

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

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 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF CARLISLE & CUMBERLAND COUNTY		D Employer identification number 23-1552261
	Doing business as		E Telephone number 7172434805
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	145 SOUTH HANOVER STREET		G Gross receipts \$ 2,224,767.
	City or town, state or province, country, and ZIP or foreign postal code CARLISLE, PA 17013		
F Name and address of principal officer: ERIK OLSEN 145 S. HANOVER STREET, CARLISLE, PA 17013		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.CARLISLEUNITEDWAY.ORG		L Year of formation: 1960 M State of legal domicile: PA	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO UNITE PEOPLE AND RESOURCES TO BUILD A STRONGER, HEALTHIER CARLISLE & CUMBERLAND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	594
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,902,035.	1,805,133.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,114.	846.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	71,751.	69,987.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,495.	45,290.
		2,007,395.	1,921,256.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,546,063.	1,396,268.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	273,520.	282,502.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 56,214.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	142,605.	163,732.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,962,188.	1,842,502.	
19 Revenue less expenses. Subtract line 18 from line 12	45,207.	78,754.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,970,451.	2,697,499.
	22 Net assets or fund balances. Subtract line 21 from line 20	492,236.	435,555.
		2,478,215.	2,261,944.

Part II Signature Block

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

Sign Here	Signature of officer 		Date
	ERIK OLSEN, TREASURER Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name CHARLES R. NEBEL, JR., CP	Preparer's signature 	Date 12/5/22
	Firm's name ▶ BOYER & RITTER CPAS	Firm's EIN ▶ 23-1311005	Check if self-employed <input type="checkbox"/> PTIN P00143823
Firm's address ▶ 211 HOUSE AVENUE CAMP HILL, PA 17011		Phone no. 7172493414	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION IS TO UNITE PEOPLE AND RESOURCES TO BUILD A STRONGER, HEALTHIER CARLISLE & CUMBERLAND COUNTY.

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

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

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

4a (Code:) (Expenses \$ 1,448,321. including grants of \$ 1,281,188.) (Revenue \$ 901.) AS THE LEADER IN COORDINATING RESOURCES TO MEET THE HUMAN SERVICE NEEDS OF OUR COMMUNITY, THE UNITED WAY OF CARLISLE AND CUMBERLAND COUNTY WORKS WITH AN ARRAY OF COMMUNITY ORGANIZATIONS TO BUILD A STRONGER, HEALTHIER CARLISLE & CUMBERLAND COUNTY. TOGETHER, THEY ADDRESS LOCAL NEEDS AS THEY RELATE TO THE CRITICAL AREAS OF EDUCATION, INCOME, HEALTH AND SAFETY NET. AN ANNUAL CAMPAIGN IS HELD TO RAISE NECESSARY FUNDS TO SUPPORT PROGRAMS THAT HELP ADDRESS THE COMMUNITY'S MOST PRESSING NEEDS. THE UNITED WAY RECEIVES FUNDING APPLICATIONS FROM PARTNER AGENCIES WHICH ARE REVIEWED AND ASSESSED BY TRAINED COMMUNITY VOLUNTEERS TO ENSURE THAT THEY ADDRESS AND DEMONSTRATE POSITIVE, MEASURABLE RESULTS. FUNDING LEVELS ARE RECOMMENDED BY THE VOLUNTEERS AND APPROVED BY THE UNITED WAY OF CARLISLE AND CUMBERLAND COUNTY'S BOARD OF DIRECTORS. AS

4b (Code:) (Expenses \$ 122,424. including grants of \$ 61,913.) (Revenue \$) SUCCESS BY 6 PROVIDES TRAINING AND MENTORING TO CHILD CARE PROVIDERS, TO IMPROVE THE QUALITY OF CHILD CARE IN CARLISLE AND CUMBERLAND COUNTY. THE MISSION OF SUCCESS BY 6 IS TO HELP ALL CHILDREN ENTER KINDERGARTEN WELL PREPARED AND READY TO SUCCEED. SUCCESS BY 6 AWARDED 14 CHILDREN A TOTAL OF \$61,913 IN SCHOLARSHIPS TO ATTEND HIGH QUALITY PRE-SCHOOLS. BUSINESSES DONATE TO SUCCESS BY 6 AS PART OF THE PRE-KINDERGARTEN EDUCATIONAL IMPROVEMENT TAX CREDIT PROGRAM OF THE COMMONWEALTH OF PA. SUCCESS BY 6 PAYS ONE-HALF OF THE TOTAL MONTHLY TUITION. ADDITIONALLY, EXPENSES ARE INCURRED TO EDUCATE AREA BUSINESSES, PARENTS, AND THE GENERAL PUBLIC ABOUT ISSUES IN EARLY LEARNING. COSTS ARE ALSO ASSOCIATED WITH SCHOOL READINESS AND THE COORDINATION OF EFFORTS BETWEEN PROVIDERS AND SCHOOL DISTRICTS.

