Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

Name of filer UNITED WAY OF BUCKS COUNTY

EIN or SSN

23-1409706

FAITH PARKINSON Name and title of officer or person subject to tax

DIRECTOR OF FINANCE & ADMIN

Part	1	Type of Return an	d Retu	n Information					
Form 50 or 10a l whiche	330 file below, ver is a	rs may enter dollars and and the amount on that I	cents. Fo	sing this Form 8879-TE ar r all other forms, enter wh r return being filed with the But, if you entered -0- on	nole dollars only. If his form was blank.	you check the box on then leave line 1b, 2b,	line 1a, 2a, 3a, 43b, 4b, 5b, 6b,	4a, 5a, 6a, 7a 7b, 8b, 9b, o	, 8a, 9a, r 10b,
1a		990 check here	X b	Total revenue, if any (F	orm 990, Part VIII,	column (A), line 12)	1b	8,157,	436.
2a		990-EZ check here	b	Total revenue, if any (F	orm 990-EZ, line 9)	2b		
3a	Form	1120-POL check here	b	Total tax (Form 1120-P	OL, line 22)		3b		
4a	Form	990-PF check here	b	Tax based on investm	ent income (Form	990-PF, Part V, line 5)	4b	***	
5a	Form	8868 check here	b	Balance due (Form 886	68, line 3c)		5b		
6a	Form	990-T check here		Total tax (Form 990-T,					
7a	Form	4720 check here	b	Total tax (Form 4720, F	Part III, line 1)		7b		
8a	Form	5227 check here	b	FMV of assets at end	of tax year (Form 5	5227, Item D)	8b		
9a	Form	5330 check here		Tax due (Form 5330, P					
		8038-CP check here		Amount of credit payr)	
Part				e Authorization of					, Company
Under p	penaltie	es of perjury, I declare the	at X la	m an officer of the above					200
of entity	,			ules and statements, and		and			of the
acknown of any re- entry to financial later that payment persona	vledgen refund. the final institu an 2 bu nt of tax al ident	nent of receipt or reason If applicable, I authorize ancial institution accoun ation to debit the entry to siness days prior to the kes to receive confidentia ification number (PIN) as	for rejecti the U.S. I it indicate this acco payment	ctronic return originator (It on of the transmission, (It reasury and its designat d in the tax preparation s sunt. To revoke a paymer settlement) date. I also a ion necessary to answer ture for the electronic ret	 b) the reason for an ed Financial Agent oftware for paymer ht, I must contact uthorize the financ inquiries and resol 	ny delay in processing to initiate an electronic to initiate an electronic nt of the federal taxes on the U.S. Treasury Finan ial institutions involved tye issues related to the tye issues related to the tye issues related to the state.	the return or ref c funds withdray owed on this ref cial Agent at 1-t in the processi e payment. I ha	und, and (c) t wal (direct del turn, and the 388-353-4537 ing of the elec ve selected a	no ctronic
		ne box only thorize MORISON (COCEN	T.T.D		to	enter my PIN	0970	6
_4	L I aut	nonze MORISON	COGEN	ERO firm nam	Δ	10		nter five numb	
				ENO IIIII Haiii	e			do not enter all	
	with	ny signature on the tax yo a state agency(ies) regu he return's disclosure co	lating cha	electronically filed return. rities as part of the IRS F een.	If I have indicated ed/State program,	within this return that a	a copy of the re prementioned E	turn is being f RO to enter m	iiled ny PIN
Signature	retu	rn. If I have indicated wit Fed/State program, J will	hin this re	with respect to the entity, turn that a copy of the re PIN on the return's discl	turn is being filed vosure consent scre	vith a state agency(ies)	regulating cha	electronically rities as part of	filed of the
Part		Certification and						1	
ERO's	EFIN/F	PIN. Enter your six-digit e	lectronic 1	iling identification					
numbe	r (EFIN)	followed by your five-dig	git self-sel	ected PIN.		Do not enter all zeros			
submit	that th ting this ss Retu	s return in accordance w	s my PIN, ith the rec	which is my signature on uirements of Pub. 4163,	the 2023 electroni Modernized e-File	cally filed retum indica (MeF) Information for A	ted above. I con Authorized IRS	nfirm that I am -file Providen	n s for
ERO's s	ignature					Date			
			ER	O Must Retain This	s Form - See I	nstructions			

Do Not Submit This Form to the IRS Unless Requested To Do So

EXTENDED TO NOVEMBER 15, 2024

Return of Organization Exempt From Income Tax

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

and ending

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning

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.

