Form

**Return of Organization Exempt From Income Tax** 

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

Do not enter social security numbers on this form as it may be made public.

2020 Open to Public

OMB No. 1545-0047

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	Name change	Doing business as	and the second s					25-0	965383
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	Final return/	City or town, state or pro	VINCE, COUNTY, and ZIP OF	(U.) foreign mostal voide	k.			814-	535-2563
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Pa	perwork Reducti	on Act Notice, see the	separate instruction	is.	21.5 * 5.5 A *	4.012.4.040	A 10 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	44-3 CE 12412	Yes No
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Par	t III		of Program Ser			5	
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			escribe on Schedule			27 (02 )	
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**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Χ 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 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 Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 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 X 9 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 Χ 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Χ 11a 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 X 11b 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 Χ 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 Χ 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a 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 Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Did the organization maintain an office, employees, or agents outside of the United States? X 14a 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 Χ 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 Χ 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 Χ 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 Χ 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

Checklist of Required Schedules (continued) Yes No 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 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 Schedule J Χ 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X 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? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Schedule L, Part I X 25b 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 X 26 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 Χ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV Χ A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Χ 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II Χ 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Χ 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II. III. 34 or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Χ 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 Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 6 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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

Form 990 (2020) UNITED WAY OF THE LAUREL 25-0965383 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 24 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8a Χ Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Χ 13 Did the organization have a written document retention and destruction policy? 14 Χ Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19

DAA

JOHNSTOWN

financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records >

UNITED WAY OF THE LAUREL HIGHLANDS 422 MAIN STREET, SUITE 203

PA 15901

814-535-2563

Form 990 (2020)	CHALLINE	TAT 7\ V	$\triangle E$	កម្ព	TAIDET
COM 990 (ZUZU)	1 7 1 1 1 1 1 1 1 1 1 1 1	IN A	\ /r	1 17 2.	LANDER

25-0965383

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

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

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

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

Check this box if neither the org  (A)  Name and title	(B) Average hours per week (list any	(c	lo not	Po check ess p	(C) sition more erson	than dis both	one n an	(D) Reportable compensation from the organization	er, director, or trustee.  (E)  Reportable  compensation  from related  organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) AMY ARCURIO		1								
DIRECTOR	1.00	X						0	0	0
(2) KAREN AZER	1 00			İ						
DIRECTOR	1.00	X	<b>i</b> ,					0	0	0
(3) ALAN CASHAW	0.00	122		ļ				0		<u> </u>
DIRECTOR	1.00	X	İ					0	. 0	0
(4) DIANE CHESNUTWOO	D									
DIRECTOR	1.00	X						0	0	0
(5) JIM HUERTH										
DIRECTOR	1.00 0.00	Х						0	0	0
(6)BRIAN LAW	1 00	ļ			l					,
DIRECTOR	1.00 0.00	Х						0	. 0	0
(7) SUSAN MANN	1.00									
DIRECTOR	0.00	Х					ĺ	o	0	0
(8) CHIP MINEMYER										
DIRECTOR	1.00	Х	l					o	o	0
(9) MELISSA MUSARRA	0.00	2.	$\dashv$			$\neg \uparrow$				
DIRECTOR	1.00	х	İ					0	0	0
(10) CAROL MYERS										
TREASURER	2.00	Х		Χ				0	0	0
(11) KIM OLEKSA	1 00		ļ							
DIRECTOR	1.00	Х						0	0	Ω

