Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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.

OND 140 1040-0047
2017
Open to Public
Inspection

A	For th	e 2017 calendar year, or tax year beginning UL 1, 2017 and	ending	<u>JUN</u> 30, 2018				
В	Check if applicab	C Name of organization UNITED WAY ENDOWMENT FUND		D Employer identifi	cation number			
Г	Addre	OF CARLEGE DEPARTMENTS						
Ē	Name		-	23-6	684378			
F	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/su					
Ē	Final	145 SOUTH HANOVER STREET	1100111100		243-4805			
_	termir ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 4,207,555.				
Ļ	return	CARDISDE, PA 17013-0493		H(a) Is this a group re				
L	tion pendi	F Name and address of principal officer. OCESF11 PRAMEDI	_	for subordinates				
		1901 RITNER HIGHWAY, CARLISLE, PA 1701	7	H(b) Are all subordinates in				
		empt status. X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or (list (see instructions)			
		te: WWW.UWCARLISLE.ORG	1	H(c) Group exemption				
		organization: Corporation X Trust Association Other ►	I L Ye	ear of formation: 1981]	M State of legal domicile: PA			
(Z	artili T	Summary Briefly describe the organization's mission or most significant activities TO S	TIDDAE	מפשדותו מעש שכ	WAY OF			
Governance	1	Briefly describe the organization's mission or most significant activities TO SI CARLISLE	UPPUF	RT THE UNITED	WAI OF			
in a	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of mo	ore than 25% of its net as:	sets			
o ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	7			
<u>ن</u> مح	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7			
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0			
Ζį	6	Total number of volunteers (estimate if necessary)		6	0			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34	1	7b	0.			
Revenue			-	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)	0.	8,169.				
	9	Program service revenue (Part VIII June 2g)		0.	0.			
ě	10	Investment income (Part VIII, column-A), ines 3.4 and 7d)	-	167,107.	382,135.			
_	וו	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	0.	0.			
_		Total revenue - add lines & through 11 (must equal Part VIII) column (A), line 12)		167,107.	390,304.			
		Grants and similar amounts paid (Part IX, column (A), lines (13)	-	48,800.	105,309.			
		Benefits paid to or for members (Part-IX,-column-(A),-line]4}	-	0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	⊢	0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 1	<u> </u>	0.			
X	D	Total fundraising expenses (Part IX, column (D), line 25)	ի	14,477.	18,424.			
	' <i>'</i>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	F	63,277.	123,733.			
	I	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	F	103,830.	266,571.			
		nevenue less expenses. Subtract line 16 from line 12		Beginning of Current Year	End of Year			
t Assets or	20	Total assets (Part X, line 16)		2,438,963.	2,573,481.			
ASS Ball	21	Total liabilities (Part X, line 16)	F	0.	0.			
Net/	22	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	2,438,963.	2,573,481.			
P	artilli	Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedulos	and state	ments, and to the best of my	knowledge and belief, it is			
	-	t, and complete. Declaration of preparer (other/than officer) is based on all information of wh						
		Land Markell		11/14	117			
Sig	n	Sternature of Officer Farghers: Mechants Trust Company	5	Date				
Her		► JOESPH MAXWELL, CORPORATE TRUSTEE	<u> </u>					
		Type or print name and title						
_	_	Print/Type preparer's name Preparer's signature	///	Date Check	PTIN			
Paid	I	CHARLES R. NEBEL, JR., CP		self-employ				
Prep	parer	Firm's name BOYER & RITTER, LLC		Firm's EIN ▶	<u>23-1311005</u>			
Use	Only	Firm's address 1 EAST HIGH STREET						
		CARLISLE, PA 17013		Phone no. 71	7-249-3414			
May	the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

Form **990** (2017)

40	(Code) (Expenses \$	including grants of \$	/\	Leveline 2	<i>'</i>
					. -	
			<u> </u>			
4d	Other program s	ervices (Describe in Schedule O)				
	(Expenses \$	including grants of §) (Revenue \$)	
4e	Total program se	ervice expenses 10	5,309.			