4c (Code:) (Expenses \$ 53,167. including grants of \$ 53,167.) (Revenue \$) THE UNITED WAY OF CARLISLE & CUMBERLAND COUNTY PROVIDES SCHOLARSHIPS FOR CHILDREN IN THE GREATER CARLISLE AREA WHO NEED EDUCATIONAL AND SOCIALLY ENRICHING SUMMERTIME PROGRAMS. LOCAL GUIDANCE COUNSELORS AND REPRESENTATIVES FROM CUMBERLAND COUNTY CHILDREN & YOUTH SERVICES IDENTIFY CHILDREN, AGES 7 TO 12, WHO WILL BENEFIT FROM THESE PROGRAMS. FUNDS RAISED THROUGH THE EVENING FOR THE CHILDREN GALA PROVIDE SCHOLARSHIPS FOR CHILDREN'S PROGRAMS RUN BY CARLISLE FAMILY YMCA, YWCA CARLISLE AND SUMMER PROGRAM FOR YOUTH (SPY). \$50,753 WAS DISTRIBUTED FROM THE 2022 GALA. ADDITIONALLY, THROUGH THE HEATING COALITION PROGRAM, THE LOCAL COMMUNITY IS SUPPORTED BY PROVIDING HEATING BILL ASSISTANCE AND \$2,414 WAS PROVIDED TO APPLICANTS FOR THIS PURPOSE.

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

4e Total program service expenses 1,623,912.

Part IV Checklist of Required Schedules

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

**UNITED WAY OF CARLISLE & CUMBERLAND
COUNTY**

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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 non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

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		11
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		0
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)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		X
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a	19		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			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	
8a		X	
b	Each committee with authority to act on behalf of the governing body?	X	
8b		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
9			X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
11b			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
13		X	
14	Did the organization have a written document retention and destruction policy?	X	
14		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	
15a		X	
b	Other officers or key employees of the organization	X	
15b		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
16a			X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **PA**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **BRENDA KAUFMAN - (717) 243-4805**
145 S. HANOVER STREET, CARLISLE, PA 17013

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, 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) LUCY ZANDER EXECUTIVE DIRECTOR	40.00			X				65,181.	0.	15,602.
(2) BRENDA KAUFMAN FINANCE DIRECTOR	26.00			X				33,768.	0.	3,026.
(3) CHRIS FARRANDS PAST PRES/ CO- CHAIR CAMPAIGN	1.00	X		X				0.	0.	0.
(4) CYNTHIA PENSINGER BOARD MEMBER	1.00	X						0.	0.	0.
(5) ADAM SHAFFER BOARD MEMBER	1.00	X						0.	0.	0.
(6) GERALD PIPER BOARD MEMBER	1.00	X						0.	0.	0.
(7) DEBRA HARGROVE BOARD MEMBER	1.00	X						0.	0.	0.
(8) JENNIFER BURD PRESIDENT	1.00	X		X				0.	0.	0.
(9) JEFF BELL VICE PRESIDENT	1.00	X		X				0.	0.	0.
(10) PATRICK BARTOLI BOARD MEMBER	1.00	X						0.	0.	0.
(11) ERIK OLSEN TREASURER	1.00	X		X				0.	0.	0.
(12) ELLEN PETERS BOARD MEMBER	1.00	X						0.	0.	0.
(13) LAUREL WILLIAMS SECRETARY	1.00	X		X				0.	0.	0.
(14) KATIE CLARK BOARD MEMBER	1.00	X						0.	0.	0.
(15) JOEL FLINCHBAUGH BOARD MEMBER	1.00	X						0.	0.	0.
(16) MINDY LOFTUS BOARD MEMBER	1.00	X						0.	0.	0.
(17) MELISSA KELSO BOARD MEMBER	1.00	X						0.	0.	0.

