA 16652	●●*: *___* - *502662(3)		6,500.	0.			DESIGNATION
LANCASTER COUNTRY DAY SCHOOL EXCELLENCE FUND - 725 HAMILTON RD - LANCASTER, PA 17603	●●*: *___* - *502005(3)		5,000.	0.			DESIGNATION
LEADERSHIP YORK 238 N GEORGE ST YORK, PA 17401	●●*: *___* - *509541(3)		19,086.	0.			DESIGNATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP YORK 238 N GEORGE ST YORK, PA 17401	●●*: *___* - 509541(3)		20,000.	0.			FUTURE LEADERS OF YORK, BOARD TRAINING PROGRAM
LEG UP FARM 4880 N SHERMAN ST MT WOLF, PA 17347	●●*: *___* - 501804(3)		52,500.	0.			ANIMAL ASSISTED PROGRAM, PEDIATRIC OUTPATIENT THERAPEUTIC PROGRAM, ABLE SERVICES
LEG UP FARM 4880 N SHERMAN ST MT WOLF, PA 17347	●●*: *___* - 501804(3)		57,801.	0.			DESIGNATION
LIFEPATH CHRISTIAN MINISTRIES PO BOX 1969 YORK, PA 17406	●●*: *___* - 501704(3)		8,748.	0.			DESIGNATION
LIVING WORD COMMUNITY CHURCH 2530 CAPE HORN RD RED LION, PA 17356	●●*: *___* - 507459(3)		5,000.	0.			DESIGNATION
LOGOS ACADEMY 250 W KING ST YORK, PA 17401	●●*: *___* - 500442(3)		8,750.	0.			DESIGNATION
MARTIN LIBRARY 159 E MARKET ST YORK, PA 17401	●●*: *___* - 502204(3)		7,000.	0.			DESIGNATION
MENTAL HEALTH AMERICA 36 S QUEEN ST YORK, PA 17403	●●*: *___* - 505601(3)		15,000.	0.			FINANCIAL CASE MANAGEMENT AND REPRESENTATIVE PAYEE SERVICE
MENTAL HEALTH AMERICA OF YORK AND ADAMS COUNTIES - 36 S QUEEN ST - YORK, PA 17403	●●*: *___* - 505601(3)		16,727.	0.			DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDPENN LEGAL SERVICES 213A N FRONT ST HARRISBURG, PA 17101	●●*: *___* - *501101(3)	501101(3)	23,868.	0.			CRITICAL HELP FOR CRITICAL MOMENTS
MIDPENN LEGAL SERVICES 213A N FRONT ST HARRISBURG, PA 17101	●●*: *___* - *501101(3)	501101(3)	6,928.	0.			DESIGNATION
NEW HOPE MINISTRIES 99 W CHURCH ST DILLSBURG, PA 17019	●●*: *___* - *503100(3)	503100(3)	145,000.	0.			CHILDREN'S SUCCESS INITIATIVE, FOOD, BASIC NEEDS, AND ECONOMIC STABILITY
NEW HOPE MINISTRIES 99 W CHURCH ST DILLSBURG, PA 17019	●●*: *___* - *503100(3)	503100(3)	39,432.	0.			DESIGNATION
OLIVIA'S HOUSE 830 S GEORGE ST YORK, PA 17403	●●*: *___* - *501001(3)	501001(3)	5,184.	0.			DESIGNATION
OUR DAILY BREAD SOUP KITCHEN 331 S GEORGE ST YORK, PA 17401	●●*: *___* - *509400(3)	509400(3)	6,150.	0.			DESIGNATION
PENN-MAR HUMAN SERVICES 310 OLD FREELAND RD FREELAND, MD 21053	●●*: *___* - *501105(3)	501105(3)	24,098.	0.			CUSTOMIZED COMMUNITY EMPLOYMENT
PENN-MAR HUMAN SERVICES 310 OLD FREELAND RD FREELAND, MD 21053	●●*: *___* - *501105(3)	501105(3)	34,953.	0.			DESIGNATION
PRESSLEY RIDGE 141 E MARKET ST YORK, PA 17401	●●*: *___* - *502100(3)	502100(3)	23,000.	0.			BEHAVIORAL HEALTH SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY 50 E KING ST YORK, PA 17401	●●*: *—** - *502603(3)		123,500.	0.			COMMUNITY CENTER YOUTH PROGRAM, FAMILY EMERGENCY ASSISTANCE