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Form 990 (2017) OF CARLISLE
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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			l
	Part VI	11a		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 167 If "Yes," complete Schedule D, Part VII	11b		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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f	X	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?		l	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			47
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15_		Х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
_	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
_	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			.
_	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	,,		х
	complete Schedule G. Part III	19 Form	990 (
			(201/1

Part V Checklist of Required Schedules (continued)

	<u></u>		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	100	Х
	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21	Х	
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 27 If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete	1		
	Schedule J	23		Х
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	ĺ		
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			İ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			.,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			v
		28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		^
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		х
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	-~		
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R. Part I	33	,	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2017)

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UNITED WAY ENDOWMENT FUND Form 990 (2017) OF CARLISLE PENNSYLVANIA

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						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0						
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c					
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 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>			
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)?	4a		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)						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a_		X			
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			۱.,			
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
_	were not tax deductible?	6b		\vdash			
7	Organizations that may receive deductible contributions under section 170(c).	7a		х			
 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		 			
C	to file Form 8282?	7c		X			
ч	If "Yes," indicate the number of Forms 8282 filed during the year	<i>'</i> ~					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
_	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.						
а	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						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter						
	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them)	10-					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section F01(e)(20) qualified perpendit health incurance issuers.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a					
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	.54					
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
J	organization is licensed to issue qualified health plans 13b						
c	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b					

Form 990 (2017)

OF CARLISLE PENNSYLVANIA

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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 in Schedule O. See instructions

Sac	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management	•					X
Je c	tion A. Governing Body and Management					¥	
	<u>-</u>	Ι.	ı	-2 F		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		-4			
	If there are material differences in voting rights among members of the governing body, or if the governing			ľ			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	_1b		_7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other	L			
	officer, director, trustee, or key employee?			L	2		<u>X</u>
3	Did the organization delegate control over management duties customanly performed by or under the	direc	supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			L	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assi	ets?		L	5		X
6	Did the organization have members or stockholders?			L	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point (one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	ders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:	Γ			
а	The governing body?	-	•		8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the				
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue	Code.)			•	
	THE STATE OF THE PROPERTY OF T		V		Ī	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			Γ	10a		<u>x</u>
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	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?							<u> </u>
b Describe in Schedule O the process, if any, used by the organization to review this Form 990							
	Did the organization have a written conflict of interest policy? If "No," go to line 13			_	12a		$\overline{\mathbf{x}}$
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?		12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
	in Schedule O how this was done	CO, U	Jon De		12c	ŀ	
13	Did the organization have a written whistleblower policy?				13		X
14	Did the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependent		1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	~ ,			i		
а	The organization's CEO, Executive Director, or top management official				15a		X
	Other officers or key employees of the organization				15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			F			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent w	th a			j	
	taxable entity during the year?			_	16a		<u></u>
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its n	articipation	F			
•	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi		•				
	exempt status with respect to such arrangements?			_	16b		
Sect	ion C. Disclosure					·	
17	List the states with which a copy of this Form 990 is required to be filed ▶PA						
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	on 501(c)(3)s onl	y) ava	ılable		
	for public inspection. Indicate how you made these available. Check all that apply	-					
	Own website X Another's website X Upon request Other (explain	ın Sch	nedule (O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		•	and fir	nancii	al	
	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 book	ks and	records -				
_•	BRENDA KAUFMAN - 717-243-4805		_				
	145 SOUTH HANOVER STREET, CARLISLE, PA 17013						

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Form 990 (2017) OF CARLISLE PENNSYLVANIA 23-6

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees, and former such persons