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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	30,999.				
	b Membership dues					
	c Fundraising events	37,085.				
	d Related organizations	123,320.				
	e Government grants (contributions)	160,653.				
	f All other contributions, gifts, grants, and similar amounts not included above	1,453,076.				
	g Noncash contributions included in lines 1a-1f	\$ 333,424.				
	h Total. Add lines 1a-1f		1,805,133.			
Program Service Revenue	2 a <u>SERVICE FEES-DONOR CHO</u>	846.	846.			
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		846.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		73,240.		73,240.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	12,099.			
		(ii) Personal				
		6b Less: rental expenses	0.			
	c Rental income or (loss)	12,099.				
	d Net rental income or (loss)		12,099.		12,099.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	297,767.			
		(ii) Other				
		7b Less: cost or other basis and sales expenses	301,020.			
	c Gain or (loss)	-3,253.				
	d Net gain or (loss)		-3,253.		-3,253.	
8 a Gross income from fundraising events (not including \$ 37,085. of contributions reported on line 1c). See Part IV, line 18	8a	35,627.				
	8b Less: direct expenses	2,491.				
	c Net income or (loss) from fundraising events		33,136.		33,136.	
9 a Gross income from gaming activities. See Part IV, line 19	9a					
	9b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a					
	10b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a <u>MISCELLANEOUS</u>	55.	55.			
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		55.			
12 Total revenue. See instructions		1,921,256.	901.	0.	115,222.	

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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	1,281,188.	1,281,188.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	115,080.	115,080.		
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	122,174.	35,995.	70,281.	15,898.
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	124,772.	90,055.	27,646.	7,071.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,695.	1,970.	227.	1,498.
9 Other employee benefits	13,848.	8,392.	5,456.	
10 Payroll taxes	18,013.	9,583.	7,224.	1,206.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	16,110.		16,110.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	11,027.	5,267.	3,210.	2,550.
12 Advertising and promotion	33,466.	25,027.	5,063.	3,376.
13 Office expenses	9,006.	4,104.	2,732.	2,170.
14 Information technology				
15 Royalties				
16 Occupancy	31,557.	18,767.	9,574.	3,216.
17 Travel	45.	21.	14.	10.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10.	5.	3.	2.
20 Interest				
21 Payments to affiliates	24,128.	14,349.	7,320.	2,459.
22 Depreciation, depletion, and amortization	13,753.	8,179.	4,173.	1,401.
23 Insurance	6,545.	3,893.	1,986.	666.
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 CAMPAIGN EXPENSES	13,613.			13,613.
b CONTRACT SERVICES	3,567.	1,625.	1,082.	860.
c MISCELLANEOUS	905.	412.	275.	218.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,842,502.	1,623,912.	162,376.	56,214.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	79.	1	9.
	2 Savings and temporary cash investments	1,046,108.	2	1,028,381.
	3 Pledges and grants receivable, net	163,093.	3	141,796.
	4 Accounts receivable, net	3,288.	4	433.
	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	5,780.	9	11,226.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	685,794.		
	b Less: accumulated depreciation	366,663.		
		260,555.	10c	319,131.
	11 Investments - publicly traded securities			11
	12 Investments - other securities. See Part IV, line 11			12
	13 Investments - program-related. See Part IV, line 11			13
	14 Intangible assets			14
15 Other assets. See Part IV, line 11	1,491,548.	15	1,196,523.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,970,451.	16	2,697,499.	
Liabilities	17 Accounts payable and accrued expenses	42,105.	17	42,222.
	18 Grants payable	449,276.	18	392,178.
	19 Deferred revenue	855.	19	1,155.
	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			25
	26 Total liabilities. Add lines 17 through 25	492,236.	26	435,555.
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	770,324.	27	865,000.
	28 Net assets with donor restrictions	1,707,891.	28	1,396,944.
	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	2,478,215.	32	2,261,944.	
33 Total liabilities and net assets/fund balances	2,970,451.	33	2,697,499.	

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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	1,921,256.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,842,502.
3	Revenue less expenses. Subtract line 2 from line 1	3	78,754.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,478,215.
5	Net unrealized gains (losses) on investments	5	-295,025.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,261,944.

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? 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		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

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UNITED WAY OF CARLISLE & CUMBERLAND COUNTY

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1625308.	1368853.	1663631.	1787270.	1681813.	8126875.
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	1625308.	1368853.	1663631.	1787270.	1681813.	8126875.
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)						494,566.
6 Public support. Subtract line 5 from line 4.						7632309.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	1625308.	1368853.	1663631.	1787270.	1681813.	8126875.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	72,368.	87,887.	78,264.	81,220.	85,339.	405,078.
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.)						
11 Total support. Add lines 7 through 10						8531953.
12 Gross receipts from related activities, etc. (see instructions)					12	16,933.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	89.46 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	91.86 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

