

Return of Organization Exempt From Income Tax

2012

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CENTRE COUNTY UNITED WAY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2790 WEST COLLEGE AVENUE 7 City, town, or post office, state, and ZIP code STATE COLLEGE, PA 16801 F Name and address of principal officer: TAMMY GENTZEL 2790 WEST COLLEGE AVENUE, STATE COLLEGE, PA	D Employer identification number 25-1215290 E Telephone number 814-238-8283 G Gross receipts \$ 2,132,390. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CCUNITEDWAY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1971 M State of legal domicile: PA

Part I Summary				
	1	Briefly describe the organization's mission or most significant activities: RAISE COMMUNITY FUNDS TO ALLOCATE AMONG MEMBER AGENCIES		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 41	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 41	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 6	
	6	Total number of volunteers (estimate if necessary)	6 2500	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,008,565. Current Year 2,016,179.
9		Program service revenue (Part VIII, line 2g)	0. 0.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,747. 3,737.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,248. 76,568.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,065,560. 2,096,484.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,673,051. 1,622,453.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	216,423. 210,352.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
		16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 199,655.	
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	310,823. 204,860.
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,200,297. 2,037,665.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-134,737. 58,819.	
	20	Total assets (Part X, line 16)	Beginning of Current Year 2,174,234. End of Year 2,238,522.	
	21	Total liabilities (Part X, line 26)	75,408. 80,877.	
	22	Net assets or fund balances. Subtract line 21 from line 20	2,098,826. 2,157,645.	

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	▶ Signature of officer TAMMY GENTZEL, EXECUTIVE DIRECTOR	Date	
Paid Preparer Use Only	Print/Type preparer's name JODI L. PRINGLE	Preparer's signature JODI L. PRINGLE	Date 05/14/14
	Firm's name ▶ SELIGMAN, FRIEDMAN & CO., P.C.	Firm's EIN ▶ 23-2708607	Check <input type="checkbox"/> if self-employed PTIN P00310197
	Firm's address ▶ 1423 N. ATHERTON ST. STATE COLLEGE, PA 16803	Phone no. (814) 238-8474	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO IMPROVE LIVES BY PRIORITIZING NEEDS AND MOBILIZING HUMAN AND FINANCIAL RESOURCES TO POSITIVELY IMPACT THE EDUCATION, FINANCIAL STABILITY AND PHYSICAL AND EMOTIONAL HEALTH OF OUR NEIGHBORS.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 526,191. including grants of \$ 512,174.) (Revenue \$) HEALTH: PROVIDE ACCESS TO HEALTH CARE AND PREVENTION PROGRAMS FOR THOSE WHO HAVE DIFFICULTY PROVIDING FOR THEMSELVES. MEASURABLE OUTCOMES INCLUDE: 1. EARLY DIAGNOSIS AND TREATMENT OF SIGHT LOSS, CANCER, AND SEXUALLY TRANSMITTED DISEASE; 2. APPROPRIATE AND COMPASSIONATE END-OF-LIFE CARE; 3. INTEGRATION OF THE DISABLED INTO DAY CARE, SCHOOL AND THE WORK PLACE; 4. PLANNED CRISIS RESPONSE TO MEDICAL EMERGENCIES AND NATURAL DISASTER.

4b (Code:) (Expenses \$ 768,458. including grants of \$ 747,987.) (Revenue \$) EDUCATION: PROVIDE ACCESS TO PRE-K AND AFTER SCHOOL PROGRAMS THAT ENCOURAGE SUCCESSFUL TRANSITION TO KINDERGARTEN, PROVIDE EARLY DIAGNOSIS OF LEARNING DISORDERS, AND IMPROVE LITERACY SKILLS AMONG ADULTS. MEASURABLE OUTCOMES INCLUDE: 1. ATTAINMENT OF KINDERGARTEN-LEVEL READING, WRITING, MATH AND SOCIAL SKILLS; 2. IDENTIFICATION OF LEARNING DISORDERS AND PLACEMENT IN APPROPRIATE SUPPORT PROGRAMS; 3. IMPROVED LITERACY FOR ALL AGES; AGE APPROPRIATE SOCIAL AND SELF-MANAGEMENT SKILLS.