(A)	(B)	l Danker I						(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an		Reportable	Reportable	Estimated				
	hours per week	offic	, unie cer ar	ss pe nd a d	rson i irecto	s botr or/trus	i an tee)	compensation from	compensation from related	amount of other
	(list any	ţo						the	organizations	compensation
	hours for	r dire				Pa		organization	(W·2/1099·MISC)	from the
	related	stee o	rustee			eusal		(W-2/1099-MISC)		organization
	organizations	la tru	onalt		ployee	d e e				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) VON JAYMES	1.00							_	_	_
COMMITTEE MEMBER		Х						0.	0.	0.
(2) GREGORY P HALL	1.00									
COMMITTEE MEMBER		X						0.	0.	0.
(3) BETSY KEEN	1.00	ļ								
COMMITTEE MEMBER		X	<u> </u>					0.	0.	0.
(4) IVO OTTO III	1.00									
COMMITTEE MEMBER		X						0.	0.	0.
(5) CHRIS FARRANDS	1.00									
COMMITTEE MEMBER\TREASURER		X		X				0.	0.	0.
(6) ROB RAHAL	1.00			ļ						
COMMITTEE MEMBER		X						0.	0.	0.
(7) JOSEPH MAXWELL	1.00									
CORPORATE TRUSTEE			X					0.	0.	0.
(8) LISE SHEHAN	1.00									
CORPORATE TRUSTEE			X			Ш		0.	0.	0.
	-									
						-				
										
					_					
										···-
		-								

c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) O			SLE PENN								23-6	<u> 584</u>	<u> 378</u>	Р	age
Compensation from the organization should find the organization from the organization should find the organization from the organization should find the organization organi	Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Emp	ploye	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
1b Sub-total c Total from continuation sheets to Part VII, Section A D. 0. 0. (C) d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes, 'complete Schedule J for such individual 4 For any individual fisted on line 1a, is the sum of reportable compensation and different interests on the organization and related organizations greater than \$150,000? If 'Yes, "complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes, 'complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes, 'complete Schedule J for such person 5 Did any person listed to him 1a receive or accrue compensation from any unrelated organization or individual for services 7 Complete Schedule J for such person 8 Section B. Independent Contractors 9 Compensation from the organization for the calendar year ending with or within the organization's tax year (A) Name and business address NONE Description of services Compensation		(A)	(B) Average hours per	(do box,	not c	Pos Pos heck i ss per	C) Ition more son is	than o	one 1 an	(D) Reportable compensation	(E) Reportable compensation	n	an	timate nount	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? # 1*Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? # Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? # Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation			hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	organizations on (W-2/1099-MISC)			SC) from the organizat and relat	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? # 1*Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? # Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? # Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation															
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d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes N	1b	Sub-total													0 .
Source the organization from the organization of the calendar year ending with or within the organization's services (A) Did the organization from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a° if "Yes," complete Schedule J for such individual 3			l, Section A						▶						0.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address NONE Description of services Compensation	2	_	ot limited to the	ose I	iste	d ab	ove)) wh	o re	eceived more than \$100,	000 of reportable	;	T		(
Ine 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Compensation	2	Did the erganization list any former officer	director or tru	etaa	. ka	v om	nlo	v00	ork	highest compensated er	nnlovee on	١		Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address NONE Description of services	3			SIEE	, Ke	y e n	ipio	yee,	Oi i	nighest compensated er	npioyee on		3		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address NONE Description of services Compensation	4			e cor	mpe	nsa	tion	and	oth	ner compensation from t	ne organization				
rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address NONE Description of services Compensation	_		= "		•						lual for convec		4		X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Compensation		rendered to the organization? If "Yes." com							nate	ed organization or individ			5		X
the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Compensation		· · · · · · · · · · · · · · · · · · ·	mneneated ind	ener	nder	nt co	ntra	ctor	re th	nat received more than \$	100 000 of comp	nensai	tion fro		
Name and business address NONE Description of services Compensation		the organization Report compensation for t	•	•						the organization's tax y	-				
2 Total number of independent contractors (including but not limited to those listed above) who received more than			address	NO	NE						ervices				n
2 Total number of independent contractors (including but not limited to those listed above) who received more than															
2 Total number of independent contractors (including but not limited to those listed above) who received more than									_						
2 Total number of independent contractors (including but not limited to those listed above) who received more than			· · · · · ·			-								<u> </u>	
2 Total number of independent contractors (including but not limited to those listed above) who received more than		•					_		+						
\$100,000 of compensation from the organization	2	·	-	ot lim	iited	l to t	_		ted	above) who received mo	ore than				