SPIRITRUST LUTHERAN 1050 PENNSYLVANIA AV YORK, PA 17401	●●*: *—** - *505009(3)		49,500.	0.			DOMESTIC ABUSE SOLUTIONS, VOLUNTEER INCOME TAX ASSISTANCE (VITA)
SPIRITRUST LUTHERAN 1050 PENNSYLVANIA AVE YORK, PA 17404	●●*: *—** - *505009(3)		25,938.	0.			DESIGNATION
ST. JOSEPH CHURCH 2935 KINGSTON RD YORK, PA 17402	●●*: *—** - *501701(3)		6,811.	0.			DESIGNATION
TEMPLE BETH ISRAEL 2090 HOLLYWOOD DR YORK, PA 17403	●●*: *—** - *505603(3)		9,300.	0.			DESIGNATION
THE ARC OF YORK COUNTY 497 HILL ST YORK, PA 17403	●●*: *—** - *509907(3)		12,333.	0.			DESIGNATION
THE ARC OF YORK COUNTY 497 HILL ST YORK, PA 17403	●●*: *—** - *509907(3)		10,000.	0.			CASE MANAGEMENT/ADVOCACY
THE LEHMAN CENTER 400 W MARKET ST YORK, PA 17401	●●*: *—** - *509603(3)		36,000.	0.			CRISIS-RESPITE NURSERY
THE SALVATION ARMY 50 E KING ST YORK, PA 17401	●●*: *—** - *502603(3)		37,149.	0.			DESIGNATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUENORTH WELLNESS SERVICES 625 W ELM AVE HANOVER, PA 17331	●●*: *—** - 501007(3)		8,131.	0.			DESIGNATION
TRUENORTH WELLNESS SERVICES 625 W ELM AVE HANOVER, PA 17331	●●*: *—** - 501007(3)		95,350.	0.			AMAZING KIDS CLUB, TRANSITIONS, PREVENTION
UNITED WAY CENTRAL CAROLINAS, INC. PO BOX 890685 CHARLOTTE, NC 28289-0685	●●*: *—** - 509903(3)		10,620.	0.			DESIGNATION
UNITED WAY OF CARLISLE & CUMBERLAND COUNTY - 145 S HANOVER ST - CARLISLE, PA 17013	●●*: *—** - 502061(3)		11,794.	0.			DESIGNATION
UNITED WAY OF CENTRAL MARYLAND 1800 WASHINGTON BLVE STE 340 BALTIMORE, MD 21230	●●*: *—** - 501503(3)		12,756.	0.			DESIGNATION
UNITED WAY OF LANCASTER COUNTY 1910 HARRINGTON DR STE A LANCASTER, PA 17601	●●*: *—** - 502003(3)		6,501.	0.			DESIGNATION
UNITED WAY OF THE CAPE FEAR AREA 5919 OLEANDER DRIVE STE 115 WILMINGTON, NC 28403	●●*: *—** - 509903(3)		11,293.	0.			DESIGNATION
VISITING NURSE ASSOCIATION OF HANOVER & SPRING GROVE - 440 N MADISON ST - HANOVER, PA 17331	●●*: *—** - 501663(3)		15,796.	0.			DESIGNATION
VNA-HANOVER 440 N MADISON AVE HANOVER, PA 17331	●●*: *—** - 501663(3)		20,000.	0.			HOME HEALTH CARE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE ROSE LEADERSHIP INSTITUTE 2251 FRIESIAN RD YORK, PA 17406	●●*: *—** - 505605(3)	505605(3)	5,125.	0.			DESIGNATION
YMCA HANOVER AREA 500 N GEORGE ST HANOVER, PA 17331	●●*: *—** - 502065(3)	502065(3)	5,898.	0.			DESIGNATION
YMCA OF YORK AND YORK COUNTY 90 N NEWBERRY ST YORK, PA 17401	●●*: *—** - 502600(3)	502600(3)	39,496.	0.			DESIGNATION
YMCA-HANOVER 500 N GEORGE ST HANOVER, PA 17331	●●*: *—** - 502065(3)	502065(3)	22,000.	0.		CAMP HICKORY, DISCOVERY PROGRAM, EARLY LEARNING CENTER	
YMCA-YORK 90 N NEWBERRY ST YORK, PA 17401	●●*: *—** - 502600(3)	502600(3)	137,000.	0.		SCHOOL AGE CHILD CARE, Y ACHIEVERS, MEN'S RESIDENCE, SOUTHERN COMMUNITY SERVICES CASE	