Inspection

В	Check if applicable	C Name of organization		D Employer identific	cation number
_	Addres				
F]change Name	UNITED WAY OF BUCKS COUNTY		23-14097	0.6
F]change]Initial	Doing business as	Da ana /auda		
F	return Final	Number and street (or P.O. box if mail is not delivered to street address) 413 HOOD BLVD.	Room/suite	E Telephone number 215-949-	
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,460,339.
Г	Amende			H(a) Is this a group re	
F	lreturn Applica tion	-		for subordinates	
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	—
$\overline{}$	Tax-exe	mpt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1)	or 527	1	list. See instructions
	Website	37 / 3	<u></u>	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: PA
	art I	Summary			-
—	1 6	Briefly describe the organization's mission or most significant activities: ${ t UNIT}$	ED WAY	OF BUCKS C	OUNTY
Governance		CREATES OPPORTUNITIES FOR QUALITY EDUCAT	ION, F	INANCIAL ST	ABILITY,
ž	2	Check this box if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	
8	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	40
	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)			40
es		otal number of individuals employed in calendar year 2023 (Part V, line 2a)			20
Activities &	6 7	otal number of volunteers (estimate if necessary)		6	0
Act		otal unrelated business revenue from Part VIII, column (C), line 12			0.
	l d	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year 7,983,593.	Current Year 8 , 177 , 851 .
ne	8 (Contributions and grants (Part VIII, line 1h)		7,963,393.	0,1//,031.
Revenue	9 F	Program service revenue (Part VIII, line 2g)		-13,635.	-29,587.
Be	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		36,282.	9,172.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,006,240.	8,157,436.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		356,356.	244,056.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		607,601.	906,496.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	10a b 1	otal fundraising expenses (Part IX, column (D), line 25) 339, 8	80.	-	-
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,154,210.	7,551,870.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,118,167.	8,702,422.
		Revenue less expenses. Subtract line 18 from line 12		-111,927.	-544,986.
200	3	·	Ве	ginning of Current Year	End of Year
Net Assets or	20 1	otal assets (Part X, line 16)		4,157,035.	4,003,122.
t As	21 1	otal liabilities (Part X, line 26)		515,589.	679,624.
		let assets or fund balances. Subtract line 21 from line 20		3,641,446.	3,323,498.
		Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedule			/ knowledge and belief, it is
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich preparer	has any knowledge.	
		Signature of officer		l Date	
Sig	""		DMTN	Dale	
He		FAITH PARKINSON, DIRECTOR OF FINANCE & A Type or print name and title	DMTM.		
			П	Date Check	PTIN
Pai		Print/Type preparer's name JOSEPH M. KISTNER, CPA		if	
				self-employe	
	-			Firm's EINI 2	3-1406493
[le	parer	Firm's name MORISON COGEN LLP	<u>'</u>	Firm's EIN 2	3-1406493
Us	parer	Firm's name MORISON COGEN LLP Firm's address 484 NORRISTOWN RD, STE 100			
	parer e Only	Firm's name MORISON COGEN LLP			3-1406493 7-440-3000 X Yes No

Ра	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	UNITED WAY OF BUCKS COUNTY CREATES OPPORTUNITIES FOR QUALITY
	EDUCATION, FINANCIAL STABILITY, AND GOOD HEALTH TO ENSURE REAL,
	LASTING CHANGE FOR INDIVIDUALS AND OUR COMMUNITIES.
	ENDING CHERCH TON INDIVIDUALS THE CONTONTITUE!
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3, 3 3 , 11 3
	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 \$ 7,156,805. including grants of \$) (Revenue \$ 9,172.)
	COMMUNITY & AGENCY SERVICES: RESOURCES ARE DIRECTED TO THE PLANNING AND
	COORDINATION OF SERVICES THAT SUPPORT INDIVIDUALS AND NONPROFITS. THIS
	INCLUDES ADVOCACY, DISTRIBUTION OF GIFTS IN-KIND, COMPILING AND
	DISTRIBUTING COMMUNITY RESOURCE GUIDES, VOLUNTEER RECRUITMENT AND
	REFERRAL, AND CONNECTING BUSINESSES AND GROUPS WITH SERVICE PROJECTS
	AND NONPROFITS THAT NEED HELP.
4b	(Code:) (Expenses \$ 668,511 · including grants of \$) (Revenue \$
	COMMUNITY IMPACT: THESE FUNDS ARE INVESTED IN CONVENING GROUPS TO HELP
	IDENTIFY AND TARGET PROBLEMS IN THE COMMUNITY. FUNDS HELP BUILD
	COLLABORATIVE EFFORTS AND IMPROVE THE SYSTEMS THAT SERVE OUR MOST
	VULNERABLE RESIDENTS. COMMUNITY IMPACT PARTNERS INCLUDE GOVERNMENT,
	BUSINESSES, FAITH-BASED GROUPS, EDUCATIONAL ORGANIZATIONS, NONPROFITS,
	AND INDIVIDUALS.
	249 636 244 056
4c	(Code:) (Expenses \$ 248,636 · including grants of \$ 244,056 ·) (Revenue \$)
	COMMUNITY INVESTMENTS & NONPROFIT GRANTS: THESE FUNDS ARE DISTRIBUTED
	TO AND THROUGH NONPROFIT AGENCIES AND COLLABORATIVE GROUPS. FUNDS ARE
	AIMED AT HELPING PEOPLE WITH SHORT-TERM, BASIC NEEDS (E.G. SHELTER,
	TRANSPORTATION, CHILD CARE, FOOD, ETC.) AND CREATING LASTING CHANGE.
	FUNDED PROGRAMS FOCUS ON BUILDING FINANCIAL SELF-SUFFICIENCY, IMPROVING
	FAMILY STABILITY, CREATING ACCESS TO EARLY EDUCATION, AND IMPROVING
	PEOPLE'S HEALTH.
	Otherway was a series of (December on Ordenskyle O.)
40	Other program services (Describe on Schedule O.)
	(Expenses \$ 75,749 • including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 8,149,701.
	Earm MMI 1/2022