4c (Code:) (Expenses \$ 343,955. including grants of \$ 334,792.) (Revenue \$) FINANCIAL STABILITY: PROVIDE SUPPORT IN MANAGING CRISIS RELATED TO FINANCIAL STABILITY AND SUPPORT IN UNDERSTANDING MONEY INVESTMENT AND MANAGEMENT. MEASURABLE OUTCOMES INCLUDE: 1. SAFE AND WARM LIVING ENVIRONMENT; 2. PREVENTION OF LOSS OF HOME; 3. FOOD SECURITY; 4. APPROPRIATE MANAGEMENT OF LIMITED INCOME; 5. CONNECTION TO APPROPRIATE LONG-TERM SUPPORT PROGRAMS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 28,253. including grants of \$ 27,500.) (Revenue \$ 15,556.)

4e Total program service expenses 1,666,857.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and Form 8282.

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.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, governance changes, and meeting documentation.

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

Table with 4 columns: Question, 10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: EXECUTIVE DIRECTOR - 814-238-8283 2790 WEST COLLEGE AVENUE, NO. 7, STATE COLLEGE, PA 16801

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

Check if Schedule O contains a response to any question 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) E. THOMAS MCKEE BOARD CHAIR	1.00	X		X				0.	0.	0.
(2) GREGORY A. WENDT FORMER BOARD CHAIR	1.00	X		X				0.	0.	0.
(3) SCOTT LAMB VICE CHAIR	1.00	X		X				0.	0.	0.
(4) TED MCDOWELL TREASURER	1.00	X		X				0.	0.	0.
(5) LLOYD A.P. RHOADES, JR. SECRETARY	1.00	X		X				0.	0.	0.
(6) MATTHEW CONRAD DIRECTOR	1.00	X						0.	0.	0.
(7) JERRY DITTMANN DIRECTOR	1.00	X						0.	0.	0.
(8) GEORGE A. DOWNSBROUGH, JR. DIRECTOR	1.00	X						0.	0.	0.
(9) ELIZABETH A. DUPUIS DIRECTOR	1.00	X						0.	0.	0.
(10) KARIN FOLEY DIRECTOR	1.00	X						0.	0.	0.
(11) JIM FONG DIRECTOR	1.00	X						0.	0.	0.
(12) BRENT FRANK DIRECTOR	1.00	X						0.	0.	0.
(13) LINDA GALL DIRECTOR	1.00	X						0.	0.	0.
(14) DAVID GRAY DIRECTOR	1.00	X						0.	0.	0.
(15) ANN GUSS DIRECTOR	1.00	X						0.	0.	0.
(16) L. STEPHEN HAYES DIRECTOR	1.00	X						0.	0.	0.
(17) LINDA HIGGINSON DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRIS HOSTERMAN DIRECTOR	1.00	X						0.	0.	0.
(19) ALFRED JONES, JR DIRECTOR	1.00	X						0.	0.	0.
(20) TIMOTHY KISHBACH DIRECTOR	1.00	X						0.	0.	0.
(21) DAVID KRENTZMAN DIRECTOR	1.00	X						0.	0.	0.
(22) FRED LEONIAK DIRECTOR	1.00	X						0.	0.	0.
(23) NICK LINGENFELTER DIRECTOR	1.00	X						0.	0.	0.
(24) JONATHAN LIGHT DIRECTOR	1.00	X						0.	0.	0.
(25) ALBERT MATYASOVSKY DIRECTOR	1.00	X						0.	0.	0.
(26) SUSAN MCWHIRTER DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								69,677.	0.	9,131.
d Total (add lines 1b and 1c)								69,677.	0.	9,131.