(A) Name and title	(B) Average hours per week (list any	(d bo	lo not ox, uni ficer a	Po check ess po and a	(C) sition more erson	than dis both	one an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and			
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		rganizatio		
(12) DEBORAH BARRO	N 1.00												
DIRECTOR	0.00	X						0	0				0
(13) KAREN REMICK	1.00												
DIRECTOR	0.00	X						0	0				0
(14) PAM TOKAR-ICE	KES 2.00												
CHAIRPERSON	0.00	Х		Х				0	0				0
(15) TIM WALTERS	1 00												
DIRECTOR	1.00	X						0	ol				0
(16) KERRI TONONI													
DIRECTOR	2.00	Х			:			0	o				0
(17) JEFF WOOD													
VICE CHAIRPERSON	2.00 0.00	Х		Х				0	o				0
(18) BECKY FLYTE				**									
DIRECTOR	1.00 0.00	Х						0	0				0
(19) KIM GEORGE	1.00												
DIRECTOR   1b Subtotal	0.00	Χ				.		0	. 0				0
c Total from continuation shee	ts to Part VII, S	ecti	on A					90,000			<del>-</del> 1	0,	267
d Total (add lines 1b and 1c)  Total number of individuals (ind	cluding but not li						<b>&gt;</b>	90,000	£400,000 - 5				267
reportable compensation from	the organization	<b>&gt;</b>	0	1105	- 11St	eu ai	JOVE	y who received more than	\$100,000 OF				
3 Did the organization list any for	rmer officer, dire	ector,	, trus	stee,	key	emp	loye	e, or highest compensated	I	٢		Yes	No
employee on line 1a? If "Yes," 4 For any individual listed on line	complete Sched	ule J	for	such	indi	vidu	a/				3		Х
organization and related organi	zations greater t	than	\$150	0,00	0? If	"Yes	," cc	omplete Schedule J for suc	ch .				v
5 Did any person listed on line 1a	a receive or accr	ue c	omp	ensa	ition	from	any	unrelated organization or	individual	·····	4		X
for services rendered to the org Section B. Independent Contractor		es," (	comp	olete	Sch	eduk	e J fo	or such person	<del></del>	<u></u>	5		X
1 Complete this table for your five	e highest compe	nsat	ed ir	idep	ende	ent co	ontra	octors that received more t	han \$100,000 of				
compensation from the organiz	(A) usiness address	nipe	iisai	<u>ion</u> i	טו נוו	e cai	enua		n the organization's tax yea (B) on of services	ır.	Com	(C) pensat	ion
	· · · · · · · · · · · · · · · · · · ·	•							51.0.001.1000		00111	ропоса	1011
	<u> </u>												
	<del></del>												
	<del>-</del>					_				$\dashv$			
				•								_	
2 Total number of independent co received more than \$100,000 or	ontractors (included) f compensation	ling from	but r	iot lii orga	mited niza	to t	hose •	e listed above) who	0				

		Check	ir Sch	eaule O con	tains a	a response or note	· · · · · · · · · · · · · · · · · · ·			<del></del>
		v.					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S t	1:	a Federated cam	paigns		1a	<u> </u>				
contributions, Gifts, Grants and Other Similar Amounts	j 1	b Membership du	ies		1b			•		,
, E		Fundraising eve			1c					
3.	,	d Related organiz			1d					
Ē		Government grants (c		ns)	1e	564,740				
S		f All other contributions								
the		and similar amounts o	ot include	d above	1f	1,063,682				
0	و ا	Noncash contributions	included	in lines 1a-1f	1g					
a		n Total. Add lines	s 1a1f				1,628,422			
						Business Code				
,		FEES-FOOD	GRANT	ADMINISTER	ING	561000	28,267	28,267		
Revenue	ŀ					561000	2,500	2,500		
Ž		•								
eVe	١			,						
200										
		f All other prograi								
	c	Total. Add lines					30,767			
	3	Investment inco					30,,0,			
		other similar am		=		<b>&gt;</b>	14,064		,	14,064
	4	Income from inv						•		,
	5	Royalties				<b></b>				
				(i) Real		(ii) Personal				
	6a	Gross rents	6a				i			
	b	Less: rental expenses	6b							
	C	and the same of	6c	2.1		·				
	d		e or (lo	oss)				· · ·		
	7a	Net rental income or (loss) Gross amount from (i) Secusales of assets	(i) Securities		(ii) Other			·· <del></del>		
		other than inventory	7a	484	,249				•	
۱ پ	b	Less: cost or other								
5		basis and sales exps.	7b	370	, 265					
<u> </u>	c	Gain or (loss)	7c		984					
3		Net gain or (loss	)			<b>&gt;</b>	113,984			113,984
Ouler Revenue		Gross income from					, , , , , , , , , , , , , , , , , , , ,			
•		(not including \$	=21-	<b>3</b>	[	1				
		of contributions rep	orted or	ı line 1c).		İ				•
		See Part IV, line 18		,	8a	10,700				
	b	Less: direct expe			8b	15,161				
-		Net income or (lo		m fundraising			-4,461		·	
		Gross income from					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		See Part IV, line 19			9a					
	b	Less: direct expe			9b					
		Net income or (lo		m gaming activ	ities .					
ĺ		Gross sales of in								
		returns and allow			10a					
	b	Less: cost of goo		, , , , , , , , ,	10b					
		Net income or (lo				<b></b>				·
1					,	Business Code				
۵	11a	OTHER INCOM	Æ			900099	4,100	4,100		
Revenue	b						.,,100	1,100		
ă	C									
4	d	All other revenue								•
_		Total. Add lines					4,100			
		Total revenue. S					1.786.876	34 867		128 048