YORK ACADEMY REGIONAL CHARTER SCHOOL - 32 W NORTH ST - YORK, PA 17401	●●*: *—** - 509962(3)	509962(3)	7,152.	0.			DESIGNATION
YORK CATHOLIC HIGH SCHOOL 601 E SPRINGETTSBURY AVE YORK, PA 17403	●●*: *—** - 504701(3)	504701(3)	14,190.	0.			DESIGNATION
YORK CITY DOLLARS FOR SCHOLARS PO BOX 2261 YORK, PA 17405	●●*: *—** - 509102(3)	509102(3)	8,598.	0.			DESIGNATION
YORK COUNTY CHILDREN'S ADVOCACY CENTER - 28 S QUEEN ST - YORK, PA 17403	●●*: *—** - 504708(3)	504708(3)	32,000.	0.			CHILD FORENSIC AND ADVOCACY SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YORK COUNTY FOOD BANK 254 W PRINCESS ST YORK, PA 17401	●●*: *___* - 502404(3)		6,012.	0.			DESIGNATION
YORK COUNTY LIBRARY SYSTEM 159 E MARKET ST YORK, PA 17401	●●*: *___* - 504108(3)		5,050.	0.			DESIGNATION
YORK COUNTY LITERACY COUNCIL 800 E KING ST YORK, PA 17403	●●*: *___* - 508102(3)		43,200.	0.			ADULT READING, ENGLISH AS A SECOND LANGUAGE
YORK COUNTY LITERACY COUNCIL 800 E KING ST YORK, PA 17403	●●*: *___* - 508102(3)		27,880.	0.			DESIGNATION
YORK COUNTY SPCA 3159 SUSQUEHANNA TRAIL YORK, PA 17406	●●*: *___* - 509508(3)		5,000.	0.			DESIGNATIONS
YORK COUNTY SPCA 3159 SUSQUEHANNA TRAIL YORK, PA 17406	●●*: *___* - 509508(3)		83,239.	0.			DESIGNATION
YORK DAY NURSERY 450 E PHILADELPHIA ST YORK, PA 17403	●●*: *___* - 509205(3)		118,800.	0.			CHILD CARE
YORK DAY NURSERY 450 E PHILADELPHIA ST YORK, PA 17403	●●*: *___* - 509205(3)		20,146.	0.			DESIGNATION
YORK HEALTH FOUNDATION 50 N DUKE ST YORK, PA 17401	●●*: *___* - 500102(3)		27,011.	0.			DESIGNATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YORK JEWISH COMMUNITY CENTER 2000 HOLLYWOOD DR YORK, PA 17403	●●*: *___* - *505107(3)		37,000.	0.			CHILD CARE
YORK JEWISH COMMUNITY CENTER 2000 HOLLYWOOD DR YORK, PA 17403	●●*: *___* - *505107(3)		21,710.	0.			DESIGNATION
YORK'S COVID-19 RESPONSE FUND (YCCF) - 14 W MARKET ST - YORK, PA 17401	●●*: *___* - *509808(3)		26,732.	0.			DESIGNATION
YWCA HANOVER 23 W CHESTNUT ST HANOVER, PA 17331	●●*: *___* - *502608(3)		5,882.	0.			DESIGNATION
YWCA-HANOVER 23 W CHESTNUT ST HANOVER, PA 17331	●●*: *___* - *502608(3)		60,550.	0.			EARLY LEARNING CENTER, SAFE HOME, SCHOOL AGE CHILD CARE
YWCA-YORK 320 E MARKET ST YORK, PA 17403	●●*: *___* - *501809(3)		244,250.	0.			COMMUNITY EDUCATION, EARLY CHILD CARE, DOMESTIC VIOLENCE SHELTER, QUANTUM
AMERICAN RED CROSS 724 S GEORGE ST YORK, PA 17401	●●*: *___* - *505605(3)		86,000.	0.			EMERGENCY SERVICES
BELL SOCIALIZATION SERVICES 160 S GEORGE ST YORK, PA 17401	●●*: *___* - *505408(3)		39,150.	0.			BELL FAMILY SHELTER, BRIDGE HOUSING
YWCA-YORK 320 E MARKET ST YORK, PA 17403	●●*: *___* - *501809(3)		51,488.	0.			DESIGNATION