Page 9

		 Check if Schedule O conf	tains a response	or note to any line	e in this Part VIII			
		· ·	100 a 100 po 1100	o. 11010 to 22.1, 1	(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 th	Pederated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, grar similar amounts not included abo Noncach contributions included in lines Total. Add lines 1a-1f	nts, and ove 1f	8,169.	8,169.		` -	
				Business Code				<u> </u>
9	2 a	l						
vic.	b							
Sel	c							
am	d							
Program Service Revenue	е							
Ā	f	All other program service reve	enue					
	9	Total. Add lines 2a-2f						
	3	Investment income (including other similar amounts) Income from investment of ta		>	96,116.			96,116.
	5	Royalties		▶				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less ⁻ rental expenses						
	c	: Rental income or (loss)		<u> </u>				
	d	Net rental income or (loss)		▶				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	4,103,270.					
	b	Less: cost or other basis]				
		and sales expenses	3,817,251.					
	C	Gain or (loss)	286,019.	L				
	d	Net gain or (loss)			286,019.			286,019.
Other Revenue	8 a	Gross income from fundraisin including \$ contributions reported on line	of 1c) See		· -			
ē		Part IV, line 18	а					
ĕ		Less direct expenses	b drawna aventa					
		 Net income or (loss) from fund Gross income from gaming ad 	=					
	9 a	Part IV, line 19						
		Less direct expenses	a b		ــ شــ	· , ~.•		
		: Net income or (loss) from garr						<u> </u>
		Gross sales of inventory, less	-			,	,	,
	10 a	and allowances	a		<i>-</i>	1 4		() برا
	h	Less cost of goods sold	b					
		: Net income or (loss) from sale					<u></u>	
		Miscellaneous Revenu		Business Code		-		
	11 a							
	b	-						
	C			-			-	
		All other revenue						
		Total. Add lines 11a-11d		•	_			
	12	Total revenue. See instructions.		•	390,304.	0.	0.	382,135.

Part IX Statement of Functional Expenses

Sect	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									
		(A)		(C)	(D)					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations		4.5							
	and domestic governments. See Part IV, line 21	105,309.	105,309.							
2	Grants and other assistance to domestic									
	individuals See Part IV, line 22		· · - · · · · · - · - · - · · · · · · ·							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign			A SUPER OF BACK TORN	طباء مصدد دمیسید. ده					
	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									
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									
8	Pension plan accruals and contributions (include									
•	section 401(k) and 403(b) employer contributions)									
9 10	Other employee benefits Payroll taxes									
11	Fees for services (non-employees)									
''	Management									
b	Legal									
c	Accounting									
	Lobbying				-					
e	Professional fundraising services See Part IV, line 17									
f	Investment management fees	18,424.		18,424.						
	Other (If line 11g amount exceeds 10% of line 25,	<u> </u>		·						
J	column (A) amount, list line 11g expenses on Sch O.)									
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	-								
23	Insurance									
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
a										
b										
C										
d	All III									
	All other expenses Add lines 1 through 24s	123,733.	105,309.	18,424.	0.					
<u>25</u>	Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization	143,133.	103,303.	10,424.	<u></u>					
26										
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.									
	Check here from the following SOP 98-2 (ASC 958-720)									

Form 990 (2017)
Part X | Balance Sheet

<u> </u>	<u> </u>	Buildings Circot				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		6,517.	1	
	2	Savings and temporary cash investments		152,054.	2	1,501,906.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa	ited employees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualif	ied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
Ş		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a	· -		
		Less accumulated depreciation	10b	2 200 202	10c	1 071 575
	11	Investments - publicly traded securities		2,280,392.	11	1,071,575.
	12	Investments - other securities See Part IV, line 1			12	
	13	Investments - program-related See Part IV, line	''		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11	-11: 24	2,438,963.	15 16	2,573,481.
	16	Total assets. Add lines 1 through 15 (must equa	ar line 34)	2,430,303.	17	2,3/3,401.
	17 18	Accounts payable and accrued expenses Grants payable		18		
	19	Deferred revenue	ŀ		19	-
	20	Tax-exempt bond liabilities	ŀ		20	
	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
	22	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employee				
ij		Complete Part II of Schedule L	,		22	
Ë	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	1		24	
	25	Other liabilities (including federal income tax, pay	· · · · · · · · · · · · · · · · · · ·			
		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		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958)	, check here $lacktriangle$ $lacktriangle$ $lacktriangle$ $lacktriangle$ and			
S		complete lines 27 through 29, and lines 33 and	d 34.			
ü	27	Unrestricted net assets		200,000.	27	218,846.
3ala	28	Temporarily restricted net assets		0.000.000	28	0.054.605
id E	29	Permanently restricted net assets	. —	2,238,963.	29	2,354,635.
Fű		Organizations that do not follow SFAS 117 (AS	SC 958), check here 🕨 📖 📗			
Net Assets or Fund Balances		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or eq	· ·		31	····
ét	32	Retained earnings, endowment, accumulated inc	come, or other funds	2,438,963.	32	2 572 401
~	33	Total net assets or fund balances	}	2,438,963.	33 34	2,573,481. 2,573,481.
	34	Total liabilities and net assets/fund balances	1111	4,30,303.	J4	<u> </u>