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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 25
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '-		
Ū	Schedule D, Part III	8		Х
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		х
С	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		Х
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		х
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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
04 -	Schedule J	23		X
24 a	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? If "Yes," answer lines 24b through 24d and complete			
	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		
25 a	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		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? If "Yes," complete	051		x
00	Schedule L, Part I	25b		Α.
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		Х
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
	1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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023) UNITED WAY OF BUCKS COUNTY Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
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 A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	$ Did the organization \ receive \ a payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ excess \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ partly \ for \ goods \ and \ goods \ partly \ for \ goods \ and \ goods \ partly \ for \ goods \ and \ goods \ partly \ for \ goods \ partly \ $	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	•			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110			
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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Form **990** (2023)

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

0						Δ
Sec	tion A. Governing Body and Management					
		1 . 1	4 0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	40			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		ام			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	40			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?		[2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	[4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	ſ	5		X
6	Did the organization have members or stockholders?		Г	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		····· [
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		·····			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		·····			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		····· }			
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi			<u> </u>		
000	tion B. Follocs (This Section B requests information about policies not required by the internal h	evenue Code.)			Yes	No
100	Did the organization have local chapters, branches, or affiliates?		Γ	10a	163	X
			·····	IUa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such or and beginning to a second the procedure of the procedur			406		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?		Г	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	before filing the for	m?	11a	Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		- 1	40	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risc		·····	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				v	
	on Schedule O how this was done		·····	12c	X	
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 approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a	J			
	taxable entity during the year?		[16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization's	- 1			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed PA, NJ					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (section 50	1(c)(3)	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest polic	cy, and	d finar	ncial	
	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 bo	ooks and records				
	ORGANIZATION - 215-949-1660					
	413 HOOD BLVD., FAIRLESS HILLS, PA 19030					

Form **990** (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	aniza	ation	COL	npe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	<u> </u>	00. u.	<u> </u>	T			from	from related	other
	(list any hours for	lirect				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	96 Or (trustee			ısate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	mpe		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	Individual trustee or director	Institutional	-e	Key employee	est co loyee	Jer.	·		organizations
	line)	Indiv	Insti	Officer	Key 6	Highest compensated employee	Form			
(1) MARISSA CHRISTIE	40.00									
PRESIDENT & CEO				Х				118,554.	0.	17,969.
(2) FAITH PARKINSON	40.00								_	
DIRECTOR OF FINANCE & ADMI				Х				92,887.	0.	9,708.
(3) KAREN JOHNSON-SUSKO	1.00								_	
BOARD CHAIR		Х		Х				0.	0.	0.
(4) BERNARD TYNES	1.00	↓		l						
VICE CHAIR, NOMINATING COMMITTEE	1	Х		Х				0.	0.	0.
(5) JEAN VIDONI	1.00									
VICE CHAIR COMMUNITY IMPAC		Х		Х				0.	0.	0.
(6) KRISTEN ELDER	1.00									
TREASURER		X		Х				0.	0.	0.
(7) PAUL BRAUN	1.00									
CORPORATE SECRETARY		X		Х				0.	0.	0.
(8) CATHERINE MCELROY	1.00									
IMMEDIATE PAST BOARD CHAIR		Х		Х				0.	0.	0.
(9) PAUL BENCIVENGO	1.00								_	
IMMEDIATE PAST BOARD CHAIR		Х						0.	0.	0.
(10) COLLEEN DOLL	1.00									
BOARD MEMBER		X						0.	0.	0.
(11) JUSTIN BROWN	1.00									
BOARD MEMBER	1	Х						0.	0.	0.
(12) BRIAN PAPSUN	1.00	ļ.,								•
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) DENNIS PFLEIGER	1.00	١								•
BOARD MEMBER	1 00	X						0.	0.	0.
(14) DR. DAVID POCALYKO	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) TOM SOFIELD	1.00	ļ								
BOARD MEMBER	1	Х						0.	0.	0.
(16) TIFFANY THOMAS SMITH	1.00	۱						_		_
BOARD MEMBER	1	Х						0.	0.	0.
(17) JEFF LEHOCKY	1.00	۱						_		_
BOARD MEMBER		Х						0.	0.	0.

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

Form **990** (2023)