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ON AN ANNUAL BASIS, UNITED WAY OF YORK COUNTY PARTNER AGENCIES SUBMIT PROGRAM APPLICATIONS WHICH ARE REVIEWED BY TRAINED VOLUNTEERS IN THE AREAS OF EDUCATION, HEALTH AND FINANCIAL STABILITY. THE APPLICATIONS INCLUDE BUDGET INFORMATION FOR THE PROGRAM AS WELL AS MEASURABLE OUTCOMES. PANEL VOLUNTEERS ALSO MEET WITH THE AGENCY STAFF TO DISCUSS THE PROGRAMS. EVERY THREE YEARS, PARTNER AGENCIES GO THROUGH AN AGENCY REVIEW PROCESS WHERE VOLUNTEERS REVIEW AUDITS AND FINANCIAL POLICIES AND PROCEDURES OF THE AGENCIES. UNITED WAY OF YORK COUNTY ALSO ALLOWS DONORS TO DESIGNATE THEIR

Part IV Supplemental Information

CONTRIBUTIONS TO QUALIFIED 501(C)(3) ORGANIZATIONS. THESE CONTRIBUTIONS ARE SPECIFICALLY DIRECTED BY THE DONOR TO BE FORWARDED TO OTHER NONPROFIT ORGANIZATIONS. THIS SERVICE IS PROVIDED AS A CONVENIENCE TO OUR DONORS. BECAUSE THE DEISGNATIONS ARE DIRECTED BY THE DONORS, THE ORGANIZATIONS ARE NOT REQUIRED TO PROVIDE INFORMATION RELATIVE TO THE USE AND RESULTS OF THESE CONTRIBUTIONS. ELIGIBILITY IS DETERMINED ANNUALLY THOUGH GUIDESTAR.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY PROGRESS COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: GETTING AHEAD IN A JUST GETTING BY WORLD, COMMUNITY CENTERS/SELF-SUFFICIENCY COACHING

NAME OF ORGANIZATION OR GOVERNMENT: CRISPUS ATTUCKS

(H) PURPOSE OF GRANT OR ASSISTANCE: ACTIVE LIVING CENTER, CENTER FOR EMPLOYMENT AND TRAINING, YOUTH EMPLOYMENT SERVICES, EARLY LEARNING CENTER, RISING STARS AFTER-SCHOOL PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: YMCA-YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOOL AGE CHILD CARE, Y ACHIEVERS, MEN'S RESIDENCE, SOUTHERN COMMUNITY SERVICES CASE MANAGEMENT, NEW AMERICAN WELCOME CENTER, YORK YMCA EARLY LEARNING CENTER

NAME OF ORGANIZATION OR GOVERNMENT: YWCA-YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY EDUCATION, EARLY CHILD CARE, DOMESTIC VIOLENCE SHELTER, QUANTUM OPPORTUNITIES PROGRAM, SCHOOL AGE CHILD CARE, TEMPLE GUARD DRILL TEAM, VICTIM ASSISTANCE CENTER COUNSELING SERVICES

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF YORK COUNTY

Employer identification number
****-***2588**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	<input checked="" type="checkbox"/>
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>
c Participate in or receive payment from an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	<input checked="" type="checkbox"/>
b Any related organization?	5b	<input checked="" type="checkbox"/>
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	<input checked="" type="checkbox"/>
b Any related organization?	6b	<input checked="" type="checkbox"/>
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANNE DRUCK PRESIDENT/SECRETARY	(i)	159,210.	0.	12,180.	12,737.	14,640.	198,767.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **UNITED WAY OF YORK COUNTY** Employer identification number ****-***2588**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		11,644.	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	73,562.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (CAMPAIGN INCE)	X	10	26,744.	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.		X
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II.	X	
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS IS THE NUMBER OF CONTRIBUTORS THAT CONTRIBUTED THAT TYPE OF ITEM.

SCHEDULE M, LINE 32B:

DONATED STOCK IS SOLD WHEN RECEIVED THROUGH AN ACCOUNT WITH WILMINGTON TRUST INVESTMENT ADVISORS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