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 **0**

	Yes	No
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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DIANNA MECKLEY DIRECTOR	1.00	X						0.	0.	0.
(28) HUGH MOSE DIRECTOR	1.00	X						0.	0.	0.
(29) KAREN MRSA DIRECTOR	1.00	X						0.	0.	0.
(30) MICHAEL PIPE DIRECTOR	1.00	X						0.	0.	0.
(31) ROBERT PANGBORN DIRECTOR	1.00	X						0.	0.	0.
(32) CINDY PASQUINELLI DIRECTOR	1.00	X						0.	0.	0.
(33) JAMES POLLOCK DIRECTOR	1.00	X						0.	0.	0.
(34) COL. GERALD F. RUSSELL DIRECTOR	1.00	X						0.	0.	0.
(35) RYAN SCAIFE DIRECTOR	1.00	X						0.	0.	0.
(36) J. LAWRENCE SNAVELY DIRECTOR	1.00	X						0.	0.	0.
(37) FRANCES STEVENSON DIRECTOR	1.00	X						0.	0.	0.
(38) JENS THORSEN DIRECTOR	1.00	X						0.	0.	0.
(39) DONNA WASILKO DIRECTOR	1.00	X						0.	0.	0.
(40) COLLEEN WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
(41) MARY KAY WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
(42) RODNEY ERICKSON FORMER DIRECTOR	1.00	X						0.	0.	0.
(43) JERRIE GRIEB FORMER DIRECTOR	1.00	X						0.	0.	0.
(44) RYAN MCCOMBIE FORMER DIRECTOR	1.00	X						0.	0.	0.
(45) RABBI DAVID OSTRICH FORMER DIRECTOR	1.00	X						0.	0.	0.
(46) TAMMY GENTZEL EXECUTIVE DIRECTOR	40.00			X				69,677.	0.	9,131.
Total to Part VII, Section A, line 1c								69,677.		9,131.

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,016,179.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		2,016,179.				
Program Service Revenue	2 a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,737.			3,737.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	96,918.				
		Less: direct expenses	b	35,906.				
		Net income or (loss) from fundraising events		61,012.				61,012.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d	All other revenue	900099	15,556.	15,556.			
	e	Total. Add lines 11a-11d		15,556.				
12	Total revenue. See instructions.		2,096,484.	15,556.	0.	64,749.		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,622,453.	1,622,453.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	86,313.	16,440.	18,085.	51,788.
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	92,934.	17,702.	19,472.	55,760.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,965.	285.	1,301.	2,379.
9 Other employee benefits	11,478.	1,634.	2,957.	6,887.
10 Payroll taxes	15,662.	2,989.	3,276.	9,397.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	35,053.		35,053.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	14,202.		14,202.	
12 Advertising and promotion	16,773.	895.	4,640.	11,238.
13 Office expenses	33,301.	4,405.	9,492.	19,404.
14 Information technology				
15 Royalties				
16 Occupancy	38,801.		12,804.	25,997.
17 Travel	1,045.	54.	291.	700.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,916.		1,292.	2,624.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	485.		159.	326.
23 Insurance	2,083.		687.	1,396.
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 O.)				
a DUES AND SUBSCRIPTIONS	46,447.	0.	46,447.	0.
b CAMPAIGN	9,740.	0.	0.	9,740.
c				
d				
e All other expenses	3,014.		995.	2,019.
25 Total functional expenses. Add lines 1 through 24e	2,037,665.	1,666,857.	171,153.	199,655.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	69,045.	1	114,924.
	2 Savings and temporary cash investments	1,443,768.	2	1,413,594.
	3 Pledges and grants receivable, net	638,124.	3	700,519.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,916.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 68,037.		
	b Less: accumulated depreciation	10b 58,722.	9,800.	10c 9,315.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	8,581.	15	170.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,174,234.	16	2,238,522.	
Liabilities	17 Accounts payable and accrued expenses	27,999.	17	26,775.
	18 Grants payable	47,409.	18	54,102.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	75,408.	26	80,877.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,963,698.	27	2,006,914.
	28 Temporarily restricted net assets	135,128.	28	150,731.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,098,826.	33	2,157,645.	
34 Total liabilities and net assets/fund balances	2,174,234.	34	2,238,522.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,096,484.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,037,665.
3	Revenue less expenses. Subtract line 2 from line 1	3	58,819.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,098,826.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,157,645.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2142031.	2142299.	2152803.	2008565.	2016179.	10461877.
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	2142031.	2142299.	2152803.	2008565.	2016179.	10461877.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						10461877.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	2142031.	2142299.	2152803.	2008565.	2016179.	10461877.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,929.	12,116.	7,371.	5,747.	3,737.	52,900.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,757.	6,252.	5,595.	12,481.	15,556.	44,641.
11 Total support. Add lines 7 through 10						10559418.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99.08 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	98.95 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