(A)	(B)		(C)				(D)	(E)	(F)		
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of	
	week	_	cer ar	nd a d	recto	or/trus	itee)	from	from related	other	
	(list any	recto						the	organizations	compensation	on
	hours for related	or di	æ			ated		organization	(W-2/1099-MISC/	from the	_
	organizations	ustee	trust		gy.	suadı		(W-2/1099-MISC/	1099-NEC)	organizatio	
	below	ual tr	ional		ploye	t con	L	1099-NEC)		and related organization	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization	13
(18) KEVIN ANTOINE	1.00	=	=	0	포	⊥ ₀	ш.				
BOARD MEMBER	<u> </u>	x						0.	0.		0.
(19) AMY MUSOLINO	1.00								•	<u>' </u>	•
BOARD MEMBER	1.00	X						0.	0.		0.
(20) PURVI PANWALA	1.00							•	•	<u>' </u>	•
BOARD MEMBER	1.00	X						0.	0.		0.
	1.00	^						0.	0.	<u>' </u>	<u>.</u>
(21) MARC SABO	1.00	X						0.	0.		0.
BOARD MEMBER	1 00	^						0.	0.	1	0.
(22) RANDY BEAMAN	1.00	,,							_		^
BOARD MEMBER	1 00	Х						0.	0.	·	0.
(23) MATT HANSON	1.00										_
BOARD MEMBER		Х						0.	0.	,	0.
(24) RICK BATTAGLIA	1.00							_	_		_
BOARD MEMBER		Х						0.	0.	,	0.
(25) DANA WEISSENBERG	1.00										
BOARD MEMBER		Х						0.	0.	,	0.
(26) CARRIE NORK MINIELLI	1.00										
BOARD MEMBER		X						0.	0.	.	0.
1b Subtotal	•							211,441.	0.	27,67	7.
c Total from continuation sheets to Part V								0.	0.	,	0.
d Total (add lines 1b and 1c)								211,441.	0.	27,67	7.
2 Total number of individuals (including but n								eceived more than \$100	0.000 of reportable	•	
compensation from the organization						•					1
										Yes I	No
3 Did the organization list any former officer,	director, trust	ee. I	kev e	ame	love	e. o	r hio	nhest compensated emp	olovee on		
line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$15										4	X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com							Ciuc	iod organization or many	idda for services	5	X
Section B. Independent Contractors	prote Corregar		0, 0,	011	<i>p</i> 0, c	,0,,					
Complete this table for your five highest co	mnensated in	den	ande	ent c	onti	racto	are t	that received more than	\$100 000 of compen	sation from	
the organization. Report compensation for	•								•	Sation Iron	
(A)	trie Caleridar y	Cai	criui	ng v	VILII	OI W	101111	(B)	year.	(C)	
Name and business	address	N	INC	F.				Description of s	ervices	Compensation	
				_			_	<u>'</u>			
							_				
							_				
							\dashv				
							J				
							\dashv				
							- 1		I		

Total number of independent contractors (including but not limited to those listed above) who received more than

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

	AY OF BU	<u> </u>	עז		701	ИТ.			23-140	2100
Part VII Section A. Officers, Directors, Tru	ustees, Key Eı	mplo	oyee	es, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average hours	(c		call that apply)			ly)	Reportable compensation	Reportable compensation from related	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) DR. MICHELLE BURROUGHS	1.00	X						0.	0.	0.
BOARD MEMBER	0 00	^						0.	0.	0.
(28) DR. GARY L. BOWMAN HONORARY LIFE MEMBER	0.00	X						0.	0.	0.
(29) KATHY BRETT	0.00									
HONORARY LIFE MEMBER		Х						0.	0.	0.
(30) LYNN BUSH	0.00									
HONORARY LIFE MEMBER	0.00	Х						0.	0.	0.
(31) DR. RICHARD O. COE HONORARY LIFE MEMBER	0.00	x						0.	0.	0.
(32) MICHAEL CONNOR	0.00	 						•	•	
HONORARY LIFE MEMBER	0.00	x						0.	0.	0.
(33) J. PETER DOMINICK	0.00									
HONORARY LIFE MEMBER		Х						0.	0.	0.
(34) THOMAS P. DONNELLY, ESQ.	0.00									
HONORARY LIFE MEMBER		Х						0.	0.	0.
(35) JAMES DOWLING	0.00	ļ								
HONORARY LIFE MEMBER	0.00	Х						0.	0.	0.
(36) GROVER FRIEND HONORARY LIFE MEMBER	0.00	X						0.	0.	0.
(37) DAVID J. GONDAK	0.00	 								
HONORARY LIFE MEMBER	0.00	x						0.	0.	0.
(38) BRIAN JETER	0.00									
HONORARY LIFE MEMBER		Х						0.	0.	0.
(39) TRISH MARKEL-MULLIGAN	0.00	l								
HONORARY LIFE MEMBER	0.00	Х						0.	0.	0.
(40) JACK MCCAUGHAN HONORARY LIFE MEMBER	0.00	x						0.	0.	0.
(41) MARK WORTHINGTON	0.00								-	
HONORARY LIFE MEMBER		x						0.	0.	0.
(42) TODD ALDERFER	0.00									
HONORARY LIFE MEMBER		Х						0.	0.	0.
		_								
Total to Part VII, Section A, line 1c										

