

Return of Organization Exempt From Income Tax

Form 990

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

2023

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning APR 1, 2023 and ending MAR 31, 2024

Form header section containing organization name (UNITED WAY OF YORK COUNTY), address (140 E MARKET ST, YORK, PA 17401), identification number (23-1352588), and principal officer (BRIAN GRIMM).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

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.

Signature block form with fields for officer signature (BRIAN GRIMM), preparer name (DOUGLAS L. BERMAN, CPA), and firm information (RKL LLP, 3501 CONCORD ROAD, STE 250, YORK, PA 17402).

May the IRS discuss this return with the preparer shown above? See instructions [X] 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: WE ASSIST WORKING HOUSEHOLDS IN OUR COMMUNITY TO ACHIEVE FINANCIAL STABILITY BY COLLABORATIVELY AND EQUITABLY REDUCING BARRIERS TO PROSPERITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] 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 \$ 3,548,516. including grants of \$ 2,755,593.) (Revenue \$ 4,812.) 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 63 PROGRAMS OF 34 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 \$ 156,746. 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 \$ 275,506. including grants of \$ 0.) (Revenue \$ 0.) UNITED WAY OF YORK COUNTY ALSO OFFERS THE YORK COUNTY TRUANCY PREVENTION INITIATIVE ("YCTPI") WHICH IS COMMITTED TO 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

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

4e Total program service expenses 3,980,768.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.

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 the 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 line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash 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 on 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 on 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 columns. Includes rows 2a through 17 with various tax-related questions and answers.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 22; 1b Enter the number of voting members included... 22; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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; 11b Describe on 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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 on 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; 16b 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.
[X] Own website [] Another's website [X] 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
BRIAN GRIMM - 717-843-0957
140 E MARKET ST, YORK, PA 17401

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) AMY WANNEMACHER INTERIM PRESIDENT/VP OF FINANCE (TIL	45.00	X		X				133,458.	0.	0.
(2) KIM ALVAREZ VP OF DONOR RELATIONS	45.00					X		114,289.	0.	16,708.
(3) BRIAN GRIMM PRESIDENT/SECRETARY (START 7/23)	45.00			X				71,785.	0.	9,568.
(4) JOHN ZANDER VP OF FINANCE (UNTIL 05/23)	45.00			X				40,625.	0.	19,544.
(5) RUSSELL REESER VP OF FINANCE (START 12/23)	45.00			X				4,615.	0.	0.
(6) JULIAN TOLBERT BOARD CHAIR	5.00	X		X				0.	0.	0.
(7) NATALEE COLON CHAIR ELECT (TILL 2/24)	2.00	X		X				0.	0.	0.
(8) KIMBERLY BRISTER BOARD MEMBER/CHAIR ELECT	2.00	X		X				0.	0.	0.
(9) TOM KOPPMANN TREASURER (UNTIL 6/23)	2.00	X		X				0.	0.	0.
(10) ANDREW KOPLITZ BOARD MEMBER/TREASURER (START 7/23)	5.00	X		X				0.	0.	0.
(11) WILLIAM HARTMAN BOARD MEMBER	2.00	X						0.	0.	0.
(12) KEITH NOLL BOARD MEMBER	2.00	X						0.	0.	0.
(13) KATE HYNES BOARD MEMBER (UNTIL 6/23)	2.00	X						0.	0.	0.
(14) LEIGH ANN WILSON BOARD MEMBER	2.00	X						0.	0.	0.
(15) EDSON MORALES BOARD MEMBER	2.00	X						0.	0.	0.
(16) MYNECA OJO BOARD MEMBER	2.00	X						0.	0.	0.
(17) CHRISTINE NENTWIG 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) KEVIN SCHREIBER BOARD MEMBER (UNTIL 6/23)	2.00	X						0.	0.	0.
(19) LINDA SENFT BOARD MEMBER (UNTIL 6/23)	2.00	X						0.	0.	0.
(20) SHANNA TERROSO BOARD MEMBER (UNTIL 6/23)	2.00	X						0.	0.	0.
(21) JT HAND BOARD MEMBER/CAMPAIGN CHAIR (UNTIL 6)	2.00	X						0.	0.	0.
(22) JOHN EYSTER BOARD MEMBER/CAMPAIGN CHAIR	2.00	X						0.	0.	0.
(23) THOMAS DONLEY BOARD MEMBER	2.00	X						0.	0.	0.
(24) HAROLD MYERS, JR. BOARD MEMBER	2.00	X						0.	0.	0.
(25) CHRIS PARASKEVAKOS BOARD MEMBER	2.00	X						0.	0.	0.
(26) DELMA RIVERA-LYTLE BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								364,772.	0.	45,820.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								364,772.	0.	45,820.