CENTRE COUNTY UNITED WAY

Employer identification number

25-1215290

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		9,160.	1,126.	8,034.
d Equipment				
e Other		58,877.	57,596.	1,281.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				9,315.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, and Total.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows (1) through (10) and Total.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (10) and Total.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes and rows (2) through (11) and Total.

2. FIN 48 (ASC 740) Footnote. 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 [X]

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

1	Total revenue, gains, and other support per audited financial statements	1	2,096,484.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,096,484.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,096,484.

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

1	Total expenses and losses per audited financial statements	1	2,037,665.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,037,665.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,037,665.

Part XIII Supplemental Information

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

PART X, LINE 2: THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION

EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE SERVICE CODE. THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY.

MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN JUNE 30, 2013. THE ORGANIZATION'S FEDERAL INCOME

Part XIII Supplemental Information (continued)

TAX RETURNS ARE NO LONGER SUBJECT TO EXAMINATION BY INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2009.

Lined area for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		TRASH TO TREASURE (event type)	GOLF TOURNAMENT (event type)	1 (total number)		
Revenue	1	Gross receipts	58,869.	26,852.	11,197.	96,918.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	58,869.	26,852.	11,197.	96,918.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	16,997.	9,153.	9,756.	35,906.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(35,906)
11	Net income summary. Combine line 3, column (d), and line 10				61,012.	

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

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

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

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

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility		%
b An outside facility		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047
2012
Open to Public
Inspection

Name of the organization

CENTRE COUNTY UNITED WAY

Employer identification number
25-1215290

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE AIDS PROJECT 141 W BEAVER AVE STATE COLLEGE, PA 16801	25-1642599	501(C)3	27,893.	0.	BOOK	N/A	TO SUPPORT HEALTH-RELATED MISSION
AMERICAN RED CROSS - CENTRE COUNTY 205 E BEAVER AVE STE 203 STATE COLLEGE, PA 16801	24-6000062	501(C)3	108,000.	0.	BOOK	N/A	TO SUPPORT HEALTH-RELATED MISSION
THE ARC OF CENTRE COUNTY 1840 N AHERTON ST STATE COLLEGE, PA 16803	24-0859375	501(C)3	71,281.	0.	BOOK	N/A	TO SUPPORT HEALTH-RELATED MISSION
BOY SCOUTS OF AMERICA - BUCKTAIL 209 1ST ST DUBOIS, PA 15801	25-0965256	501(C)3	9,900.	0.	BOOK	N/A	TO SUPPORT EDUCATION-RELATED MISSION
BOY SCOUTS OF AMERICA - JUNIATA 9 TAYLOR DR REEDSVILLE, PA 17084	23-1352003	501(C)3	55,000.	0.	BOOK	N/A	TO SUPPORT EDUCATION-RELATED MISSION
CENTER FOR ALTERNATIVES IN COMMUNITY JUSTICE - 411 S BURROWES ST - STATE COLLEGE, PA 16801	23-2106340	501(C)3	33,773.	0.	BOOK	N/A	TO SUPPORT EDUCATION-RELATED MISSION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **33.**