UNITED WAY OF YORK COUNTY

Employer identification number

-*2588

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THAT IMPACT COMMUNITY NEEDS IN AREAS OF EDUCATION, INCOME AND HEALTH AS
WELL AS OTHER 501(C)(3) ORGANIZATIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FUNDRAISING CAMPAIGN, DONORS ARE ALSO ABLE TO DESIGNATE THEIR
CONTRIBUTION TO QUALIFIED ORGANIZATIONS EXEMPT UNDER 501(C)(3). THIS
SERVICE IS PROVIDED AS A CONVENIENCE TO OUR DONORS. ORGANIZATIONS
RECEIVING DESIGNATIONS ARE NOT REQUIRED TO SUBMIT INFORMATION RELATIVE
TO THE USE AND RESULTS OF THESE CONTRIBUTIONS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAMS AND RESOURCES ARE MADE POSSIBLE THROUGH GRANTS RECEIVED FROM
THE DONLEY FOUNDATION, UNITED WAY OF PENNSYLVANIA, DONALD B. AND
DOROTHY L. STABLER FOUNDATION, PNC FOUNDATION, YORK COUNTY COMMUNITY
FOUNDATION, AND EAST YORK ROTARY. IN 2020, FOCUS PROVIDED READY FREDDY,
A KINDERGARTEN READINESS PROGRAM, TO 348 CHILDREN AND THEIR FAMILIES
FROM FIVE YORK COUNTY SCHOOL DISTRICTS. IN ADDITION, INFANT/TODDLER,
PRESCHOOL AND KINDERGARTEN READINESS MATERIALS WERE DISTRIBUTED TO OVER
1,000 FAMILIES THROUGH COLLABORATION WITH YORK COUNTY PARTNERS. THE
YORK READS INITIATIVE OF FOCUS INCLUDES THE FOLLOWING PROGRAMS: EARLY
LITERACY 100 BOOK CHALLENGE, EARLY LITERACY READ TO ME CHALLENGE,
READING READY CORNERS, LITTLE FREE LIBRARIES, AND REACH OUT AND READ.
OVER 83,000 BOOKS WERE DISTRIBUTED OR READ IN THE PAST YEAR THROUGH
THESE PROGRAMS.

UNITED WAY OF YORK COUNTY ALSO OFFERS THE YORK COUNTY TRUANCY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

UNITED WAY OF YORK COUNTY

Employer identification number

-*2588

PREVENTION INITIATIVE ("YCTPI") WHICH IS COMMITTED TO DELIVERING A SPECTRUM OF REPORTING, PREVENTION AND INTERVENTION SERVICES TO HELP STUDENTS STAY IN SCHOOL BY REDUCING AND PREVENTING SCHOOL TRUANCY. IT IS DEDICATED TO ESTABLISHING AN ORGANIZED AND ALIGNED EFFORT AMONG ALL COMMUNITY PARTICIPANTS TO PREVENT AND INTERVENE IN TRUANT BEHAVIOR. YCTPI'S MISSION IS TO REDUCE THE TRUANT POPULATION IN YORK COUNTY BY ESTABLISHING A PROTOCOL FOR IMPROVED COMMUNICATION, INSTITUTING A CONSISTENT RESPONSE TO THIS ISSUE, AND INITIATING INTERVENTIONS. WITH TRUANCY AS A LEADING FACTOR PREVENTING CHILDREN'S SUCCESS IN SCHOOL, GRADUATION FROM HIGH SCHOOL, AND MERGER INTO SOCIETY AS PRODUCTIVE MEMBERS OF SOCIETY, THE YCTPI AIMS TO ASSURE THAT ELEMENTARY AND MIDDLE SCHOOL STUDENTS ARE PREPARED TO SUCCEED IN LATER GRADES, HIGH SCHOOL STUDENTS GRADUATE ON TIME AND YOUNG ADULTS MAKE A SUCCESSFUL TRANSITION TO POST-SECONDARY EDUCATION, THE WORK WORLD OR PUBLIC SERVICE. THE YCTPI CURRENTLY CO-CHAIRS THE TRUANCY TASK FORCE WHICH MEETS BI-MONTHLY TO PROVIDE A CONTINUOUS GAUGE OF THE NEED AND RELEVANCE FOR TRUANCY PREVENTION AND INTERVENTION SERVICES, ALLOWING FOR AN OPEN DIALOGUE BETWEEN THE VARIOUS STAKEHOLDERS. PROFESSIONAL DEVELOPMENT TOPICS ARE PRESENTED AT EACH MEETING. IN 2011, YORK COUNTY YOUTH COURT ALLIANCE (YCA), A STUDENT-RUN TRUANCY INTERVENTION PROGRAM, WAS CREATED BY THE YCTPI. YCA SERVES CENTRAL YORK, NORTHEASTERN, RED LION AREA, AND YORK CITY SCHOOL DISTRICTS. YCA WORKS TO DIVERT STUDENTS AND THEIR FAMILIES FROM THE DISTRICT COURT FOR TRUANCY CITATIONS. THE PROGRAM ALSO AIMS TO RE-ENGAGE TRUANT STUDENTS BACK IN TO SCHOOL TO KEEP THEM ON TRACK TOWARD HIGH SCHOOL GRADUATION. DISPOSITIONS CAN INCLUDE ATTENDANCE IMPROVEMENT, MENTORING, COMMUNITY SERVICE, RESEARCH, AND TUTORING. DURING THE 2020-2021 SCHOOL YEAR, YOUTH COURT ALLIANCE SERVED 307 STUDENTS. FUNDING FOR THE YCTPI AND YCA ARE PROVIDED BY THE YORK COUNTY