Part IX Statement of Functional Expenses

-	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1			expenses	general expenses	expenses
'	and domestic governments. See Part IV, line 21	1,074,565	1,074,565		
2	Grants and other assistance to domestic	1,074,303	1,074,303		
_	individuals. See Part IV, line 22				
2					
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,	00 000	24 000	15 200	40 50
_	trustees, and key employees	90,000	34,200	15,300	40,500
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	204,687	99,403	32,426	<u>72,858</u>
8	Pension plan accruals and contributions (include				<del></del>
	section 401(k) and 403(b) employer contributions)	7,692	3,153	1,231	3,308
9	Other employee benefits	32,497	13,955	1,231 3,907	14,63
0	Payroll taxes	22,637	9,281	3,622	9,73
1	Fees for services (nonemployees):				
а	Management				
b					
	Accounting	9,950	4,279	1,194	4,47
	Lobbying	2,7,3,3,9		27131	2/1/
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	11,214	3,364	2,243	5 60-
2	Advertising and promotion	4,885	1,235	2,243	5,607 3,650
3	Office evenence	30,865	5,227	7,581	10 05
4	* *************************************		J g Kan Kan 1	7,301	18,057
	Information technology				
5	Royalties	10 111	C 1 4 4		
6	Occupancy	18,111	6,144	2,717	9,250
7	Travel	4,568	751	3,168	649
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	m ra .c.			
	Conferences, conventions, and meetings	576	222	34	320
	Interest				
1	Payments to affiliates	25,397	6,603	6,095	12,699
2	Depreciation, depletion, and amortization	3,212	1,285	321	1,606
3	Insurance				
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If		. ,		
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	ADMINISTRATIVE FEES	32,683	32,683		
b	2020 CENSUS AWARENESS	21,101	21,101		<del></del>
c	LOCAL GRANT COSTS	5,910	5,910		
d	MEMBERSHIPS & SUBSCRIPTIO	5,422	1,410	1,301	2,711
	All other expenses	3,829	3,829	1,001	۷, ۱ 1 1
	Total functional expenses. Add lines 1 through 24e	1,609,801	1,328,600	81,140	200 061
	Joint costs. Complete this line only if the		1,320,000	01,140	200,061
	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)				