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

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

Schedule I (Form 990) (2012)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES PO BOX 389 BELLEFONTE, PA 16823	23-1352062	501(C)3	20,000.	0. BOOK		N/A	TO SUPPORT FINANCIAL STABILITY-RELATED MISSION
CENTRE COUNTY YOUTH SERVICE BUREAU 410 S FRASER ST STATE COLLEGE, PA 16801	25-1220005	501(C)3	160,000.	0. BOOK		N/A	TO SUPPORT EDUCATION-RELATED MISSION
CENTRE COUNTY LIBRARY 203 N ALLEGHENY ST BELLEFONTE, PA 16823	24-0799348	501(C)3	31,510.	0. BOOK		N/A	TO SUPPORT EDUCATION-RELATED MISSION
CENTRE COUNTY WOMEN'S RESOURCE 140 W NITTANY AVE STATE COLLEGE, PA 16801	25-1283421	501(C)3	70,200.	0. BOOK		N/A	TO SUPPORT FINANCIAL STABILITY-RELATED MISSION
CENTRE CREST AUXILIARY 502 E HOWARD ST BELLEFONTE, PA 16823	25-6069186	501(C)3	18,500.	0. BOOK		N/A	TO SUPPORT HEALTH-RELATED MISSION
CENTRE HOME CARE, INC. 2437 E COLLEGE AVE STATE COLLEGE, PA 16801	25-1150593	501(C)3	51,000.	0. BOOK		N/A	TO SUPPORT HEALTH-RELATED MISSION
CENTREPEACE 676 BENNER PIKE BELLEFONTE, PA 16823	25-1724248	501(C)3	21,000.	0. BOOK		N/A	TO SUPPORT EDUCATION-RELATED MISSION
CHILD DEVELOPMENT & FAMILY COUNCIL 2565 PARK CENTER BLVD STATE COLLEGE, PA 16801	25-1229657	501(C)3	60,000.	0. BOOK		N/A	TO SUPPORT EDUCATION-RELATED MISSION
COMMUNITY HELP CENTER 141 W BEAVER AVE STATE COLLEGE, PA 16801	25-1232170	501(C)3	99,000.	0. BOOK		N/A	TO SUPPORT FINANCIAL STABILITY-RELATED MISSION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS CENTRAL PA 383 ROLLING RIDGE DR STATE COLLEGE, PA 16801	23-1445662	501(C)3	80,000.	0. BOOK		N/A	TO SUPPORT HEALTH-RELATED MISSION
FOOD BANK OF THE STATE COLLEGE AREA, INC. - PO BOX 907 - STATE COLLEGE, PA 16804	25-1769950	501(C)3	57,722.	0. BOOK		N/A	TO SUPPORT FINANCIAL STABILITY-RELATED MISSION
GIRL SCOUTS IN THE HEART OF PA 1040-1 BENNER PIKE STATE COLLEGE, PA 16801	24-0795980	501(C)3	26,466.	0. BOOK		N/A	TO SUPPORT EDUCATION-RELATED MISSION
GLOBAL CONNECTIONS 404A BOUCKE BLDG UNIVERSITY PARK, PA 16802	25-1426933	501(C)3	23,000.	0. BOOK		N/A	TO SUPPORT EDUCATION-RELATED MISSION
HOPE FOR KIDS PO BOX 1331 STATE COLLEGE, PA 16804	25-1521567	501(C)3	27,500.	0. BOOK		N/A	TO SUPPORT EDUCATION-RELATED MISSION
HOUSE OF CARE 515 W BEAVER AVE STATE COLLEGE, PA 16801	23-2874455	501(C)3	20,000.	0. BOOK		N/A	TO SUPPORT HEALTH-RELATED MISSION
HOUSING TRANSITIONS, INC. PO BOX 1391 STATE COLLEGE, PA 16804	25-1472779	501(C)3	56,650.	0. BOOK		N/A	TO SUPPORT FINANCIAL STABILITY-RELATED MISSION
INTERFAITH HUMAN SERVICES 2100 E COLLEGE AVE STE C STATE COLLEGE, PA 16801	25-1300144	501(C)3	25,000.	0. BOOK		N/A	TO SUPPORT FINANCIAL STABILITY-RELATED MISSION
MIDPENN LEGAL SERVICES 3500 E COLLEGE AVE STE 12 STATE COLLEGE, PA 16801	23-7101191	501(C)3	19,000.	0. BOOK		N/A	TO SUPPORT FINANCIAL STABILITY-RELATED MISSION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID-STATE LITERACY 248 E CALDER WAY STE 307 STATE COLLEGE, PA 16801	25-1304265	501(C)3	40,000.	0. BOOK	N/A		TO SUPPORT EDUCATION-RELATED MISSION
PARK FOREST DAY NURSERY 1833 PARK FOREST AVE STATE COLLEGE, PA 16803	25-1358116	501(C)3	38,000.	0. BOOK	N/A		TO SUPPORT EDUCATION-RELATED MISSION
SIGHT LOSS SUPPORT GROUP 111 SOWERS ST STE 310 STATE COLLEGE, PA 16801	25-1425250	501(C)3	18,000.	0. BOOK	N/A		TO SUPPORT HEALTH-RELATED MISSION
SKILLS OF CENTRAL PA, INC. 341 SCIENCE PARK RD STE 6 STATE COLLEGE, PA 16803	25-1425250	501(C)3	25,000.	0. BOOK	N/A		TO SUPPORT HEALTH-RELATED MISSION
SMART START - CENTRE COUNTY PO BOX 853 STATE COLLEGE, PA 16803	20-1837592	501(C)3	27,500.	0. BOOK	N/A		TO SUPPORT EDUCATION-RELATED MISSION
STRAWBERRY FIELDS 3054 ENTERPRISE DR STATE COLLEGE, PA 16801	25-1237223	501(C)3	69,000.	0. BOOK	N/A		TO SUPPORT HEALTH-RELATED MISSION
TIDES, INC. 1014 TORNEY AVE SAN FRANCISCO, CA 94129	57-1138099	501(C)3	19,000.	0. BOOK	N/A		TO SUPPORT HEALTH-RELATED MISSION
YMCA OF CENTRE COUNTY 125 W HIGH ST BELLEFONTE, PA 16823	24-0802437	501(C)3	190,000.	0. BOOK	N/A		TO SUPPORT EDUCATION-RELATED MISSION
CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DR., STE D STATE COLLEGE, PA 16803	25-1897969	501(C)3	6,636.	0. BOOK	N/A		TO SUPPORT HEALTH-RELATED MISSION