Name of the organization

UNITED WAY OF YORK COUNTY

Employer identification number

-*2588

BAR FOUNDATION AND THE YORK COUNTY OFFICE OF CHILDREN, YOUTH, AND
FAMILIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

1,000 VOLUNTEERS PARTICIPATED IN THE ANNUAL DAY OF ACTION AND
VOLUNTEERS OVER 2,000 HOURS OF SERVICE FOR VOLUNTEER CENTER MEMBERS.
PROJECTS INCLUDED GARDEN MAINTENANCE, READING TO CHILDREN, BUILDING
IMPROVEMENTS AND MANY OTHER WORTHWHILE ACTIVITIES.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS DISTRIBUTED TO UNITED WAY OF YORK COUNTY'S BOARD OF DIRECTORS
AND THE EXECUTIVE COMMITTEE WILL REVIEW AND GIVE APPROVAL BEFORE THE FORM
990 IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

UNITED WAY OF YORK COUNTY MAINTAINS INFORMATION PROVIDED AS CONFLICTS OF
INTEREST WHICH ARE UPDATED ANNUALLY. IF THERE IS A CONFLICT, THE PERSON
ABSTAINS FROM ANY MOTION RELATED TO THE CONFLICT. THIS IS DOCUMENTED IN THE
MINUTES OF EACH MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

PERFORMANCE APPRAISALS ARE CONDUCTED FOR ALL STAFF ON AN ANNUAL BASIS. THE
PRESIDENT COMPLETES THE PERFORMANCE APPRAISALS FOR MANAGEMENT EMPLOYEES AND
REVIEWS THE FORMS COMPLETED BY MANAGEMENT FOR THE STAFF REPORTING TO THEM.
SALARY ADJUSTMENTS ARE RECOMMENDED TO THE HUMAN RESOURCES COMMITTEE BY THE
PRESIDENT. THE HUMAN RESOURCES COMMITTEE RECEIVES THE INFORMATION WHICH
INCLUDES THE SALARY RANGES FOR EACH POSITION AND APPROVES THE SALARY
ADJUSTMENTS. THE PERFORMANCE APPRAISAL FOR THE PRESIDENT IS COMPLETED BY

Name of the organization UNITED WAY OF YORK COUNTY	Employer identification number **-***2588
---	--

THE EXECUTIVE COMMITTEE. THE BOARD OF DIRECTORS APPROVES THE SALARY OF THE PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19:

UNITED WAY OF YORK COUNTY INCLUDES COPIES OF THE CURRENT FORM 990, AUDITED FINANCIAL STATEMENTS, AND CODE OF ETHICS ON ITS WEBSITE - WWW.UNITEDWAY-YORK.ORG. THE FORM 990 IS ALSO AVAILABLE AT WWW.GUIDESTAR.ORG.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN INTEREST IN NET ASSETS OF COMMUNITY FOUNDATION	141,858.
BOOK/TAX DIFFERENCE ON SALE OF INVESTMENTS	105,395.
TOTAL TO FORM 990, PART XI, LINE 9	247,253.

FORM 990, PART XII, LINE 2C:

FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS HAS NOT CHANGED FROM PRIOR YEAR.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF YORK COUNTY	Taxpayer identification number (TIN) ** - ***2588
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 800 EAST KING STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. YORK, PA 17403	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ANNE R DRUCK

- The books are in the care of ▶ **800 EAST KING STREET - YORK, PA 17403**
Telephone No. ▶ **717-843-0957** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **FEBRUARY 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ calendar year _____ or
- ▶ tax year beginning **APR 1, 2020**, and ending **MAR 31, 2021**.
- 2** If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING

MARCH 31, 2021

PREPARED FOR:

UNITED WAY OF YORK COUNTY
800 EAST KING STREET
YORK, PA 17403

PREPARED BY:

RKL LLP
3501 CONCORD ROAD, STE 250
YORK, PA 17402

AMOUNT OF TAX:

BALANCE DUE OF \$250

MAKE CHECK PAYABLE TO:

COMMONWEALTH OF PENNSYLVANIA

MAIL TAX RETURN TO:

BUREAU OF CHARITABLE ORGANIZATIONS
207 NORTH OFFICE BUILDING
HARRISBURG, PA 17120

RETURN MUST BE MAILED ON OR BEFORE:

FEBRUARY 15, 2022

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

A COMPLETED AND SIGNED COPY OF THE FEDERAL FORM 990 (AND ALL APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM BCO-10.