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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		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 VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Joyce Santiago, Gina Spangler, John Blecher, Michael Haun, Dr. Mark Kearse, Sully Pinos, and Clair Doll.

Total to Part VII, Section A, line 1c

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					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	292,212.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,826,115.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 105,761.				
	h Total. Add lines 1a-1f		5,118,327.				
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)		116,791.			116,791.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,345,675.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	1,229,704.				
	c Gain or (loss)	7c	115,971.				
	d Net gain or (loss)		115,971.			115,971.	
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 MISCELLANEOUS REVENUE	900099	6,525.			6,525.	
	b COST RECOVERY FEES ON DESIGNATION	900099	4,812.	4,812.			
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d		11,337.				
12 Total revenue. See instructions		5,362,426.	4,812.	0.	239,287.		

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 ...	2,755,593.	2,755,593.		
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	316,747.	148,332.	67,468.	100,947.
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	1,084,220.	507,741.	230,939.	345,540.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	44,342.	20,765.	9,445.	14,132.
9 Other employee benefits	149,629.	70,410.	31,735.	47,484.
10 Payroll taxes	113,789.	53,289.	24,236.	36,264.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,065.	499.	227.	339.
c Accounting	57,957.	27,141.	12,345.	18,471.
d Lobbying	871.	408.	185.	278.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	25,599.		25,599.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	185,649.	86,937.	39,545.	59,167.
12 Advertising and promotion	39,964.	24,068.		15,896.
13 Office expenses	13,132.	6,149.	2,797.	4,186.
14 Information technology	69,437.	35,268.	13,609.	20,560.
15 Royalties				
16 Occupancy	65,210.	30,540.	13,890.	20,780.
17 Travel	3,812.	2,499.	526.	787.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	58,435.	28,003.	12,192.	18,240.
20 Interest	8,069.	3,781.	1,718.	2,570.
21 Payments to affiliates	48,392.	22,662.	10,307.	15,423.
22 Depreciation, depletion, and amortization	20,591.	9,642.	4,386.	6,563.
23 Insurance	21,818.	10,218.	4,647.	6,953.
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	110,980.	90,159.		20,821.
b CAMPAIGN AND COMMUNICAT	39,422.	16,189.	9,615.	13,618.
c DUES AND SUBSCRIPTIONS	18,709.	8,762.	3,985.	5,962.
d SUPPLIES	17,272.	8,090.	3,678.	5,504.
e All other expenses _____	40,493.	13,623.	6,197.	20,673.
25 Total functional expenses. Add lines 1 through 24e	5,311,197.	3,980,768.	529,271.	801,158.
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 <input type="checkbox"/> 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	0.
	2 Savings and temporary cash investments	710,653.	2	336,908.
	3 Pledges and grants receivable, net	2,113,961.	3	1,994,287.
	4 Accounts receivable, net	52,635.	4	79,927.
	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	15,627.	9	44,319.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 148,203.		
	b Less: accumulated depreciation	10b 101,383.		
	11 Investments - publicly traded securities	29,874.	10c	46,820.
	12 Investments - other securities. See Part IV, line 11	4,692,273.	11	5,329,272.
	13 Investments - program-related. See Part IV, line 11	537,651.	12	579,660.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	200,766.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,353,590.	15	163,702.	
		16	8,574,895.	
Liabilities	17 Accounts payable and accrued expenses	1,465,022.	17	1,097,532.
	18 Grants payable	510,645.	18	453,879.
	19 Deferred revenue		19	18,000.
	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		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	200,393.	25	165,028.
	26 Total liabilities. Add lines 17 through 25	2,176,060.	26	1,734,439.
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	3,514,877.	27	3,619,117.
	28 Net assets with donor restrictions	2,662,653.	28	3,221,339.
	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	6,177,530.	32	6,840,456.
	33 Total liabilities and net assets/fund balances	8,353,590.	33	8,574,895.