Act and OMB Circular A-133?

	<u> 1990 (20</u>		23	-668437 <u>8</u>	Pa	ge 12
Pa	rt XI I	Reconciliation of Net Assets				
	(Check if Schedule O contains a response or note to any line in this Part XI				
		•				
1	Total re	ęvenue (must equal Part VIII, column (A), line 12)	1			<u>04.</u>
2	Total e	xpenses (must equal Part IX, column (A), line 25)	2			33.
3	Revenu	ue less expenses Subtract line 2 from line 1	3			<u>71.</u>
4	Net as:	2,438	3,9	63.		
5	Net un	realized gains (losses) on investments	5	-132	2,0	53.
6	Donate	ed services and use of facilities	6			
7	Investr	nent expenses	7			
8	Prior p	eriod adjustments	8			
9	Other o	changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net ass	sets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column	n (B))	10	2,573	3,4	81.
Pa	rt XII F	inancial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				
		<u> </u>			Yes	No
1	Accour	nting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 🔲 Other			٠	-
	If the o	rganization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	l' l	مأث	J.,
2a	Were th	he organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes,	" check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			-
	separa	te basis, consolidated basis, or both		" *	a .	٠.,
		Separate basis Consolidated basis Both consolidated and separate basis		• •	•	17 ;
b	Were th	he organization's financial statements audited by an independent accountant?		2b	Х	
		" check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	, 🗔	٠,	
	consoli	dated basis, or both		1 ~		÷
	s	Separate basis X Consolidated basis Both consolidated and separate basis		. 3*		š,
С	If "Yes"	to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.	, .	` •	11,
		or compilation of its financial statements and selection of an independent accountant?	-,	2c	-	Х

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2017)

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Employer identification number Name of the organization UNITED WAY ENDOWMENT FUND OF CARLISLE PENNSYLVANIA 23-6684378 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is. (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. X Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN vour aovernina documei (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) UNITED WAY OF 25-1552261 10 X 105,309 CARLISLE 105,309.

23-6684378 Page 2

Pa	Support Schedule for (Complete only if you checke	d the box on line 5	, 7, or 8 of Part I o	r if the organizatio			•
<u> </u>	fails to qualify under the tests	nsted below, piea	se complete raft	··· <i>)</i>			
	· · · · · · · · · · · · · · · · · · ·				T		
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
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)						
	Public support. Subtract line 5 from line 4			/	l_		
Se	ction B. Total Support			, 	•	,	,
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,					1	
	dividends, payments received on			İ			
	securities loans, rents, royalties,	/	ľ				
	and income from similar sources			ļ			
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	/		<u> </u>			
10	Other income. Do not include gain						
	or loss from the sale of capital	/					
	assets (Explain in Part VI)						
	Total support. Add lines 7 through 10		<u> </u>			ļ	1
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	-	s tirst, second, thin	d, tourth, or fifth ta	ax year as a section	n 501(c)(3)	, —
80	organization, check this box and storection C. Computation of Publi	o here	oontogo			·	
						T and	
	Public support percentage for 2017 (I	• • • • • • • • • • • • • • • • • • • •	-	olumn (f))		14	<u>%</u>
	Public support percentage from 2016					15	<u>%</u>
16a	33 1/3% support test - 2017. If the	•			14 is 33 1/3% or m	iore, cneck this bo	x and
	stop here. The organization qualifies				1 - 45 - 00 4 /00/		
b	33 1/3% support test - 2016. If the	•			iine 15 is 33 1/3%	or more, check th	IS DOX
	and stop here. The organization qual				40 40 - 40		P
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			-	•	ιτ vi now the orgai	nization
	meets the "facts-and-circumstances"	-		• • •	•	171	100/
b	10% -facts-and-circumstances test	_					
/	more, and if the organization meets the						. .
/	organization meets the "facts-and-circ	cumstances" test	i ne organization q	uaimes as a public	by supported orga	nization	▶∟