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

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: ORGANIZATION ANNUALLY VISITS GRANTEES AND PERFORMS A REVIEW OF THE FINANCIAL RECORDS OF THE GRANTEE. ORGANIZATION REQUIRES ANNUAL APPLICATION FOR FUNDING, COPIES OF PREVIOUSLY FILED FORMS 990 AND ANNUAL AUDIT FOR EVERY GRANTEE ORGANIZATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

CENTRE COUNTY UNITED WAY

Employer identification number
25-1215290

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY INITIATIVE, GRANTS DESIGNATED BY THE WOMEN'S LEADERSHIP
GROUP, COMMUNITY IMPACT, AND DAY OF CARING.

EXPENSES \$ 28,253. INCLUDING GRANTS OF \$ 27,500. REVENUE \$ 15,556.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED AND
APPROVED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING WITH THE INTERNAL
REVENUE SERVICE. THE FINAL FORM 990, AS FILED WITH THE INTERNAL REVENUE
SERVICE, IS PRESENTED TO THE FINANCE COMMITTEE AND MADE AVAILABLE TO THE
BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD REVIEWS CONFLICT OF INTEREST
POLICY REGULARLY FOR COMPLIANCE

FORM 990, PART VI, SECTION B, LINE 15: HUMAN RESOURCE AND EXECUTIVE
COMMITTEE DETERMINE AND APPROVE COMPENSATION

FORM 990, PART VI, SECTION C, LINE 19: WHEN A WRITTEN REQUEST IS RECEIVED
FOR PUBLIC INSPECTION OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,
AND/OR THE FINANCIAL STATEMENTS, A COMMITTEE OF THE BOARD OF DIRECTORS OR
THE BOARD OF DIRECTORS WILL EVALUATE THE FACTS AND CIRCUMSTANCES SPECIFIC
TO THE INDIVIDUAL REQUEST TO DETERMINE IF THE REQUEST WILL BE GRANTED.

FORM 990, PART XII, LINE 2C: THE COMMITTEE RESPONSIBLE FOR THE AUDIT
HAS NOT CHANGED FROM THE PRIOR YEAR, NOR HAS THE PROCESS OF SELECTING
INDEPEDENT ACCOUNTANT TO PERFORM THE AUDIT OF THE FINANCIAL STATEMENTS.