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	5,362,426.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,311,197.
3	Revenue less expenses. Subtract line 2 from line 1	3	51,229.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,177,530.
5	Net unrealized gains (losses) on investments	5	659,531.
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	-47,834.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,840,456.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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		

Form 990 (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5735674.	5277204.	5854450.	5056583.	5118327.	27042238.
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	5735674.	5277204.	5854450.	5056583.	5118327.	27042238.
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)						1378529.
6 Public support. Subtract line 5 from line 4.						25663709.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	5735674.	5277204.	5854450.	5056583.	5118327.	27042238.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	212,999.	132,705.	114,846.	94,658.	116,791.	671,999.
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.)	52,597.	58,820.	54,358.	41,708.	11,337.	218,820.
11 Total support. Add lines 7 through 10						27933057.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	91.88	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	95.00	%
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. 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 on line 12 of 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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 A

**Identification of Excess Contributions
Included on Part II, Line 5**

2023

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
WELLSPAN HEALTH	955,220.	396,559.
GLATFELTER INSURANCE	1,077,351.	518,690.
KINSLEY CONSTRUCTION	789,538.	230,877.
THE GRAHAM GROUP	690,973.	132,312.
PEOPLESBANK	658,752.	100,091.
Total Excess Contributions to Schedule A, Part II, Line 5		1,378,529.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

UNITED WAY OF YORK COUNTY

Employer identification number

23-1352588

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), 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), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization UNITED WAY OF YORK COUNTY	Employer identification number 23-1352588
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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	\$ 224,622.	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	\$ 259,186.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	KINSLEY CONSTRUCTION INC 2700 WATER STREET YORK, PA 17403	\$ 182,664.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE GRAHAM GROUP 1420 SIXTH AVENUE YORK, PA 17403	\$ 163,649.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PEOPLESBANK 109 LEADER HEIGHTS ROAD YORK, PA 17403	\$ 169,832.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	POWDER MILL FOUNDATION 140 E MARKET ST YORK, PA 17401	\$ 160,000.	Person <input checked="" 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 23-1352588
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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
7	THE DONLEY FOUNDATION P.O. BOX 320801 FAIRFIELD, CT 06825	\$ 259,108.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	COUNTY OF YORK 28 EAST MARKET STREET YORK, PA 17401	\$ 292,212.	Person <input checked="" type="checkbox"/> Payroll <input 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.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input 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.)
_____	_____ _____ _____	\$ _____	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 23-1352588
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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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

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 23-1352588
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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-.

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

Schedule C (Form 990) 2023

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%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">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) 2020	(b) 2021	(c) 2022	(d) 2023	(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		871.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			871.
2a Did the activities in line 1 cause the organization to not be 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 expenditures 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

2023

Open to Public Inspection

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

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 checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

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, 2a-2b) regarding the reporting of art and historical treasures, including revenue and asset amounts.

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 in 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	2,891,068.	3,305,418.	3,323,639.	2,526,185.	2,759,810.
b Contributions					
c Net investment earnings, gains, and losses	507,340.	-204,967.	70,767.	936,216.	-119,907.
d Grants or scholarships					
e Other expenditures for facilities and programs	139,854.	194,411.	71,926.	122,374.	99,741.
f Administrative expenses	15,691.	14,972.	17,062.	16,388.	13,977.
g End of year balance	3,242,863.	2,891,068.	3,305,418.	3,323,639.	2,526,185.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 42.9460 %
 - b Permanent endowment 57.0542 %
 - 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"/> | | |
- 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				
b Buildings				
c Leasehold improvements				
d Equipment		148,203.	101,383.	46,820.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				46,820.

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		
(2) Closely held equity interests		
(3) Other		
(A) YORK COUNTY COMMUNITY		
(B) FOUNDATION	579,660.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	579,660.	

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, line 13, col. (B))		

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, line 15, col. (B))	

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) OPERATING LEASE LIABILITY	165,028.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	165,028.

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	5,067,207.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	659,531.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-47,834.
e	Add lines 2a through 2d	2e	611,697.
3	Subtract line 2e from line 1	3	4,455,510.
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	25,599.
b	Other (Describe in Part XIII.)	4b	881,317.
c	Add lines 4a and 4b	4c	906,916.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,362,426.

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	4,404,281.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,404,281.
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	25,599.
b	Other (Describe in Part XIII.)	4b	881,317.
c	Add lines 4a and 4b	4c	906,916.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,311,197.