WE RECOMMEND THAT YOU SEND THE ENCLOSED FORM TO THE TAXING AUTHORITIES BY CERTIFIED MAIL WITH A REQUEST FOR A RETURN RECEIPT. PLEASE RETAIN THE RECEIPT AS PROOF OF TIMELY FILING.

Mail to:

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
207 North Office Building
Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 8/2017)

Fee: See instructions

Read all instructions prior to completing form.

Certificate number: 1539
(N/A if initial registration)

Fiscal year ended: 03/31/2021
MM DD YYYY

FEIN: ** - ***2588

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

Organization is exempt from registration because

Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: UNITED WAY OF YORK COUNTY

Check if name change and give previous name _____

2. All other names used to solicit contributions: _____

NONE

3. Contact person: ANNE R. DRUCK Contact's E-mail: DRUCKA@UNITEDWAY-YORK.ORG

4. Physical address of organization: _____ Mailing address: (If different than physical) _____

800 EAST KING STREET

YORK

PA 17403

County: YORK

Phone number: 717-843-0957

800 number: _____

Fax number: 717-843-4082

Email (if different than Contact's email): _____

Website: WWW.UNITEDWAY-YORK.ORG

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):
NON-PROFIT CORPORATION

Where established: PENNSYLVANIA

Date established:* 03/09/1964

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

UNITED WAY OF YORK COUNTY

- 6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

UNITED WAY OF YORK COUNTY

800 EAST KING STREET, YORK, PA 17403

717-843-0957

- 7. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

- §162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
- §162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
- §162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
- §162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
- Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

Items 8 and 9 are required to be completed by initial registrants only

- 8. Date organization first solicited contributions from Pennsylvania residents: _____
MM DD YYYY
Other _____
- 9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.

MM DD YYYY
Other _____

*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

UNITED WAY OF YORK COUNTY

10. Has the organization been granted IRS tax-exempt status? Yes No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? Yes No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

DIRECT MAIL, PERSONAL CONTACT, INTERNET

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

THE ORGANIZATION ADMINISTERS AN ANNUAL FUNDRAISING CAMPAIGN IN YORK COUNTY, PENNSYLVANIA AND USES THOSE FUNDS TO SUPPORT A VARIETY OF HUMAN SERVICE PROGRAMS IN YORK COUNTY. THIS PROGRAM IS IN EXISTENCE.

14. Is the organization registered to solicit contributions in any other state or municipality?

Yes No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intends to only use a professional fundraising counsel.) Yes No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: 04/01/2018
Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

SEE STATEMENT 1

UNITED WAY OF YORK COUNTY

- 17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

SEE STATEMENT 2

- 18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

NONE

- 19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?

(See note "Affiliate and Parent Organization") Yes No Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations: (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

- 20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")

Yes No Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

Legal name of parent organization

Pennsylvania certificate number

- 21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

SEE STATEMENT 3

UNITED WAY OF YORK COUNTY

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

ANNE R. DRUCK

800 EAST KING STREET YORK, PA 17403

B. Have final responsibility for the custody of contributions:

ANNE R. DRUCK

800 EAST KING STREET YORK, PA 17403

C. Have final responsibility for final distribution of contributions:

ANNE R. DRUCK

800 EAST KING STREET YORK, PA 17403

D. Are responsible for custody of financial records:

ANNE R. DRUCK

800 EAST KING STREET YORK, PA 17403

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? ** Yes No

** (this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

UNITED WAY OF YORK COUNTY

Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer

Date

NATALEE COLON, CHAIR ELECT

Type or print name and title of Chief Fiscal Officer

Signature of Other Authorized Officer

Date

ANNE R. DRUCK, PRESIDENT

Type or print name and title of Other Authorized Officer

Checklist for registration:	
<input checked="" type="checkbox"/>	Completed registration statement properly signed and dated.
<input checked="" type="checkbox"/>	A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
<input type="checkbox"/>	Public Disclosure Form BCO-23 (if required)
<input checked="" type="checkbox"/>	Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
<input checked="" type="checkbox"/>	Registration fee and any late filing fees
<input type="checkbox"/>	Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.
See Instructions for more information on completing this form and attachments.	