Form					AY OF	BUCKS C	OUNTY		23-1409	706 Page 9
Pa	rt V	<u> </u>								
			Check if Schedule O co	ontains a	response	or note to any lin	e in this Part VIII			
								(B)	(C)	(D) Revenue excluded
							Total revenue	Related or exempt function revenue	Unrelated business revenue	for a second and
								TariotionTovenae	Basiliess revenue	sections 512 - 514
ts	1	а	Federated campaigns		1a					
z a			Membership dues		1b					
ا آ			Fundraising events		1c					
ifts					1d					
اة. اقائ				b.utions\	1e	4,476,462.				
Siz			Government grants (contrib	-		4,470,402.				
iğ iğ		Ť	All other contributions, gifts, g		1 1	2 501 200				
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included a		1f	3,701,389.				
o p		_	Noncash contributions included in li		1g \$	2,301,225.				
<u>a</u> C		h	Total. Add lines 1a-1f				8,177,851.			
						Business Code				
Se	2	а								
e ⊈		b								
Sugar		С								
eve		d								
Program Service Revenue		е								
<u> </u>		f	All other program service re	evenue						
			Total. Add lines 2a-2f							
	3		Investment income (includi							
			other similar amounts)	•			41,595.			41,595.
	4 Income from investment of tax-exempt bond prod									
	5		Royalties							
			[i) Real	(ii) Personal				
	6	а	Gross rents	6a	•					
				6b						
			' ··· •	6c						
			Net rental income or (loss)							
			Gross amount from sales of		ecurities	(ii) Other				
	′	а		.,,	231,721.	(ii) Other				
			ĭ h	7a 1,	231,721.					
o l		D	Less: cost or other basis	,	202 002					
evenue			· · · · · · · · · · · · · · · · · · ·		302,903.					
ě			٠ , ٢		-71,182.		71 100			71 100
<u>ج</u> ا			Net gain or (loss)				-71,182.			-71,182.
Other	8	а	Gross income from fundraising	-						
0			including \$							
			contributions reported on I		I					
			Part IV, line 18							
		b	Less: direct expenses		8b					
			Net income or (loss) from fu							
	9	а	Gross income from gaming	g activities	s. See					
			Part IV, line 19							
		b	Less: direct expenses		9b					
		С	Net income or (loss) from g	gaming ac	tivities					
	10	а	Gross sales of inventory, le	ess return	s					
			and allowances		10a					
		b	Less: cost of goods sold							
_			Net income or (loss) from s							
S			,			Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS			900099	8,000.	8,000.		
ane		b	FEE REVENUE			900099	1,172.	1,172.		
e e		С								
Alisc R			All other revenue							
_			Total. Add lines 11a-11d				9,172.			

12 To

Form **990** (2023)

-29,587.

8,157,436.

Total revenue. See instructions

9,172.

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 respon	se or note to any line in	this Part IX	. ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	_	244,056.	244,056.		
•	and domestic governments. See Part IV, line 21	244,030.	244,030.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	239,118.	130,366.	12 121	65,318.
	trustees, and key employees	239,110.	130,300.	43,434.	03,310.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F2C 02F	205 150	02 210	140 440
7	Other salaries and wages	536,825.	295,159.	93,218.	148,448.
8	Pension plan accruals and contributions (include	c 15c	2 120	1 404	1 500
	section 401(k) and 403(b) employer contributions)	6,156.	3,139.	1,494.	1,523. 15,026.
9	Other employee benefits	60,732.	30,964.	14,742.	15,026.
10	Payroll taxes	63,665.	32,459.	15,454.	15,752.
11	Fees for services (nonemployees):				
	Management	2 2 2 2	1 225	1 100	886
	Legal	3,969.	1,997.	1,196.	776.
	Accounting	2,500.	1,258.	753.	489.
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,		24 224	40 500	10 100
	column (A), amount, list line 11g expenses on Sch 0.)	62,066.	31,234.	18,700.	12,132.
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	0.4.000	46 45		4 505
22	Depreciation, depletion, and amortization	24,000.	16,137.	3,356.	4,507.
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	4 265 526	4 265 526		
а	PENNSYLVANIA PRE-K COUN	4,367,786.	4,367,786.		
b	CONTRIBUTION OF DONATED	2,301,225.	2,301,225.		
С	COMMUNITY PROGRAM EXPEN	423,578.	423,578.	10 510	06.404
d	FACILITIES & EQUIPMENT	227,107.	190,255.	10,748.	26,104.
е	· — +	139,639.	80,088.	9,746.	49,805.
25	Total functional expenses. Add lines 1 through 24e	8,702,422.	8,149,701.	212,841.	339,880.
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)				
33201	0 12-21-23				Form 990 (2023)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	900.
	2	Savings and temporary cash investments			1,056,223.	2	1,432,478.
	3	Pledges and grants receivable, net	1,675,538.	3	989,093.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren	t or forme	er officer, director,			
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
şţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			22,898.	9	21,075.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		538,975.			
	b	Less: accumulated depreciation		·	142,566.	10c	118,542.
	11	Investments - publicly traded securities			1,246,423.	11	1,417,647.
	12	Investments - other securities. See Part IV, lin	ne 11			12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets			1000	14	
	15	Other assets. See Part IV, line 11			13,387.	15	23,387.
	16	Total assets. Add lines 1 through 15 (must e			4,157,035.	16	4,003,122.
	17	Accounts payable and accrued expenses			343,640.	17	216,567.
	18	Grants payable			142,575.	18	0.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
-ja		controlled entity or family member of any of t		_		22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). Complete Part X	20 274		462 057
		of Schedule D			29,374. 515,589.	25	463,057.
	26	Total liabilities. Add lines 17 through 25			313,309.	26	679,624.
Se		Organizations that follow FASB ASC 958, o	спеск пе	re 🕰			
ŭ		and complete lines 27, 28, 32, and 33.			2,950,438.	07	2 689 165
Sale	27	Net assets without donor restrictions			691,008.	27	2,689,165. 634,333.
βE	28	Net assets with donor restrictions			091,000.	28	034,333.
Ē		Organizations that do not follow FASB ASC	. 958, Cn	eck nere			
ō		and complete lines 29 through 33.	-l-			00	
ets	29	Capital stock or trust principal, or current fun				29 30	
Ass	30	Paid-in or capital surplus, or land, building, or					
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			3,641,446.	31 32	3,323,498.
Z	32	Total liabilities and not assets/fund balances			4,157,035.	33	4,003,122.
	33	Total liabilities and net assets/fund balances		I	±,±J/,UJJ•	ა პ	Form 990 (2022)