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:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES 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

Part XIII Supplemental Information (continued)

SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE OR LOCAL TAX
AUTHORITIES FOR YEARS BEFORE MARCH 31, 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGES IN NET ASSETS OF COMMUNITY FOUNDATION	42,009.
BOOK/TAX DIFFERENCE ON SALE OF INVESTMENTS	-89,843.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-47,834.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	881,317.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	881,317.
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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

2023

Open to Public
Inspection

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

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 724 S GEORGE ST YORK, PA 17401	53-0196605	501(C)(3)	78,346.	0.			EMERGENCY SERVICES
BELL SOCIALIZATION SERVICES 160 S GEORGE ST YORK, PA 17401	23-1896438	501(C)(3)	35,666.	0.			BELL FAMILY SHELTER, BRIDGE HOUSING
BIG BROTHERS/BIG SISTERS 227 WEST MARKET ST YORK, PA 17401	23-2580603	501(C)(3)	36,896.	0.			COMMUNITY BASED MENTORING PROGRAM, SCHOOL BASED MENTORING PROGRAM
BOY SCOUTS OF AMERICA NEW BIRTH OF FREEDOM COUNCIL - 1 BADEN POWELL LN - MECHANICSBURG, PA 17050	23-1365194	501(C)(3)	74,247.	0.			TRADITIONAL AND URBAN SCOUTING
CATHOLIC CHARITIES 253 E MARKET ST YORK, PA 17403	23-1352059	501(C)(3)	31,885.	0.			YORK COUNSELING OFFICE
CHILD CARE CONSULTANTS 29 N DUKE ST YORK, PA 17401	22-2842846	501(C)(3)	33,421.	0.			CHILD CARE RECRUITMENT AND SUPPORT SERVICES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **34.**
- 3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S AID SOCIETY - THE LEHMAN CENTER - 400 W MARKET ST - YORK, PA 17401	23-1429838	501(C)(3)	32,796.	0.			CRISIS-RESPIRE NURSERY
CHILDREN'S HOME OF YORK 77 SHOE HOUSE RD YORK, PA 17406	23-1352081	501(C)(3)	27,467.	0.			INDEPENDENT LIVING PROGRAM
COMMUNITIES IN SCHOOLS PO BOX 555 YORK, PA 17405	25-1728518	501(C)(3)	59,215.	0.			COMMUNITIES IN SCHOOLS
COMMUNITY PROGRESS COUNCIL 226 E COLLEGE AVE YORK, PA 17403	23-1653135	501(C)(3)	32,523.	0.			GETTING AHEAD IN A JUST GETTING BY WORLD, COMMUNITY CENTERS/SELF-SUFFICIENCY
CONTACT HELPLINE PO BOX 90035 HARRISBURG, PA 17109	23-7083169	501(C)(3)	31,885.	0.			PA 2-1-1
CRISPUS ATTUCKS ASSOCIATION 605 S DUKE ST YORK, PA 17401	23-1365320	501(C)(3)	128,815.	0.			ACTIVE LIVING CENTER, CENTER FOR EMPLOYMENT AND TRAINING, YOUTH EMPLOYMENT SERVICES,
FAMILY FIRST HEALTH 116 S GEORGE ST STE 349 YORK, PA 17401	23-7118262	501(C)(3)	47,964.	0.			NURSE FAMILY PARTNERSHIP
GIRL SCOUTS 350 HALE AVE HARRISBURG, PA 17104	23-1599657	501(C)(3)	56,027.	0.			GIRL SCOUT LEADERSHIP EXPERIENCE PROGRAM, GIRLS GO STEAM
HANOVER AREA YMCA 500 N GEORGE ST HANOVER, PA 17331	23-7172265	501(C)(3)	20,042.	0.			DISCOVERY PROGRAM, EARLY LEARNING CENTER