•	ап.	Check if Schedule O contains a response or n	ote to anv li	ne in this Part X			Π
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			177,210	1	69,821
	2	Savings and temporary cash investments			304,738	2	540,630
	3	Pledges and grants receivable, net			1,214,254	3	1,153,995
	4	Accounts receivable, net			14,965	4	46,730
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substantia	al contributo	r, or 35%			
		controlled entity or family member of any of these pe	rsons			5	
	6	Loans and other receivables from other disqualified					
ŧ		under section 4958(f)(1)), and persons described in	section 4958	3(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net				7	
Ÿ	8	Inventories for sale or use			<u> </u>	8	
	9	Prepaid expenses and deferred charges			21,945	9	22,156
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	52,444			
	Ь	Less: accumulated depreciation	10b	43,804	10,683	10c	8.640
	11	Investments—publicly traded securities			1,046,522		8,640 1,349,685
	12	Investments—other securities. See Part IV, line 11			= / = - + / +	12	<del>-, 0 . 3 , 0 0 0</del>
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	······································
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		2,790,317	16	3,191,657
	17	Accounts payable and accrued expenses			44,413		71,813
	18	Grants payable		3.7, 3.23	18		
	19	Deferred revenue		32,972	19	46,758	
	20	Tax-exempt bond liabilities		34,3	20	207100	
	21	Escrow or custodial account liability. Complete Part I	ıle D		21		
g:	22	Loans and other payables to any current or former of					
Liabilities		trustee, key employee, creator or founder, substantia		· ·			
abi		controlled entity or family member of any of these pe				22	,
j	23	Secured mortgages and notes payable to unrelated to	nird parties	***************************************		23	
	24	Unsecured notes and loans payable to unrelated third	parties		68,422	24	71,209
	25	Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-2					
		of Schedule D			14,177	25	18,396
	26	Total liabilities. Add lines 17 through 25			159,984		208,176
		Organizations that follow FASB ASC 958, check h					200,210
S		and complete lines 27, 28, 32, and 33.					
ᆲ	27	Not assets without down a sectifications			1,482,882	27	1.778.740
g Bai	28				1,147,451	28	1,778,740 1,204,741
힐		Organizations that do not follow FASB ASC 958, o	heck here	<u>▶                                     </u>	,,		
2		and complete lines 29 through 33.			ļ		
١ ة	29	Capital stock or trust principal, or current funds			29	•	
iets	30	Paid-in or capital surplus, or land, building, or equipm	ent fund			30	
458	31	Retained earnings, endowment, accumulated income	or other fu	nds		31	
Net Assets or Fund Balances	32	man a s a c a c a c a c a c a c a c a c a c			2,630,333		2,983,481
	33	Total liabilities and net assets/fund balances			2,790,317		3,191,657

Form **990** (2020)

Forr	n 990 (2020) UNITED WAY OF THE LAUREL 25-0965383			Pa	ige <b>12</b>
	art 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	1,7	86,	876
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,6	09,	801
3	Revenue less expenses. Subtract line 2 from line 1	3			075
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			333
5	Net unrealized gains (losses) on investments	5			073
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	•		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,9	83,	481
Pa	rt XII Financial Statements and Reporting				·
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		• • • • • • • • • • • • • • • • • • • •		
	separate basis, consolidated basis, or both:				
	X 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on			·	
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зь		
			For	m 990	(2020)

(A) Name and title	(B) Average hours per week (list any	bo	x, unk	Pos check ess ps	erson	than d is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	E	(F) Estimated amount of other compensation from the organization and		
•	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)			tion and anizations	5
(20) ANDY RUSH	1.00												
DIRECTOR (21) JERRY ZAHORC	0.00 HAK	Х			_			0	0				
DIRECTOR	1.00	X						0	0				(
(22) JIM ZIMMERMA	1.00 0.00	Х						0	0		·		
(23) KAREN STRUBLI	MYERS 48.00 0.00			Х				90,000	0			10,2	
												, 6	
				į									
	ets to Part VII, S	ecti	on A			 	•	90,000			,	10,2	<u>:67</u>
Total number of individuals (in reportable compensation from	cluding but not li the organization	mited •	d to t	hose	e list	ed al	oove	) who received more than	\$100,000 of			V I	N.
<ul> <li>Did the organization list any for employee on line 1a? If "Yes,"</li> <li>For any individual listed on line organization and related organization and related organization and related organization and related on line 1.</li> </ul>	complete Schede 1a, is the sum of sizations greater	lule of of rep than	for sorta \$150	such ble o	indi comp o? If	vidua pensa "Yes	ation s," co	and other compensation to amplete Schedule J for suc	from the		3	Yes	No
5 Did any person listed on line 1 for services rendered to the on Section B. Independent Contracto	a receive or accr ganization? If "Ye	ue c	omp	ensa	non	trom	any	unrelated organization or	individual		5		
Complete this table for your five compensation from the organization.	e highest compe	nsat	ed in	ndepe	ende	ent co	ontra	ctors that received more the	han \$100,000 of				
Name and	(A) business address					-	Cilde	Descripti	(B) on of services	ai.	Co	(C) mpensatio	n
Total number of independent c received more than \$100,000 c	ontractors (included compensation	ding from	but n	ot lir orga	nited niza	d to t tion I	hose >	listed above) who	W		For	n 990	(2020)