UNITED WAY OF CARLISLE & CUMBERLAND
COUNTY

Schedule A (Form 990) 2021

23-1552261 Page 7

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7:		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization UNITED WAY OF CARLISLE & CUMBERLAND COUNTY

Employer identification number 23-1552261

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,336,910.	2,850,954.	2,835,269.	2,573,483.	2,438,963.
b Contributions	44,175.	10,000.	56,130.	212,784.	8,169.
c Net investment earnings, gains, and losses	-279,862.	612,864.	93,567.	173,236.	250,082.
d Grants or scholarships					
e Other expenditures for facilities and programs	123,320.	114,765.	113,790.	104,895.	105,309.
f Administrative expenses	22,961.	22,143.	20,222.	19,337.	18,425.
g End of year balance	2,954,942.	3,336,910.	2,850,954.	2,835,269.	2,573,483.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment 91.1700 %
 - c Term endowment 8.8300 %
- 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?
- 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		51,207.		51,207.
b Buildings		310,064.	170,268.	139,796.
c Leasehold improvements		261,894.	145,095.	116,799.
d Equipment		62,629.	51,300.	11,329.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				319,131.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INT. IN SPLIT INT. AGREEMENTS	1,196,523.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	933,030.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-295,025.	
b	Donated services and use of facilities	2b	12,962.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-282,063.
3	Subtract line 2e from line 1		3	1,215,093.
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		
b	Other (Describe in Part XIII.)	4b	706,163.	
c	Add lines 4a and 4b		4c	706,163.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,921,256.

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	1,149,301.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	12,962.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	12,962.
3	Subtract line 2e from line 1		3	1,136,339.
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		
b	Other (Describe in Part XIII.)	4b	706,163.	
c	Add lines 4a and 4b		4c	706,163.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,842,502.

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:

THE INTENDED USE OF THE ENDOWMENT FUND IS TO DEFRAY THE ADMINISTRATIVE COST ASSOCIATED WITH THE OPERATIONS OF THE UNITED WAY AND ULTIMATELY TO PROVIDE FUNDS FOR DISTRIBUTION TO PARTNER AGENCIES IN ADDITION TO THOSE RAISED BY THE UNITED WAY'S ANNUAL CAMPAIGN.

PART X, LINE 2:

MANAGEMENT HAS ASSESSED THE ORGANIZATION'S EXPOSURE TO INCOME TAXES AT THE ENTITY LEVEL AS A RESULT OF UNCERTAIN TAX POSITIONS TAKEN IN CURRENT AND PREVIOUSLY FILED TAX RETURNS. EXAMPLES OF TAX POSITIONS TAKEN AT THE ENTITY LEVEL INCLUDE THE CONTINUING VALIDITY OF ITS EXEMPT ORGANIZATION STATUS, POTENTIAL FILING REQUIREMENT FOR UNRELATED BUSINESS INCOME AND

Part XIII Supplemental Information (continued)

OTHER TAX POSITIONS THAT COULD RESULT IN INCOME TAX LIABILITIES TO THE ORGANIZATION UPON EXAMINATION BY TAXING AUTHORITIES. PRESENTLY, MANAGEMENT BELIEVES THAT IT IS MORE LIKELY THAN NOT ITS TAX POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING ANY APPEALS AND LITIGATION, SUCH THAT THE ORGANIZATION HAS NO EXPOSURE TO INCOME TAX LIABILITIES FROM UNCERTAIN TAX POSITIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR CHOICE DESIGNATIONS 706,163.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR CHOICE DESIGNATIONS 706,163.

SCHEDULE D PART XII LINE 4B

PRIOR YEAR DONOR CHOICE DESIGNATIONS RELEASED FROM RESTRICTIONS.

UNITED WAY OF CARLISLE & CUMBERLAND COUNTY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	J-TURN (event type)	1 (total number)	
Revenue	1	Gross receipts	50,312.	22,400.	72,712.
	2	Less: Contributions	37,085.		37,085.
	3	Gross income (line 1 minus line 2)	13,227.	22,400.	35,627.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	2,026.	465.	2,491.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			2,491.
	11	Net income summary. Subtract line 10 from line 3, column (d)			33,136.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**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

2021

Open to Public
Inspection

Name of the organization **UNITED WAY OF CARLISLE & CUMBERLAND COUNTY** Employer identification number **23-1552261**