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY CENTER OF YORK COUNTY - 2000 HOLLYWOOD DR - YORK, PA 17403	23-2613265	501(C)(3)	33,707.	0.			CHILD CARE PROGRAM
LEADERSHIP YORK 238 N GEORGE ST YORK, PA 17401	23-2139541	501(C)(3)	18,220.	0.			FUTURE LEADERS OF YORK, BOARD TRAINING PROGRAM
LEG UP FARM 4880 N SHERMAN ST MT WOLF, PA 17347	23-2931834	501(C)(3)	34,846.	0.			ANIMAL ASSISTED PROGRAM, PEDIATRIC OUTPATIENT THERAPEUTIC PROGRAM, ABLE SERVICES
MENTAL HEALTH AMERICA OF YORK AND ADAMS COUNTIES - 36 S QUEEN ST - YORK, PA 17403	23-1576691	501(C)(3)	13,665.	0.			FINANCIAL CASE MANAGEMENT AND REPRESENTATIVE PAYEE SERVICE
MIDPENN LEGAL SERVICES 213A N FRONT ST HARRISBURG, PA 17101	23-7101191	501(C)(3)	21,744.	0.			CRITICAL HELP FOR CRITICAL MOMENTS
NEW HOPE MINISTRIES 99 W CHURCH ST DILLSBURG, PA 17019	23-2223120	501(C)(3)	132,095.	0.			CHILDREN'S SUCCESS INITIATIVE, FOOD, BASIC NEEDS, AND ECONOMIC STABILITY
PENN-MAR HUMAN SERVICES 310 OLD FREELAND RD FREELAND, MD 21053	52-1590195	501(C)(3)	21,953.	0.			CUSTOMIZED COMMUNITY EMPLOYMENT
PRESSLEY RIDGE 141 E MARKET ST YORK, PA 17401	23-1352133	501(C)(3)	20,953.	0.			BEHAVIORAL HEALTH SERVICES/IN HOME FAMILY SERVICES
SALVATION ARMY 50 E KING ST YORK, PA 17401	23-1352533	501(C)(3)	112,509.	0.			COMMUNITY CENTER YOUTH PROGRAM, FAMILY EMERGENCY ASSISTANCE

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF YORK COUNTY 497 HILL ST YORK, PA 17403	23-2799907	501(C)(3)	9,110.	0.			CASE MANAGEMENT/ADVOCACY
TRUENORTH WELLNESS SERVICES 625 W ELM AVE HANOVER, PA 17331	23-2007907	501(C)(3)	86,864.	0.			AMAZING KIDS CLUB, TRANSITIONS, PREVENTION
VISITING NURSE ASSOCIATION OF HANOVER & SPRING GROVE - 440 N MADISON ST - HANOVER, PA 17331	23-2347658	501(C)(3)	18,220.	0.			HOME HEALTH CARE
YMCA OF YORK AND YORK COUNTY 90 N NEWBERRY ST YORK, PA 17401	23-1352600	501(C)(3)	147,764.	0.			SCHOOL AGE CHILD CARE, Y ACHIEVERS, MEN'S RESIDENCE, SOUTHERN COMMUNITY SERVICES CASE
YORK COUNTY CHILDREN'S ADVOCACY CENTER - 28 S QUEEN ST - YORK, PA 17403	74-0354788	501(C)(3)	29,152.	0.			CHILD FORENSIC AND ADVOCACY SERVICES
YORK COUNTY LITERACY COUNCIL 800 E KING ST YORK, PA 17403	23-2088132	501(C)(3)	39,355.	0.			ADULT READING, ENGLISH AS A SECOND LANGUAGE
YORK DAY NURSERY 450 E PHILADELPHIA ST YORK, PA 17403	23-1649205	501(C)(3)	108,227.	0.			CHILD CARE
YWCA-HANOVER 23 W CHESTNUT ST HANOVER, PA 17331	23-1352608	501(C)(3)	55,161.	0.			EARLY LEARNING CENTER, SAFE HOME, SCHOOL AGE CHILD CARE
YWCA-YORK 320 E MARKET ST YORK, PA 17403	23-1360889	501(C)(3)	199,555.	0.			COMMUNITY EDUCATION, EARLY CHILD CARE, DOMESTIC VIOLENCE SHELTER, QUANTUM

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 BAR FOUNDATION 137 EAST MARKET STREET YORK, PA 17401	23-2647164	501(C)(3)	9,110.	0.			STRATEGIC INITIATIVES - LEGAL SERVICES

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 ASSOCIATION

(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 OF YORK AND YORK COUNTY

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

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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

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		2,337.	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	87,624.	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 (<u>CAMPAIGN INCENT</u>)	X	9	11,400.	FMV
26 Other (<u>SCHOOL SUPPLIES</u>)	X	2	4,400.	FMV
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
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?	X	
b If "Yes," describe in Part II.		
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.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

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)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY OF YORK COUNTY