	1990 (2023)	25	T 4 0 0 1 0 0	га	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,15		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,70		
3	Revenue less expenses. Subtract line 2 from line 1	3	-54		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,64		
5	Net unrealized gains (losses) on investments	5	18	1,5	20.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	4	5,5	18.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,32	<u>3,4</u>	98.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the 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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	i,		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	0.		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au			
	ar audita, evalain why an Cahadula O and describe any stone taken to undergo such audita		26	l	i .

Form **990** (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED WAY OF BUCKS COUNTY

Employer identification number

23-1409706 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,387,204.	5,684,708.	6,140,364.	7,983,593.	8,177,851.	32,373,720.
2	Tax revenues levied for the organ-						
	ization'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	4,387,204.	5,684,708.	6,140,364.	7,983,593.	8,177,851.	32,373,720.
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)						17,025.
_6	Public support. Subtract line 5 from line 4.						32,356,695.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	4,387,204.	5,684,708.	6,140,364.	7,983,593.	8,177,851.	32,373,720.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	38,963.	27,672.	29,874.	34,265.	41,595.	172,369.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	41,010.	25,667.	20,563.	36,282.	9,172.	132,694.
11	Total support. Add lines 7 through 10						32,678,783.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	501(c)(3)	
_	organization, check this box and stop						<u></u>
	ction C. Computation of Publ						00 01
14	Public support percentage for 2023 (I					14	99.01 %
15	11 1 3					15	98.61 %
16a	33 1/3% support test - 2023. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ition			
17a	7a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	t - 2022. If the orga	anization did not cl	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	ı, 16b, 17a, or 17b	, check this box a		S [] (Form 990) 2023

Schedule A (Form 990) 2023

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

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

Se	ction A. Public Support	· · · · ·	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	<u> </u>					
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			1			
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	1	•	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6				-		
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business			-	1	1	1
11	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain			1	+		
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				+		
	Total support. (Add lines 9, 10c, 11, and 12.)				1	F04(-)(0) : :	<u> </u>
14	First 5 years. If the Form 990 is for the	•				. , . ,	lion,
Se	check this box and stop here ction C. Computation of Publ						<u></u>
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					1 .~ 1	70
	Investment income percentage for 20)	17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
		.03	
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	3C		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	30		
	10a		
· · · ·	10b	n 990	2023

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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 carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations			
			Yes	No
	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 the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			
	Divin Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	edule A (Form 990) 2023 UNITED WAY OF BUCKS CO	UNTY		23-1409706 Page 6
_	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	Ţ.
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

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

Schedule A (Form 990) 2023

5

6

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater

7 Excess distributions carryover to 2024. Add lines 3j

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

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

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
GOOD360	670,601.	17,025.
Total Excess Contributions to Schedule A, Part II, Line 5	'	17,025.

Schedule B

Department of the Treasury

(Form 990)

Schedule of Contributors

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

OMB No. 1545-0047

2023

Internal Revenue Service Add to WWW.IIS.gov/101113501

UNITED WAY OF BUCKS COUNTY

Employer identification number

23-1409706

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

UNITED WAY OF BUCKS COUNTY

23-1409706

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PA DEPARTMENT OF EDUCATION FORUM BUILDING, 607 SOUTH DRIVE HARRISBURG, PA 17120	\$3,667,684.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COUNTY OF BUCKS 55 EAST COURT STREET DOYLESTOWN, PA 18901	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

UNITED WAY OF BUCKS COUNTY

23-1409706

Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (c) FMV (or estimate) (See instructions.)

Name of organization **Employer identification number** 23-1409706 UNITED WAY OF BUCKS COUNTY Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 OF BUCKS COUNTY

Employer identification number 23-1409706

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or <i>F</i>	Accounts. Complete if the
-		(a) Donor advised	d 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 (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	-		
	are the organization's property, subject to the organization's ex			
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	•		
D-	impermissible private benefit?			
Pa			s" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	`	1	
	Preservation of land for public use (for example, recreation	on or education) L	1	orically important land area
	Protection of natural habitat		Preservation of a cert	tified historic structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contrib	ution in the form of a c	Held at the End of the Tax Year
	day of the tax year.			
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic structure.			2c
a	Number of conservation easements included on line 2c acquire	• • • •		
2	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extilliguished, or i	terminated by the orga	mization during the tax
4	year Number of states where property subject to conservation ease	mont is located		
5	Does the organization have a written policy regarding the period		tion, handling of	
3	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū	Starrand Volunteer near devoted to monitoring, inspecting, in	arraning or violations, ar	ia emereng conservat	non describents defining the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and en	forcing conservation e	asements during the year
	Э, ··-р - · · · Э, · ·-р - · · · · · · · · · · · · · · · ·			
8	Does each conservation easement reported on line 2d above s	satisfy the requirements	s of section 170(h)(4)(B	s)(i)
	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its reve	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education,	, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue	e statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or	r research in furtherand	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				*
2	If the organization received or held works of art, historical treas	sures, or other similar a	ssets for financial gain,	, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			•