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
AMELIA GIVIN LIBRARY 114 N. BALTIMORE AVENUE MT. HOLLY SPRINGS, PA 17065	23-2027997	501(C)(3)	11,021.	0.			PROGRAM SPECIFIC SUPPORT - CHILDREN'S SERVICES/DESIGNATIONS
AMERICAN RED CROSS 79 E. POMFRET STREET CARLISLE, PA 17013	23-1352016	501(C)(3)	19,564.	0.			PROGRAM SPECIFIC SUPPORT - EMERGENCY DISASTER SERVICES/DESIGNATIONS
BASTYR UNIVERSITY 14500 JUANITA DR NE KENMORE, WA 98028	91-1036794	501(C)(3)	15,000.	0.			PROGRAM SPECIFIC SUPPORT - DESIGNATIONS
BETHEL ASSEMBLY OF GOD 1412 HOLLY PIKE CARLISLE, PA 17015	20-5321174	501(C)(3)	5,985.	0.			PROGRAM SPECIFIC SUPPORT - EITC/PRESCHOOL SCHOLARSHIPS
BIG BROTHERS BIG SISTERS 1500 N 2ND STREET HARRISBURG, PA 17101	23-2260248	501(C)(3)	10,751.	0.			PROGRAM SPECIFIC SUPPORT - MENTORING/DESIGNATIONS
BOSLER MEMORIAL LIBRARY 158 WEST HIGH STREET CARLISLE, PA 17013	23-1381007	501(C)(3)	18,265.	0.			PROGRAM SPECIFIC SUPPORT - PRESCHOOL PROGRAM/DESIGNATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **44.**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **SEE PART IV FOR COLUMN (H) DESCRIPTIONS** Schedule I (Form 990) 2021

UNITED WAY OF CARLISLE & CUMBERLAND COUNTY

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
CARLISLE UNITED METHODIST CHURCH 333 S SPRING GARDEN ST CARLISLE, PA 17013	35-1577959	501(C)(3)	50,000.	0.			PROGRAM SPECIFIC SUPPORT - DESIGNATIONS
CARLISLE CHRISTIAN ACADEMY 1412 HOLLY PIKE CARLISLE, PA 17015	20-5321174	501(C)(3)	27,000.	0.			PROGRAM SPECIFIC SUPPORT - DESIGNATIONS
CARLISLE EARLY EDUCATION CENTER 100 E. POMFRET STREET CARLISLE, PA 17013	23-1657371	501(C)(3)	66,512.	0.			PROGRAM SPECIFIC SUPPORT - SCHOLARSHIPS/DESIGNATIONS
CARLISLE FAMILY YMCA 311 S WEST ST CARLISLE, PA 17013	23-1386198	501(C)(3)	147,681.	0.			PROGRAM SPECIFIC SUPPORT - CAMPS/CHILD CARE/COMMUNITY YOUTH/DESIGNATIONS
CARLISLE REGIONAL PERFORMING ARTS CENTER - 40 WEST HIGH ST - CARLISLE, PA 17013	25-1635184	501(C)(3)	10,500.	0.			PROGRAM SPECIFIC SUPPORT - DESIGNATIONS
CENTRAL PA FOOD BANK 3908 CORY RD HARRISBURG, PA 17109	23-2202250	501(C)(3)	15,887.	0.			PROGRAM SPECIFIC SUPPORT - DESIGNATIONS
CARLISLE C.A.R.E.S. 45 SOUTH WEST STREET CARLISLE, PA 17013	26-3194660	501(C)(3)	84,111.	0.			PROGRAM SPECIFIC SUPPORT - RESOURCE CENTER/DESIGNATION/HEATING ASSISTANCE
CONTACT HELPLINE 900 S ARLINGTON AVE HARRISBURG, PA 17109	23-7083169	501(C)(3)	5,147.	0.			PROGRAM SPECIFIC SUPPORT - CORE PROGRAM/DESIGNATIONS
CRAIGHEAD HOUSE COMMITTEE 318 E OLD YORK ROAD CARLISLE, PA 17015	45-5441745	501(C)(3)	5,200.	0.			PROGRAM SPECIFIC SUPPORT - DESIGNATIONS

UNITED WAY OF CARLISLE & CUMBERLAND COUNTY

Schedule I (Form 990)