### **SCHEDULE A** (Form 990 or 990-EZ)

**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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. UNITED WAY OF THE LAUREL

Employer identification number 25-0965383

			HIGHLANDS,	INC.			25-09	65383					
P	art I	Reas	son for Public Charity	Status. (All organization	s must o	complet							
The	orga			se it is: (For lines 1 through 12,				·					
1				sociation of churches described									
2	П			(A)(ii). (Attach Schedule E (For									
3	П			ice organization described in se									
4	П			ed in conjunction with a hospital				hosnital's name					
	ш	city, and sta			40001100	5551	בוו דו שלטא ואני אלוויאי ביוונטו נווט	noophale name,					
5	$\Box$			of a college or university owned	d or opera	ted by a c	novernmental unit described in						
•	ш		0(b)(1)(A)(iv). (Complete Par		or opera	tou by a s	joverninental drift described in						
6				overnmental unit described in :	section 1	70/h)/1\/	MW.						
7	X	An organiza	tion that normally receives a	substantial part of its support for				ic					
8	П	described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	H			scribed in section 170(b)(1)(A)		tad in aco	المحادم والمحاد والمناب معانمون						
J	LJ	or university university:	or a non-land-grant college	of agriculture (see instructions)	. Enter the	e name, c	ity, and state of the college or	:ge					
10		receipts from support from	tion that normally receives: ( n activities related to its exer n gross investment income a	1) more than 33 1/3% of its sup mpt functions, subject to certain nd unrelated business taxable it 30, 1975. See section 509(a)(2)	port from exception ncome (le	ns; and (2 ss section	) no more than 331/3% of its n 511 tax) from businesses	ross					
11				exclusively to test for public saf									
12	П			exclusively for the benefit of, to				oses					
	LJ	of one or mo	re publicly supported organia	zations described in section 50	9(a)(1) or	section	509(a)(2). See section 509(a)	(3).					
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.												
	а	the supp	orted organization(s) the por	erated, supervised, or controlled wer to regularly appoint or elect	a majority	pported o	organization(s), typically by giv rectors or trustees of the	ing					
	. 1	_		omplete Part IV, Sections A a		_							
	b .	control o	r management of the suppor	pervised or controlled in conne- ting organization vested in the set of the s	ction with same per	its suppo sons that	rted organization(s), by having control or manage the suppor	J ted					
	c [	Type III 1	functionally integrated. A s	supporting organization operated tructions). You must complete	d in conne	ection with	n, and functionally integrated v	vith,					
	ď			I. A supporting organization ope				an(e)					
	[	that is no	ot functionally integrated. The	e organization generally must sa	atisfy a dis	stribution	requirement and an attentiven	ess					
	e [			nust complete Part IV, Section eived a written determination from									
	e [	functiona	illy integrated, or Type III no	eived a written determination front- n-functionally integrated suppor	om the sk ting organ	S that it is	satypet, typeti, typetii						
	f		mber of supported organizati		ing organ	il Lucioii.							
				e supported organization(s).		• • • • • • • • •							
(i)		of supported	(ii) EIN	(fii) Type of organization	(iv) is the r	organization	(v) Amount of monetary	(vi) Amount of					
		nization	.,	(described on lines 1-10		ur governing	support (see	other support (see					
				above (see instructions))	docui	ment?	instructions)	instructions)					
					Yes	No							
(A)													
(B)													
(C)													
D)							, , , , , , , , , , , , , , , , , , , ,						
E)													
otal													