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

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 OF CARLISLE PENNSYLVANIA 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

S	qualify under the tests listed b	elow, please comp	olete Part II)	·			
	tion A. Public Support	_	· · · · · · · · · · · · · · · · · · ·	T			T
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and				/		
	membership fees received (Do not						
	ınclude any "unusual grants ")						
	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 bus-						
	iness under section 513			/			
4	Tax revenues levied for the organ-						
	ization'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						
1	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						
	Add lines 7a and 7b	/					
		/					
	<u>Public support. (Subtract line 7c from line 6.)</u> tion B. Total Support		1		l		<u> </u>
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6		<u></u>	(5/ = 5 · 5	12/2010	(6) 25	17.010.
10a (Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ы	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
C/	Add lines 10a and 10b						
١	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
(Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization's	first, second. third	d, fourth. or fifth ta	x year as a section	501(c)(3) organiza	ition,
	check this box and stop here	<u></u>	. ,		,	(-)(-) 3	▶ []
	tion C.,Computation of Publi	c Support Per	centage				
	Public support percentage for 2017 (II			olumn (fl)		15	%
	Public support percentage from 2016		-			16	%
	tion D. Computation of Inves					· <u>·</u>	
	nvestment income percentage for 20			e 13 column (fl)		17	%
	nvestment income percentage from 3			10, 50iaiiii (i <i>))</i>	ŀ	18	
	33 1/3% support tests - 2017. If the	•	*	on line 14 and line	15 is more than 20		
	• •	•					13 HUL
	nore than 33 1/3%, check this box ar	•	•		• • •		pd.
	33 1/3% support tests - 2016. If the						. □
	ine 18 is not more than 33 1/3%, che			•	,	-	
<u>20 ł</u>	Private foundation. If the organization	<u>ti ulu not check a t</u>	JUX 011 III18 14, 198	a, or 190, check th	<u>is nox and see inst</u>	ructions	

Schedule A (Form 990 or 990-EZ) 2017 OF CARLISLE PENNSYLVANIA

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 in 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 in 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 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.)

	Yes	No
11	X	
2		X
3a		X
1		
3b		
35		
122		
3c	_	
<u> </u>		X
4a		
<u> </u>		
4b		
		İ
4c		
5a		X
- 30		
5b	-	
5c		
 		<u> </u>
6		X
		İ
7		X
8]	X
	1	
9a		X
9b		X
30		<u></u>
		X
9c		<u> </u>
1		
10a		X
\vdash		
10b		
	Λ E7\	

23-6684378 Page 5 Schedule A (Form 990 or 990-EZ) 2017 OF CARLISLE PENNSYLVANIA Supporting Organizations (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) X 11a below, the governing body of a supported organization? X b A family member of a person described in (a) above? 11b X c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 directors or trustees were allocated among the supported 1 organizations and what conditions or restrictions, if any, applied to such powers during the tax year 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? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations No Yes 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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s). Section D. All Type III Supporting Organizations Yes No 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 X organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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? If "No," explain in Part VI how X 2 the organization maintained a close and continuous working relationship with the supported organization(s) By reason of the relationship described in (2), 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? If "Yes," describe in Part VI the role the organization's X 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). X The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) C Activities Test. Answer (a) and (b) below. Yes No 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? 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 Х 2a that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these X 2b activities but for the organization's involvement. Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Sch	edule A (Form 990 or 990-EZ) 2017 OF CARLISLE PENNSYLVAN	IA		23-6684378 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti		zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	ov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	tions A through E	
Sec	tion 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		
Sec1	ion B - Minimum Asset Amount		(A) Pnor 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		
<u>b</u>	Average monthly cash balances	1b		
<u> </u>	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
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 1-1/2% 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 035	6		
7	Recovenes of pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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		ļ
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-functional	ally integrated	Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Schedule A (Form 990 or 990-EZ) 2017 OF CARLISLE PENNSYLVANIA 23-6684378 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. 9 Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) (iii) **Underdistributions** Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 3 а **b** From 2013 c From 2014 d From 2015 e From 2016 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines 3j 8 Breakdown of line 7 a Excess from 2013 **b** Excess from 2014 c Excess from 2015