Employer identification number

23-1352588

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 2, NEW PROGRAM SERVICES:

THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM OFFERS FREE TAX
PREPARATION AND FILING TO LOW- AND MODERATE-INCOME INDIVIDUALS,

FAMILIES, PERSONS WITH DISABILITIES, THE ELDERLY, AND LIMITED

ENGLISH-SPEAKING TAXPAYERS WHO NEED ASSISTANCE IN PREPARING THEIR OWN

TAX RETURNS IN YORK COUNTY. PEOPLE WHO MADE \$64,000 OR LESS IN 2023

WERE GENERALLY ELIGIBLE TO RECEIVE FREE TAX PREPARATION. WE SERVED

APPROXIMATELY 971 INDIVIDUALS AND HOUSEHOLDS AT 5 SITES.

THE SEEDLING SCHOLARSHIP PROGRAM SUPPORTS YORK COUNTY FAMILIES IN THEIR

JOURNEY TOWARDS FINDING AFFORDABLE QUALITY EARLY LEARNING EXPERIENCES

FOR THEIR CHILDREN. TO QUALIFY FOR A SCHOLARSHIP, THE PARENT(S) OF THE

STUDENT(S) MUST EITHER RESIDE OR BE EMPLOYED BY A COMPANY LOCATED IN

YORK COUNTY. THERE MUST BE ONE EMPLOYED PERSON IN THE HOUSEHOLD. THE

STUDENT MUST BE A RESIDENT OF PENNSYLVANIA. AN ELIGIBLE STUDENT IS A

CHILD 6 WEEKS TO 2 YEARS OF AGE. IF A SCHOLARSHIP RECIPIENT TURNS 3

YEARS OF AGE DURING THE PERIOD OF THE AWARD, THE SCHOLARSHIP WILL BE

AWARDED THROUGH THE MONTH OF THE CHILD'S THIRD BIRTHDAY. THE CHILD MUST

ATTEND AN APPROVED PROGRAM AND BE A MEMBER OF A HOUSEHOLD WITH AN

ANNUAL HOUSEHOLD INCOME OF NOT MORE THAN \$100,000.

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

FUNDRAISING CAMPAIGN, DONORS ARE ALSO ABLE TO DESIGNATE THEIR

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization UNITED WAY OF YORK COUNTY	Employer identification number 23-1352588
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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. WE CONTINUE TO TRANSITION TO AN ISSUE-FOCUSED ORGANIZATION AND HAVE ANNOUCED OUR NEW FOCUS AREAS WILL BE CHILDCARE, WHERE WE WILL PARTNER WITH AND FUND THE ECHO (EVERY CHILD HAS OPPORTUNITIES) PROGRAM, AND TRANSPORTATION.

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, AND YORK COUNTY COMMUNITY FOUNDATION. IN 2023-2024, FOCUS PROVIDED READY FREDDY, A KINDERGARTEN TRANSITION PROGRAM, TO 361 CHILDREN AND THEIR FAMILIES FROM FIVE YORK COUNTY SCHOOL DISTRICTS AND MARTIN LIBRARY. 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 58,000 BOOKS WERE DISTRIBUTED OR READ IN THE PAST YEAR THROUGH THESE PROGRAMS. ADDITIONALLY, FOCUS ADMINISTERS PREKINDERGARTEN SCHOLARSHIPS AS A SCHOLARSHIP ORGANIZATION WITH THE EDUCATIONAL IMPROVEMENT TAX CREDIT PROGRAM, PROVIDES PROFESSIONAL DEVELOPMENT, AND ADVOCATES FOR EARLY LEARNING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
 MAKE A SUCCESSFUL TRANSITION TO POST-SECONDARY EDUCATION, THE WORK WORLD OR PUBLIC SERVICE. IN 2022, YORK COUNTY YOUTH COURT ALLIANCE (YCA), A STUDENT-RUN TRUANCY INTERVENTION PROGRAM, WAS CREATED BY THE

Name of the organization UNITED WAY OF YORK COUNTY	Employer identification number 23-1352588
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YCTPI. IN THE MOST RECENT SCHOOL YEAR, YCA SERVES 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 SCHOOL TO KEEP THEM ON TRACK TOWARD HIGH SCHOOL GRADUATION. DISPOSITIONS CAN INCLUDE ATTENDANCE IMPROVEMENT, MENTORING, JOURNALING, APOLOGIES, RESEARCH, AND TUTORING. DURING THE 2023-2024 SCHOOL YEAR, YOUTH COURT ALLIANCE SERVED 125 STUDENTS. FUNDING FOR THE YCTPI AND YCA ARE PROVIDED BY THE YORK COUNTY BAR FOUNDATION AND THE YORK COUNTY OFFICE OF CHILDREN, YOUTH, AND FAMILIES.