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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
CUMBERLAND COUNTY HISTORICAL SOCIETY - 21 N PITT ST - CARLISLE, PA 17013	23-15222656	501(C)(3)	20,960.	0.			PROGRAM SPECIFIC SUPPORT - HISTORICAL PRESERVATION/DESIGNATIONS
DICKINSON COLLEGE FUND PO BOX 1773 CARLISLE, PA 17013	23-1365954	501(C)(3)	13,000.	0.			PROGRAM SPECIFIC SUPPORT - EDUCATION, DESIGNATION
DOMESTIC VIOLENCE SERVICES PO BOX 1039 CARLISLE, PA 17013	25-1629910	501(C)(3)	39,581.	0.			PROGRAM SPECIFIC SUPPORT - SHELTER PROGRAM/DESIGNATIONS
DREAM PARTNERSHIP 3815 MARKET STREET CAMP HILL, PA 17011	46-1256842	501(C)(3)	7,750.	0.			PROGRAM SPECIFIC SUPPORT - DESIGNATIONS
EMPLOYMENT SKILLS CENTER 29 SOUTH HANOVER STREET CARLISLE, PA 17013	23-1995705	501(C)(3)	34,948.	0.			PROGRAM SPECIFIC SUPPORT - GED, ESL AND LITERACY PROGRAMS/DESIGNATIONS
HOPE STATION 149 W PENN ST CARLISLE, PA 17013	25-1886489	501(C)(3)	6,548.	0.			PROGRAM SPECIFIC SUPPORT - SUSTAINABLE EMPLOYMENT REENTRANTS/DESIGNATIONS
HOSPICE OF CENTRAL PA 17 EAST HIGH STREET, SUITE 102 CARLISLE, PA 17013	23-2106895	501(C)(3)	6,980.	0.			PROGRAM SPECIFIC SUPPORT - PALLIATIVE/MUSIC THERAPY/DESIGNATIONS
JOSEPH T. SIMPSON PUBLIC LIBRARY 16 N WALNUT ST MECHANICSBURG, PA 17055	23-1652343	501(C)(3)	7,500.	0.			PROGRAM SPECIFIC SUPPORT - DESIGNATIONS
MARANATHA FINANCIAL COUNSELING 17 EAST HIGH STREET CARLISLE, PA 17013	25-1694818	501(C)(3)	32,911.	0.			PROGRAM SPECIFIC SUPPORT - FINANCIAL COUNSELING/DESIGNATIONS

Schedule I (Form 990)

UNITED WAY OF CARLISLE & CUMBERLAND COUNTY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDPENN LEGAL SERVICES 401 EAST LOUTHER STREET CARLISLE, PA 17013	23-7101191	501(C)(3)	23,267.	0.			PROGRAM SPECIFIC SUPPORT - HELP FOR CRITICAL MOMENTS AND DOMESTIC VIOLENCE
PARTNERSHIP FOR BETTER HEALTH 274 WILSON STREET CARLISLE, PA 17013	23-1352161	501(C)(3)	31,700.	0.			PROGRAM SPECIFIC SUPPORT - DESIGNATIONS
PLANNED PARENTHOOD 1514 N 2ND ST HARRISBURG, PA 17102	23-2450112	501(C)(3)	7,000.	0.			PROGRAM SPECIFIC SUPPORT - DESIGNATIONS
PROJECT SHARE 5 NORTH ORANGE STREET, #4 CARLISLE, PA 17013	27-0531231	501(C)(3)	81,436.	0.			PROGRAM SPECIFIC SUPPORT - CORE PROGRAM/DESIGNATIONS
RONALD MCDONALD HOUSE 745 W GOVERNOR RD HERSHEY, PA 17033	23-2204761	501(C)(3)	5,150.	0.			PROGRAM SPECIFIC SUPPORT - DESIGNATIONS
SADLER HEALTH CENTER 100 N HANOVER ST CARLISLE, PA 17013	54-2082673	501(C)(3)	25,509.	0.			PROGRAM SPECIFIC SUPPORT - SERVICES FOR LOW-INCOME PATIENTS/DESIGNATIONS
SAFE HARBOUR 102 WEST HIGH STREET CARLISLE, PA 17013	23-2405118	501(C)(3)	78,399.	0.			PROGRAM SPECIFIC SUPPORT - JAMES WILSON EMERGENCY SHELTER/DESIGNATIONS
SALVATION ARMY 20 EAST POMFRET STREET CARLISLE, PA 17013	13-5562351	501(C)(3)	69,149.	0.			PROGRAM SPECIFIC SUPPORT - MY BROTHER'S TABLE/SENIOR ACTION CENTER/SOCIAL
SAMARITAN FELLOWSHIP PO BOX 495 CARLISLE, PA 17013	23-2054289	501(C)(3)	9,662.	0.			PROGRAM SPECIFIC SUPPORT - DESIGNATION

UNITED WAY OF CARLISLE & CUMBERLAND COUNTY

Schedule I (Form 990)