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990 EZ) 2017 OF CARLISLE PENNSYLVANIA 23-66843 / 8 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)
SCH A PAGE 5, PART IV, SECTION E, LINE 2A
FUNDS DISTRIBUTED TO THE UNITED WAY OF CARLISLE AND CUMBERLAND COUNTY
WERE USED TO FOR THE PROGRAMS ADMINISTERED BY THE ORGANIZATION.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

UNITED WAY ENDOWMENT FUND

OF CARLISLE PENNSYLVANIA

Employer identification number 23-6684378

Pa	rtil Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (dunng 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	I funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	 ··
-	for charitable purposes and not for the benefit of the donor o	0 0	•
	impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	
1	Purpose(s) of conservation easements held by the organization		·
	Preservation of land for public use (e.g., recreation or e	` — ` ′	ically important land area
	Protection of natural habitat	Preservation of a certific	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation easement on the last
_	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
•	listed in the National Register	arter 1725/00, and not on a mistoric structure	2d
3	Number of conservation easements modified, transferred, relatives	eased extinguished or terminated by the or	<u> </u>
•	year >	eased, extinguished, or terminated by the of	rganization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	Land Volumes in round devoted to mornioring, mapassing,	rianding of violations, and officially conton	valion outsiments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easements during the year
•	S	iming of violations, and officioning contourvation	n outsine during the you.
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(b)(4)(B)(i)
Ŭ	and section 170(h)(4)(B)(ii)?	o canory the requirements or occion the (in)	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	
3	include, if applicable, the text of the footnote to the organization	·	
	conservation easements	ion o imaneiar statemente triat describes tric	organization o accounting to
Pai	tilli Organizations Maintaining Collections of	Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art.
	historical treasures, or other similar assets held for public exh	· · · · · · · · · · · · · · · · · · ·	
	the text of the footnote to its financial statements that describ	, ,	о с. разло сел пос, р. с. пас, п. т. с. т. п.,
ь	If the organization elected, as permitted under SFAS 116 (AS		nd halance sheet works of art, historical
U	treasures, or other similar assets held for public exhibition, ed	·	
	·	decation, or research in furtherance or 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	nource or other amules assets for fine and a	<u></u>
2	If the organization received or held works of art, historical treations are stated under SEAS 1.	•	am, provide
	the following amounts required to be reported under SFAS 1:	TO (MOC 900) relating to these items	▶ ¢
а	Revenue included on Form 990, Part VIII, line 1		~ ~ ~ ~ ~ ~ ~ ~ ~ ~
b	Assets included in Form 990, Part X	_, 111.1	., , > \$

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a
(check all that apply) a Public exhibition b Scholarly research c Preservation for future generations 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? 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?
a Public exhibition b Scholarly research c Preservation for future generations 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? 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?
b Scholarly research c Preservation for future generations 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? Part IVI 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?
Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 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? Part IVI 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 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 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? Part IVI 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 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
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? Part/VI 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
to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IVI 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 Yes
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
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
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes
on Form 990, Part X?
Amount
c Beginning balance
e Distributions during the year f Ending balance 1e 1f
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes
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
ta Beginning of year balance b Contributions
No.
e Other expenditures for facilities
and programs
f Administrative expenses g End of year balance
· · · · · · · · · · · · · · · · · · ·
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 N
(i) unrelated organizations
(ii) related organizations (iii) related organizations (iii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b
Describe in Part XIII the intended uses of the organization's endowment funds
Partivial 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 (b) Cost or other (c) Accumulated (d) Book value
basis (investment) basis (other) depreciation
1a Land
b Buildings
c Leasehold improvements
d Equipment
e Other
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2017