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,577,666	1,811,047	1,518,403	1,650,129	1,628,422	8,185,667
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,577,666	1,811,047	1,518,403	1,650,129	1,628,422	8,185,667
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount		.".				
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		- 11.4				8,185,667
	tion B. Total Support	<u> </u>					0,103,007
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,577,666	1,811,047	1,518,403	1,650,129	1,628,422	8,185,667
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19,561	16,457	17,809		14,064	85,492
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			-			
11	Total support. Add lines 7 through 10						8,271,159
12	Gross receipts from related activities, etc.						315,667
13	First 5 years. If the Form 990 is for the org			•	. ,		<b>.</b> $\Box$
Sac	organization, check this box and stop here tion C. Computation of Public Su		200				
14				- 40)		Tal	
15	Public support percentage for 2020 (line 6, Public support percentage from 2019 Sche	, column (1) alviaea	by line 11, column	1 (7))	• • • • • • • • • • • • • • • • • • • •		98.97%
				0 and line 44 in 9	2.4/20/	15	99.07%
16a	33 1/3% support test—2020. If the organia				3 1/3% or more, c	neck this	⊾⊽
b	box and stop here. The organization quality 33 1/3% support test—2019. If the organization	•	• •				▶ 🗵
D	this box and stop here. The organization of						▶ □
17a	10%-facts-and-circumstances test—202	•	,				
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac						
							▶ □
b	organization 10%-facts-and-circumstances test—2019	9. If the organization	n did not check a	box on line 13, 16	a. 16b. or 17a. and	l line	Г Ш
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the "				•	•	
	organization			• .	, ,	• •	▶ □
18	Private foundation. If the organization did	not check a box of	n line 13, 16a, 16b	. 17a. or 17h. che	ck this box and se		········· - L
-							▶ □
	instructions					**************	<u>*</u> L.

## 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.)

Sec	tion A. Public Support					,	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusuaf grants.")			, ,			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b  Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	<u> </u>	<u> </u>				
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	(4, 20.10	(5) 2511	(0) 2010	(4) 2010	(6) 2020	(i) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
4	First 5 years. If the Form 990 is for the org			•	• •	• •	
Sact	organization, check this box and stop here tion C. Computation of Public Su						<u></u>
5	Public support percentage for 2020 (line 8,			m /ft)		15	%
6	Public support percentage from 2019 Sche	dule A Part III lir	e by line 13, colum e 15	··· (1))		16	<del>//</del>
	tion D. Computation of Investme				***************		
7	Investment income percentage for 2020 (lin			, column (f))		17	%
8 i	nvestment income percentage from 2019 S		1 11 17			امدا	%
9a	33 1/3% support tests-2020. If the organ		eck the box on line	14, and line 15 is	more than 33 1/39	%, and line	
	17 is not more than 33 1/3%, check this bo						▶ ∐
b	33 1/3% support tests—2019. If the organ						
:0	line 18 is not more than 33 1/3%, check thi Private foundation. If the organization did	· ·	-			~	▶ ∐

#### Schedule A (Form 990 or 990-EZ) 2020 Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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.
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
- 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
		103	110
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	2		
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	3a		
	3b		
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	4a		
	4b		<del> </del> -
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	5a		
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(For	10b	0 or 990.	FZ) 2020