FORM BCO-10

ALL PROFESSIONAL SOLICITORS

STATEMENT 1

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SOLICIT DATE

FORM BCO-10

PROFESSIONAL FUNDRAISING COUNSELS

STATEMENT 2

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SERVICE DATE

FORM BCO-10

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

STATEMENT 3

NAME AND ADDRESS

TITLE

ANNE DRUCK
800 EAST KING STREET
YORK, PA 17403

PRESIDENT/SECRETARY

NAME AND ADDRESS

TITLE

ELIZABETH LOUCKS (TILL 8/2020)
800 EAST KING STREET
YORK, PA 17403

SVP FINANCE / ADMINISTRATION

NAME AND ADDRESS

TITLE

DANIEL SURMA (START 11/2020)
800 EAST KING STREET
YORK, PA 17403

VP OF FINANCE

NAME AND ADDRESS

AMY WANNEMACHER
800 EAST KING STREET
YORK, PA 17403

TITLE

BOARD CHAIR

NAME AND ADDRESS

SCOTT DEISLEY
800 EAST KING STREET
YORK, PA 17403

TITLE

CHAIR ELECT

NAME AND ADDRESS

TOM KOPPMANN
800 EAST KING STREET
YORK, PA 17403

TITLE

TREASURER

NAME AND ADDRESS

JOSEPH RILATT
800 EAST KING STREET
YORK, PA 17403

TITLE

IMMEDIATE PAST CHAIR

NAME AND ADDRESS

CHRIS BEAVERSON
800 EAST KING STREET
YORK, PA 17403

TITLE

BOARD MEMBER

NAME AND ADDRESS

TIMOTHY BIEBER
800 EAST KING STREET
YORK, PA 17403

TITLE

BOARD MEMBER

NAME AND ADDRESS

WILLIAM HARTMAN
800 EAST KING STREET
YORK, PA 17403

TITLE

BOARD MEMBER

NAME AND ADDRESS

ROBERT BREIGHNER
800 EAST KING STREET
YORK, PA 17403

TITLE

BOARD MEMBER

NAME AND ADDRESS

CRISTINE ANDREWLESKI
800 EAST KING STREET
YORK, PA 17403

TITLE

BOARD MEMBER

NAME AND ADDRESS

NATALEE COLON
800 EAST KING STREET
YORK, PA 17403

TITLE

BOARD MEMBER

NAME AND ADDRESS

TITLE

AMANDA CRESSWELL
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER

NAME AND ADDRESS

TITLE

KEITH NOLL
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER

NAME AND ADDRESS

TITLE

KIMBERLY BRISTER
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER

NAME AND ADDRESS

TITLE

MICHAEL DEROSA JR
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER

NAME AND ADDRESS

TITLE

KATE HYNES
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER

NAME AND ADDRESS

TITLE

ZACHARY KAUFFMAN
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER

NAME AND ADDRESS

TITLE

ANDREW KOPLITZ
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER

NAME AND ADDRESS

TITLE

LEIGH ANN WILSON
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER

NAME AND ADDRESS

TITLE

EDSON MORALES
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER

NAME AND ADDRESS

TITLE

MYNECA OJO
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER

NAME AND ADDRESS

TITLE

CHRISTINE NENTWIG
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER

NAME AND ADDRESS

TITLE

LANCE PETERS
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER

NAME AND ADDRESS

TITLE

LOUIS RIVERA III
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER

NAME AND ADDRESS

TITLE

KEVIN SCHREIBER
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER

NAME AND ADDRESS

TITLE

SEAN GORMLEY
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER

NAME AND ADDRESS

TITLE

LINDA SENFT
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER

NAME AND ADDRESS

TITLE

THOM CONLEY
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER

NAME AND ADDRESS

TITLE

SHANNA TERROSO
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER

NAME AND ADDRESS

TITLE

JULIAN TOLBERT
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER

NAME AND ADDRESS

TITLE

JAMIE WALKER
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER

NAME AND ADDRESS

TITLE

THOMAS DONLEY
800 EAST KING STREET
YORK, PA 17403

BOARD MEMBER