UNI	LTED	WAY	ENDOMMENT.	FUNL
OF	CARI	ISLE	PENNSYLVA	AINA

Complete if the organization answered "Yes" of	on Form 990 Part IV line	e 11h See Form 990) Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value		valuation Cost or end	I-of-year market value
(1) Financial derivatives		†		
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total (Col. (h) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>		-
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o			, Part X, line 13 valuation Cost or end	d of year market value
(a) Description of investment	(b) Book value	(C) Metriod or	Valuation Cost of end	J-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		<u> </u>		
(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" o		e 11d See Form 990	, Part X, line 15	
(a) L	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(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" o	n Form 990, Part IV, line		m 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		* 1
(1) Federal income taxes			<u> </u>	
(2)			7	
(3)			n -war war, a see in a	
(4)				- -
(5)			1	
(6)				- -
(7)	·· · · · · · · · · · · · · · · · · · ·		T	
(8)			┦ , .	The state of the s
(9)			┥	
Total (Column /h) must equal form 990 Part Y col (H) line	ru.)		┥	aŭerea, '' i l''' a le la more de la g

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017	OF	CARLISLE	PENNSYLVANIA	2	3-
Part XI Reconciliation of	Rev	enue per Aud	ited Financial Staten	nents With Revenue per Retu	ırn

	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Par	t XII Reconciliation of Expenses per Audited Financial Stat	ements With Expens	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			<u>.</u>
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Par	t XIII Supplemental Information.			
ines	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any		art V, line 4, Part X, line 2,	Part XI,
PAR	T X, LINE 2:			
MAN	AGEMENT HAS ASSESSED THE ORGANIZATION'S	EXPOSURE TO	INCOME TAXES	AT THE
ENT	ITY LEVEL AS A RESULT OF UNCERTAIN TAX	POSITIONS TAKE	EN IN CURRENT	AND
PRE	VIOUSLY FILED TAX RETURNS. EXAMPLES OF	TAX POSITIONS	S TAKEN AT TH	E
ENT	ITY LEVEL INCLUDE THE CONTINUING VALIDI	TY OF ITS EXEM	MPT ORGANIZAT	ION
STA	TUS, POTENTIAL FILING REQUIREMENT FOR U	NRELATED BUSIN	NESS INCOME A	ND
ЭТН	ER TAX POSITIONS THAT COULD RESULT IN I	NCOME TAX LIA	BILITIES TO T	HE
ORG	ANTZATTON UPON EXAMINATION BY TAXING AU	THORTTES PRI	SENTLY MANA	CEMENT

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.

Sabadula D	/Form 990) 2017	UNI OF	TED WAY	ENDOWMEN' PENNSYL			23	-6684378	Page 5
Part XIII	(Form 990) 2017 Supplemental Infor	matio	n (continued)	ILINIDIL	VIII(III			0004370	rage 9
	ouppionionia in or		·· (continued)						
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					-				
			-						
	 								
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		_							

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

ENDOWMENT FUND

UNITED WAY

Name of the organization

OMB No 1545-0047

→ Attach to Form 990.

Employer identification number Open to Public Inspection

% X TO SUPPORT THE UNITED WAY 23-6684378 (h) Purpose of grant or assistance _____ 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 OF CARLISLE 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Š ó (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 105,309 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) OF CARLISLE PENNSYLVANIA 23-1552261 |501(C)3 Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization CUMBERLAND COUNTY - 145 SOUTH HANOVER STREET - CARLISLE, PA UNITED WAY OF CARLISLE AND or government Partl Part 17013

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

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) OF CARLISLE PENNSYLVANIA

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 Part III

Page 2

23-6684378

Schedule I (Form 990) (2017) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 732102 11-01-17

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for the latest information. UNITED WAY ENDOWMENT FUND

Employer identification number

OF CARLISLE PENNSYLVANIA	23-6684378
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVIEWED BY THE ENDOWMENT COMMITTEE P	RIOR TO BEING FILED.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUES	T TO THE BOARD OF
DIRECTORS	
	<u></u>
•	
•	