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

2012 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	FURNITURE	070192SL		7.00	17	4,330.			4,330.	4,330.		0.
2	CALCULATOR	070196SL		5.00	17	30.			30.	30.		0.
3	FURNITURE	070194SL		7.00	17	1,995.			1,995.	1,995.		0.
4	EQUIPMENT	070195200DB	5.00	17	17	20,702.			20,702.	19,947.		0.
5	HP LZ	070196SL		5.00	17	362.			362.	362.		0.
6	NETSCAPE SOFTWARE	070196SL		5.00	17	70.			70.	70.		0.
7	EXTRA RAM	070196SL		5.00	17	169.			169.	169.		0.
8	FINANCE COMPUTER	070196SL		5.00	17	1,600.			1,600.	1,600.		0.
9	LANPRO INSTALL	070296SL		5.00	17	810.			810.	810.		0.
10	TWO BLACK PHONES	070197SL		5.00	17	100.			100.	100.		0.
11	HP COPIER	070197SL		5.00	17	500.			500.	500.		0.
12	NORSAR PHONE THREE DELL	070197SL		5.00	17	410.			410.	410.		0.
13	COMPUTERS	070198SL		5.00	17	6,373.			6,373.	6,373.		0.
14	TGP SOFTWARE	070199SL		5.00	17	3,026.			3,026.	3,026.		0.
15	DELLS COMPUTER	070199SL		5.00	17	1,378.			1,378.	1,378.		0.
16	DELL COMPUTER	071204SL		5.00	17	1,387.			1,387.	1,387.		0.
17	DELL COMPUTER	071204SL		5.00	17	1,387.			1,387.	1,387.		0.
18	DELL COMPUTER	071204SL		5.00	17	1,387.			1,387.	1,387.		0.

228102
65-01-12

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2012 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	DELL COMPUTER RAISERS EDGE	071204SL		5.00	16	1,387.			1,387.	1,387.		0.
20	SOFTWARE * 990 PAGE 10 TOTAL OTHER MANAGEMENT AND GENERAL	110104SL		3.00	16	8,500.		0.	8,500.	8,500.	0.	0.
24	RECEPTION DESK FILE RECEPTION	091808SL		7.00	17	832.			832.	424.		118.
25	RETURN * 990 PAGE 10 TOTAL MANAGEMENT AND GEN FUNDRAISING	091808SL		7.00	17	563.		0.	563.	275.	0.	79.
21	REFRIGERATOR LEASEHOLD	031207200DB		7.00	17	553.			553.	473.		53.
22	IMPROVEMENTS	091808SL		39.00	17	9,160.			9,160.	891.		235.
23	DELL SERVER * 990 PAGE 10 TOTAL FUNDRAISING * GRAND TOTAL 990 PAGE 10 DEPR	061707200DB		5.00	17	1,026.		0.	1,026.	1,026.	0.	0.
						10,739.		0.	10,739.	2,390.	0.	288.
						68,037.		0.	68,037.	58,237.	0.	485.

328102
6501-12

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
		Enter filer's identifying number, see instructions	
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions CENTRE COUNTY UNITED WAY		Employer identification number (EIN) or 25-1215290
	Number, street, and room or suite no. If a P.O. box, see instructions. 2790 WEST COLLEGE AVENUE, NO. 7		Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. STATE COLLEGE, PA 16801		

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

EXECUTIVE DIRECTOR - 2790 WEST COLLEGE AVENUE, NO. 7 -

- The books are in the care of **STATE COLLEGE, PA 16801**
Telephone No. **814-238-8283** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2014**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
INFORMATION REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.		8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.		8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.		8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CPA** Date

Form **8879-EO**

IRS *e-file* Signature Authorization
for an Exempt Organization

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning JUL 1, 2012, and ending JUN 30, 2013

2012

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

Name of exempt organization

Employer identification number

CENTRE COUNTY UNITED WAY

25-1215290

Name and title of officer

**TAMMY GENTZEL
EXECUTIVE DIRECTOR**

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>2096484</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize SELIGMAN, FRIEDMAN & CO., P.C. to enter my PIN 01234
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

25036156789
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 05/14/14

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