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

FORM 990 IS DISTRIBUTED TO UNITED WAY OF YORK COUNTY'S BOARD OF DIRECTORS PRIOR TO FILING. THE BOARD TREASURER 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

Name of the organization UNITED WAY OF YORK COUNTY	Employer identification number 23-1352588
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INCLUDES THE SALARY RANGES FOR EACH POSITION AND APPROVES THE SALARY ADJUSTMENTS. THE PERFORMANCE APPRAISAL FOR THE PRESIDENT IS COMPLETED BY 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	42,009.
BOOK/TAX DIFFERENCE ON SALE OF INVESTMENTS	-89,843.
TOTAL TO FORM 990, PART XI, LINE 9	-47,834.

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 Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

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

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

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.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. UNITED WAY OF YORK COUNTY	Taxpayer identification number (TIN) 23-1352588
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. 140 E MARKET ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. YORK, PA 17401	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **BRIAN GRIMM**
140 E MARKET ST - YORK, PA 17401

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 18**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or

tax year beginning **APR 1**, 20 **23**, and ending **MAR 31**, 20 **24**

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-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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING

MARCH 31, 2024

PREPARED FOR:

UNITED WAY OF YORK COUNTY
140 E MARKET ST
YORK, PA 17401

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:

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CHARITABLE ORGANIZATIONS
401 NORTH ST RM 207
HARRISBURG, PA 17120

RETURN MUST BE MAILED ON OR BEFORE:

FEBRUARY 18, 2025

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
401 North St Rm 207
Harrisburg, PA 17120

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

Charitable Organization Registration Statement

BCO-10 (rev. 11/2023)

Fee: See instructions

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

Fiscal year ended: 03/31/2024
MM DD YYYY

FEIN: 23-1352588

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: BRIAN GRIMM Contact's e-mail: GRIMMB@UNITEDWAY-YORK.ORG

4. Principal address of organization: _____ Mailing address (if different than principal address): _____

140 E MARKET ST

YORK

PA 17401

County: YORK

800 number: N/A

Email (if different than Contact's email): N/A

Website: WWW.UNITEDWAY-YORK.ORG

Phone number: 717-843-0957

Fax number: 717-843-4082

Item 5 to be completed by initial registrants only

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

Where established: _____

Date established:* _____

*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)

Not Applicable

UNITED WAY OF YORK COUNTY

140 E MARKET ST, YORK, PA 17401

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, social media, etc.):

Does not solicit contributions
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 organizations only uses or intend 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)

Not Applicable

UNITED WAY OF YORK COUNTY

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organizations 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)

Not Applicable

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

Not Applicable

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 1

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:

BRIAN GRIMM

140 E MARKET ST YORK, PA 17401

B. Have final responsibility for the custody of contributions:

BRIAN GRIMM

140 E MARKET ST YORK, PA 17401

C. Have final responsibility for final distribution of contributions:

BRIAN GRIMM

140 E MARKET ST YORK, PA 17401

D. Are responsible for custody of financial records:

BRIAN GRIMM

140 E MARKET ST YORK, PA 17401

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

ANDREW KOPLITZ, TREASURER

Type or print name and title of Chief Fiscal Officer

Signature of Other Authorized Officer

Date

BRIAN GRIMM, PRESIDENT

Type or print name and title of Other Authorized Officer

Checklist for registration:

- Completed registration statement properly signed and dated.
- A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- Public Disclosure Form BCO-23 (if required)
- Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- Registration fee and any late filing fees
- 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 OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 1