332051 09-28-23

Schedule D (Form 990) 2023

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

Sche		AY OF BUC				23-	<u> 140970</u>	6 Page 2
Pai	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, c	or Other	r Similar As	sets(conti	nued)
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	following tha	t make siç	gnificant use o	f its	
	collection items (check all that apply).							
а	Public exhibition	d	Loan or exc	hange progra	am			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's col	lections and explair	n how they further t	he organization	on's exem	npt purpose in	Part XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or othe	er similar a	assets		
	to be sold to raise funds rather than to be mai	intained as part of t	he organization's co	ollection?			Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	jements Complet	e if the organization	n answered "\	Yes" on F	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Part	X, line 21.						
1a	Is the organization an agent, trustee, custodia	n, or other intermed	diary for contributio	ns or other as	ssets not	included		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
							Amour	nt
С	Beginning balance					1c		
d	Additions during the year							
е	Distributions during the year							
f	Ending balance					1f		
2a	Did the organization include an amount on Fo					y?	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in F	Part XIII			
Pai	Trick triangles to the complete of the complet	he organization ans	wered "Yes" on Fo	rm 990, Part				
		(a) Current year	(b) Prior year	(c) Two year	s back (d	d) Three years b	ack (e) Fou	r years back
1a	Beginning of year balance	60,000.	60,000.	60	0,000.	60,0	00.	60,000.
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	60,000.	60,000.	60	0,000.	60,0	00.	60,000.
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, column (a	a)) held as:	•		•	
а	Board designated or quasi-endowment		%					
b	Permanent endowment 100.0000	%	_					
С	Term endowment %							
	The percentages on lines 2a, 2b, and 2c shou	lld equal 100%.						
За	Are there endowment funds not in the posses		ation that are held a	ınd administe	red for the	e		
	organization by:							Yes No
	(i) Unrelated organizations?						3a(i)	X
	(ii) Related organizations?						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizat							
4	Describe in Part XIII the intended uses of the							
Pai	rt VI Land, Buildings, and Equipme	ent						
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	See Form 990	, Part X, li	ine 10.		
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Acc	cumulated	(d) Boo	k value
		basis (investm	nent) basis	(other)		reciation		
1a	Land	.	1	1,017.			1	1,017.
	Buildings		20	5,487.	1	72,427.	3	3,060.
	Leasehold improvements							
	Equipment		21	2,785.	2	21,602.		8,817.
	Other		10	9,686.		26,404.	8	3,282.

Schedule D (Form 990) 2023

118,542.

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

Schedule D (Form 990) 2023 UNITED WAY	OF BUCKS COUN	NTY 2	23-1409706 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	•		
Complete if the organization answered "Yes	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			<u> </u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	L		
Complete if the organization answered "Yes	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, c	ol. (B))		
Part X Other Liabilities	. , ,		••
Complete if the organization answered "Yes	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) REFUNDABLE AGENCY DEPOSIT	TS .		26,389.
(3) PENNSYLVANIA PRE-K COUNTS	ADVANCES		436,668.
(4)			
(5)			
(6)			
(7)			
(8)			
			1

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... Schedule D (Form 990) 2023

463,057.

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Par	Reconciliation of Revenue per Audited Financial Stateme		ı Revenue per R	eturr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1	8,323,295.
	Total revenue, gains, and other support per audited financial statements			1	0,323,293
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ۔ ا	181,520.		
	Net unrealized gains (losses) on investments		101,520.		
	Donated services and use of facilities				
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				181,520.
	Add lines 2a through 2d			2e 3	8,141,775.
	Subtract line 2e from line 1			3	0,141,773
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	اما			
	Investment expenses not included on Form 990, Part VIII, line 7b		15,661.		
	Other (Describe in Part XIII.) Add lines 4a and 4b	•	•	40	15,661.
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c	8,157,436.
	t XII Reconciliation of Expenses per Audited Financial Statem				
· ui	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		Expended per	11014	•••
1	Total expenses and losses per audited financial statements			1	8,686,761.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d	<u> </u>		2e	0.
3	Subtract line 2e from line 1			3	8,686,761.
	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			
	Other (Describe in Part XIII.)		15,661.		
	Add lines 4a and 4b			4c	15,661.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	8,702,422.
Par	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			4; Part	X, line 2; Part XI,
PAR	T V, LINE 4:				
INV	ESTMENTS ARE RESTRICTED IN PERPETUITY. T	HE INC	COME WILL B	E U	SED TO
SUP	PORT GENERAL OPERATIONS AND SCHOLARSHIPS.				
PAR	T XI, LINE 4B - OTHER ADJUSTMENTS:				
DON	OR DESIGNATIONS IN ACCORDANCE WITH A PRIVE	ATE LE	ETTER		
RUL	ING				15,661.
PAR	T XII, LINE 4B - OTHER ADJUSTMENTS:				
DON	OR DESIGNATIONS IN ACCORDANCE WITH A PRIVE	ATE LE	TTER		
RUL	ING				15,661.