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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
SAMARITAN'S PURSE INTERNATIONAL CRISIS - PO BOX 495 - CARLISLE, PA 17013	58-1437002	501(C)(3)	5,120.	0.			PROGRAM SPECIFIC SUPPORT - DESIGNATION
ST PATRICK'S CATHOLIC CHURCH AND SCHOOL - 140 E POMFRET ST - CARLISLE, PA 17013	23-1353341	501(C)(3)	17,500.	0.			PROGRAM SPECIFIC SUPPORT - DESIGNATION
SUMMER PROGRAM FOR YOUTH 1 NORTH HANOVER STREET CARLISLE, PA 17013	25-1798756	501(C)(3)	35,419.	0.			PROGRAM SPECIFIC SUPPORT - SCHOLARSHIPS/DESIGNATIONS
THE ARC OF CUMBERLAND AND PERRY COUNTIES - 71 ASHLAND AVENUE - CARLISLE, PA 17013	23-1489737	501(C)(3)	41,686.	0.			PROGRAM SPECIFIC SUPPORT - ADVOCACY/RESIDENTIAL PROGRAM/DESIGNATIONS
THE CARLISLE ARTS LEARNING CENTER 38 W POMFRET ST CARLISLE, PA 17013	25-1717457	501(C)(3)	24,300.	0.			PROGRAM SPECIFIC SUPPORT - DESIGNATIONS
THE RASE PROJECT 8 S HANOVER ST, SUITE 207 CARLISLE, PA 17013	25-1861015	501(C)(3)	12,595.	0.			PROGRAM SPECIFIC SUPPORT - THE RASE HOUSE/DESIGNATIONS
THE SUSQUEHANNOCK CAMPS 2308 TRIPP LAKE ROAD BRACKNEY, PA 18812	23-3034552	501(C)(3)	10,000.	0.			PROGRAM SPECIFIC SUPPORT - DESIGNATIONS
UNITED CEREBRAL PALSY OF CENTRAL PA - 925 LINDA LANE - CAMP HILL, PA 17011	23-1433882	501(C)(3)	14,976.	0.			PROGRAM SPECIFIC SUPPORT - COMMUNITY PARTICIPATION SUPPORTS CARLISLE PROGRAM/EARLY
WITF 4801 LINDLE ROAD HARRISBURG, PA 17111	23-1629016	501(C)(3)	8,100.	0.			PROGRAM SPECIFIC SUPPORT - DESIGNATIONS

Schedule I (Form 990)

UNITED WAY OF CARLISLE & CUMBERLAND COUNTY

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
YOUNG AMERICA'S FOUNDATION 11480 COMMERCE PARK DRIVE SIXTH FLOOR, VA 20191	23-7042029	501(C)(3)	11,000.	0.			PROGRAM SUPPORT - DESIGNATIONS
YWCA 301 G STREET CAMP HILL, PA 17013	23-1429866	501(C)(3)	9,744.	0.			PROGRAM SPECIFIC SUPPORT - SCHOLARSHIPS

UNITED WAY OF CARLISLE & CUMBERLAND COUNTY

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
SUMMER YOUTH PROGRAM SCHOLARSHIPS	255	50,753.	0.		
HEATING COALITION ASSISTANCE	8	2,414.	0.		
CHILD CARE SCHOLARSHIPS	14	61,913.	0.		

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:

MOST AGENCIES RECEIVING SUPPORT GRANTS ARE MONITORED VIA THE FOLLOWING:

1. A TEAM OF OVER 40 COMMUNITY VOLUNTEERS ARE RECRUITED ON AN ANNUAL BASIS TO SERVE ON COMMUNITY INVESTMENT FUNDING PANELS THAT REVIEW AGENCY PROGRAMS.

2. AGENCIES MUST SUBMIT AN ANNUAL APPLICATION THAT INCLUDES EXPLANATION OF THE PROPOSED USE AND RESULTS FROM USE OF THE FUNDING. IT MUST ALSO INCLUDE:

A. ANNUAL OUTCOME MEASUREMENT REPORT

Part IV Supplemental Information

- B. MOST RECENT AUDIT IF THE AGENCY UNDERGOES ONE.
- C. IRS 501(C)3 LETTER
- D. 990 FORM
- E. COPY OF CERTIFICATE VERIFYING CURRENT REGISTRATION WITH PA BUREAU OF CHARITABLE ORGANIZATIONS
- F. AGENCY AND PROGRAM BUDGET FOR THE UPCOMING YEAR.
- 3. THE PANEL VOLUNTEERS REVIEW FUNDING APPLICATIONS, TOUR AGENCIES AND MEET WITH AGENCY REPRESENTATIVES FOR A QUESTION & ANSWER SESSION IN REGARDS TO THE FUNDING APPLICATION.
- 4. AFTER ALL TOURS AND Q & A SESSIONS ARE COMPLETE THE PANELS RECOMMEND FUNDING LEVELS FOR EACH PROGRAM.
- 5. THE UNITED WAY BOARD OF DIRECTORS REVIEW AND VOTE IN JANUARY FOR FINAL ALLOCATIONS.
- 6. ALL AGENCIES ARE REQUIRED TO SIGN AN ANNUAL CONTRACT THAT REQUIRES AMONG OTHER THINGS THAT THEY MUST:
 - A. KEEP UNITED WAY INFORMED OF DEVELOPMENTS WITHIN THE AGENCY VIA DIRECT COMMUNICATIONS, BOARD MINUTES AND NEWSLETTERS.
 - B. KEEP THE UNITED WAY INFORMED OF ANY SIGNIFICANT CHANGES IN PROGRAMMING OR STAFFING (EX: HOURS OF OPERATION, SERVICES OFFERED, POSITIONS ADDED OR ELIMINATED, ETC.). FAILURE TO DO SO MAY RESULT IN A CUT OR ELIMINATION OF FUNDING.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: MIDPENN LEGAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SPECIFIC SUPPORT - HELP FOR CRITIAL MOMENTS AND DOMESTIC VIOLENCE PROGRAMS/DESIGNATIONS

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SPECIFIC SUPPORT - MY
BROTHER'S TABLE/SENIOR ACTION CENTER/SOCIAL SERVICES/DESIGNATIONS

NAME OF ORGANIZATION OR GOVERNMENT: UNITED CEREBRAL PALSY OF CENTRAL PA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SPECIFIC SUPPORT - COMMUNITY
PARTICIPATION SUPPORTS CARLISLE PROGRAM/EARLY INTERVENTION/FAMILY
SERVICES/DESIGNATIONS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **UNITED WAY OF CARLISLE & CUMBERLAND COUNTY** Employer identification number **23-1552261**

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				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	13	301,020.	STOCK AVG HIGH AND L
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 ▶ (ROOF MATERIAL)	X	1	23,760.	COMPARABLE SALES
26 Other ▶ (OFFICE EQUIPM)	X	4	5,324.	COMPARABLE SALES
27 Other ▶ (SOFTWARE)	X	8	3,320.	COMPARABLE SALES
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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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.		

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

Schedule M (Form 990) 2021

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

2021

Open to Public
Inspection

Name of the organization

UNITED WAY OF CARLISLE & CUMBERLAND
COUNTY

Employer identification number

23-1552261

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

COUNTY.

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

PART OF UNITED WAY OF CARLISLE AND CUMBERLAND COUNTY'S ANNUAL

FUNDRAISING CAMPAIGN, DONORS ARE ALSO ABLE TO DESIGNATE THEIR

CONTRIBUTION TO OTHER LOCAL QUALIFIED ORGANIZATIONS EXEMPT UNDER

SECTION 501(C)(3).

FORM 990, PART VI, SECTION A, LINE 6:

ALL CONTRIBUTORS TO THE ANNUAL CAMPAIGN ARE MEMBERS FOR ONE YEAR FOLLOWING

THE ANNUAL CAMPAIGN.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ELECT THE BOARD.

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

THE 990 IS MADE AVAILABLE TO THE FINANCE COMMITTEE AND ALL OTHER BOARD

MEMBERS.

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

ON AN ANNUAL BASIS, THE OFFICERS, DIRECTORS, AND EMPLOYEES ARE REQUIRED TO

DISCLOSE ANY CONFLICTS OF INTEREST BY FILLING OUT A FORM. THE FORMS ARE

THEN REVIEWED AND ANY CONFLICTS ARE ADDRESSED ON A CASE BY CASE BASIS.

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

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

Schedule O (Form 990) 2021

Name of the organization UNITED WAY OF CARLISLE & CUMBERLAND COUNTY	Employer identification number 23-1552261
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COMPARABILITY DATA IS USED TO DETERMINE APPROPRIATE COMPENSATION.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

UNITED WAY OF CARLISLE & CUMBERLAND COUNTY

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (f) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED WAY ENDOWMENT OF CARLISLE	C	123,320. CASH	
(2)			
(3)			
(4)			
(5)			
(6)			