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
AMY WANNEMACHER 140 E MARKET ST YORK, PA 17401	INTERIM PRESIDENT/VP OF FINANC
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
BRIAN GRIMM 140 E MARKET ST YORK, PA 17401	PRESIDENT/SECRETARY (START 7/2
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
JOHN ZANDER 140 E MARKET ST YORK, PA 17401	VP OF FINANCE (UNTIL 05/23)
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
RUSSELL REESER 140 E MARKET ST YORK, PA 17401	VP OF FINANCE (START 12/23)
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
JULIAN TOLBERT 140 E MARKET ST YORK, PA 17401	BOARD CHAIR
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
NATALEE COLON 140 E MARKET ST YORK, PA 17401	CHAIR ELECT (TILL 2/24)
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
KIMBERLY BRISTER 140 E MARKET ST YORK, PA 17401	BOARD MEMBER/CHAIR ELECT
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
TOM KOPPMANN 140 E MARKET ST YORK, PA 17401	TREASURER (UNTIL 6/23)
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
ANDREW KOPLITZ 140 E MARKET ST YORK, PA 17401	BOARD MEMBER/TREASURER (START

NAME AND ADDRESS

TITLE

WILLIAM HARTMAN
140 E MARKET ST
YORK, PA 17401

BOARD MEMBER

NAME AND ADDRESS

TITLE

KEITH NOLL
140 E MARKET ST
YORK, PA 17401

BOARD MEMBER

NAME AND ADDRESS

TITLE

KATE HYNES
140 E MARKET ST
YORK, PA 17401

BOARD MEMBER (UNTIL 6/23)

NAME AND ADDRESS

TITLE

LEIGH ANN WILSON
140 E MARKET ST
YORK, PA 17401

BOARD MEMBER

NAME AND ADDRESS

TITLE

EDSON MORALES
140 E MARKET ST
YORK, PA 17401

BOARD MEMBER

NAME AND ADDRESS

TITLE

MYNECA OJO
140 E MARKET ST
YORK, PA 17401

BOARD MEMBER

NAME AND ADDRESS

TITLE

CHRISTINE NENTWIG
140 E MARKET ST
YORK, PA 17401

BOARD MEMBER

NAME AND ADDRESS

TITLE

KEVIN SCHREIBER
140 E MARKET ST
YORK, PA 17401

BOARD MEMBER (UNTIL 6/23)

NAME AND ADDRESS

TITLE

LINDA SENFT
140 E MARKET ST
YORK, PA 17401

BOARD MEMBER (UNTIL 6/23)

NAME AND ADDRESS

TITLE

SHANNA TERROSO
140 E MARKET ST
YORK, PA 17401

BOARD MEMBER (UNTIL 6/23)

NAME AND ADDRESS

JT HAND

140 E MARKET ST
YORK, PA 17401

TITLE

BOARD MEMBER/CAMPAIGN CHAIR
(U)

NAME AND ADDRESS

JOHN EYSTER
140 E MARKET ST
YORK, PA 17401

TITLE

BOARD MEMBER/CAMPAIGN CHAIR

NAME AND ADDRESS

THOMAS DONLEY
140 E MARKET ST
YORK, PA 17401

TITLE

BOARD MEMBER

NAME AND ADDRESS

HAROLD MYERS, JR.
140 E MARKET ST
YORK, PA 17401

TITLE

BOARD MEMBER

NAME AND ADDRESS

CHRIS PARASKEVAKOS
140 E MARKET ST
YORK, PA 17401

TITLE

BOARD MEMBER

NAME AND ADDRESS

DELMA RIVERA-LYTLE
140 E MARKET ST
YORK, PA 17401

TITLE

BOARD MEMBER

NAME AND ADDRESS

JOYCE SANTIAGO
140 E MARKET ST
YORK, PA 17401

TITLE

BOARD MEMBER (START 07/23)

NAME AND ADDRESS

GINA SPANGLER
140 E MARKET ST
YORK, PA 17401

TITLE

BOARD MEMBER (START 07/23)

NAME AND ADDRESS

JOHN BLECHER
140 E MARKET ST
YORK, PA 17401

TITLE

BOARD MEMBER (START 07/23)

NAME AND ADDRESS

MICHAEL HAUN
140 E MARKET ST
YORK, PA 17401

TITLE

BOARD MEMBER (START 07/23)

NAME AND ADDRESS

TITLE

DR. MARK KEARSE
140 E MARKET ST
YORK, PA 17401

BOARD MEMBER (START 07/23)

NAME AND ADDRESS

TITLE

SULLY PINOS
140 E MARKET ST
YORK, PA 17401

BOARD MEMBER (START 07/23)

NAME AND ADDRESS

TITLE

CLAIR DOLL
140 E MARKET ST
YORK, PA 17401

BOARD MEMBER (START 07/23)