Schedule D (Form 990) 2023

Schedule D	(Form 990) 2023	UNITED WAY	OF	BUCKS	COUNTY	23-1409706 Page 5
Part XIII	(Form 990) 2023 Supplemental Infor	mation (continued)				<u> </u>
		,				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

Attach to Form 990.

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

Open to Public Inspection

Employer identification number Name of the organization 23-1409706 UNITED WAY OF BUCKS COUNTY 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 X Yes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (c) IRC section (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) BUCKS COUNTY OPPORTUNITY COUNCIL 100 DOYLE STREET 23-6406222 501(C)3 211,236 SELF SUFFICIENCY PROGRAMS DOYLESTOWN, PA 18901 0 ONE HOUSE AT A TIME (OHATT) 411 SUSOUEHANNA ROAD HUNTINGDON VALLEY, PA 19006 501(C)3 23-3046871 12,000 SELF SUFFICIENCY PROGRAMS ROLLING HARVEST FOOD RESCUE 3920 RIVER ROAD LUMBERVILLE, PA 18933 27-4630639 501(C)3 20,820 0 SELF SUFFICIENCY PROGRAMS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table
For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III	Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	erea "Yes" on Form s	990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV	Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, columi	n (b); and any other a	dditional information.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

	UNITED WAY OF BUCKS COUNTY						23-1409706			
Pa	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	- 1 - 1	(d) Method of de noncash contribu		•	s	
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	X		2,301,22	5.FA]	R MARKET	VA	LUE		
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ()									
26	Other ()									
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organi	zation during	g the tax year for o	contributions						
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	jement 29						
								Yes	No	
30a	During the year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 th	rough 28	, that it				
	must hold for at least 3 years from the date of									
	exempt purposes for the entire holding period	?					30a		X	
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?								X	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell nonc	ash					
	contributions?						32a		Х	
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is	checked	,				
	describe in Part II.									

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

Schedule M (Form 990) 2023

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Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Name of the organization

UNITED WAY OF BUCKS COUNTY

Employer identification number 23-1409706

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND GOOD HEALTH TO ENSURE REAL, LASTING CHANGE FOR INDIVIDUALS AND OUR COMMUNITIES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: FUNDS DISTRIBUTION: THESE FUNDS ARE INVESTED IN HUMAN SERVICE PLANNING, AS WELL AS ALLOCATING THE DOLLARS RAISED IN THE ANNUAL CAMPAIGN. FUNDS ARE USED TO HELP IDENTIFY THE MOST EFFECTIVE AND COST-EFFECTIVE HUMAN SERVICE SOLUTIONS, BUILD OR VET PROGRAM EVALUATION PLANS, AND ENSURE A HIGH AND DEMONSTRABLE RETURN ON INVESTMENT FOR ALL FUNDED PROGRAMS. EXPENSES \$ 21,180. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. DONOR DESIGNATIONS-MEMBER AGENCIES, NON-MEMBER AGENCIES, AND OTHER EXPENSES \$ 15,661. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EMERGENCY FOOD PROGRAMS, GIFTS IN KIND, AND COMMUNITY SERVICES LABOR LIAISON. EXPENSES \$ 38,908. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: DRAFT OF THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS BEFORE SUBMISSION TO THE IRS.

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

EACH DIRECTOR, OFFICER AND EMPLOYEE SHALL ANNUALLY SIGN A STATEMENT WHICH

AFFIRMS THAT EACH SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization

UNITED WAY OF BUCKS COUNTY

Employer identification number 23-1409706

INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY AND HAS AGREED TO

COMPLY WITH THE TERMS OF THE POLICY. FAILURE OF ANY SUCH DIRECTOR, OFFICER

OR EMPLOYEE TO EXECUTE THE POLICY OR THE STATEMENT REFERENCED HEREIN SHALL

NOT NULLIFY THE POLICIES

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

THE PRESIDENT, CEO AND OTHER KEY EMPLOYEES, COMPARABLE DATA FROM WITHIN THE UNITED WAY SYSTEM, PLUS FROM WITHIN SOCIAL SERVICE ORGANIZATIONS WITHIN THE COMMUNITY, ARE COLLECTED AS PART OF THE COMPENSATION REVIEW PROCEDURES.

THE BOARD MUST APPROVE COMPENSATION AND THAT INFORMATION IS MADE AVAILABLE FOR ALL MEMBERS TO REVIEW.

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

UNITED WAY OF BUCKS COUNTY GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON GUIDESTAR.ORG, AND ALL

OTHERS ARE AVAILABLE BY WRITTEN REQUEST.

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

PRIOR PERIOD FINAL AUDIT ADJUSTMENTS

45,518.

990 PAGE 11, PART XI LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT HAS OVERSIGHT OF THE AUDIT OF ITS
FINANCIAL STATEMENTS. THIS HAS NOT BEEN CHANGED SINCE THE PRIOR YEAR.