1 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with personal described in lines 11b and 11c below, the governing body of a supported organization?  b A family member of a person described in sin 11a above?  c A 35% controlled entity of a personal described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide gody in Part VI.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their efficial capacity, or membership of one or more supported organizations have the power to regularly appoint or sect at heast a majority of the organization's officers, directors, or trustees at all silvers during the tax year? If No. (*accession in Part V IIb or the supported organization's supported organization's authorized and regarization's activities. If the organization had more than one supported organization's authorized and remove the supported organization's authorized and remove the supported organization's and what conditions or restrictions, if any, applied to such powers during the fax year.  2 Did the organization experts for the banefit of any supported organization's the hardy of the supported organization's the banefit of any supported organization's the proposes of the supporting organization's the supporting organization's authorized the supporting organization's authorized the supporting organization's authorized and of the purposes of the supported organization's the supporting organization's authorized organization's authorized and organization's authorized and organization's authorized and organization's authorized and organization's authorized and organization's authorized and organization's authorized and organization's authorized and organization's authorized and organization's authorized and organization's authorized and organization's authorized and organization's authorized and organization's authorized an		dule A (Form 990 or 990-EZ) 2020 UNITED WAY OF THE LAUREL 25-0965.	383		Page
14 Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or infortively controls, either claims or together with persons described in line 11b and 11c below, the governing body of a supported organization?  A family member of a person described in line 11 a shore?  A family member of a person described in line 11 a shore?  A family member of a person described in line 11 a shore?  A family member of a person described in line 11 a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide gotal in 17b and	Pa	rt IV Supporting Organizations (continued)	<del></del>	···	<del>-</del>
a A person who directly or indirectly controls, either alone or together with persons described in lines 11 b and 11 to blow, the governing body of a supported agrantation?  b A family member of a person described in line 11 a shove?  c A 33% controlled entity of a person described in line 11 a shove?  c A 33% controlled entity of a person described in line 11 a shove?  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 mijority of the organization's offices, directors, or trustees at all times during the tax year? If No, describe in Part VI how the supported organization's offices, directors, or trustees at all times during the tax year? If No, describe in Part VI how the supported organization's offices, directors, or trustees at all times almost an environment of the comparization, describe how the power to appoint and/or remove offices, directors, or trustees and/oright between allocated among the supported organization, describe how the power to appoint and/or remove offices, directors, or trustees and/oright between allocated among the supported organization of the finant he supported organization of paginations and under comparization organization of the finant he supported organization of committed the supporting organization organizatio	44			Yes	No
11c below, the governing body of a supported organization? b A family member of a pesson described in line 11a a shore? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide getals in Part VI.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their efficial 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, direction, or trustees at all times during the tax year? If No. decades in Part VI now the supported organization's officers, direction, or trustees are all times during the tax year? If No. decades the Part VI now the supported organization should not powers to appoint and/or remove officiant in Part VI how providing such benefic the benefit of any appointed organization ober than the supported organization operated, supervised, or controlled the supported organization of the than the supported organization operated for the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit are dured but the proposes of the supported organization of the Part VI now providing such benefit are dured the supporting organization.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's supported organizations of the supporting organization or trustees of each of the supporting organization was vested in the same persons that controlled or managed the supported organizations or supported organizations or provided organizations or supporting Organizations.  1 Did the organization or supporting Organizations or trustees during the tax year also a majority of the directors or trustees of each of the supported organization or supported organization or supported organization or supported organization or supported organization or supported organization or supported organization or supported organization or supported organiza					
b A family member of a person described in line 11 a obve? If 'Yes' to line 11a, 11b, or 11c, provide device of the person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide device of the person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide device of the person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide device in Pert VI.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organization have the power to regularity appoint or elect at least a majority of the organization's officers, directive, or fursities were allocated among the supported organization, describe how the power to appoint another nerve officers, directives, or fursities were allocated among the supported organization depends to such powers during the tax year allocated among the supported organization object is supported organization organization object is supported organization organization organization of the than the supported organization organization of the than the supported organization organization organization of the than the supported organization organizatio	, a		110		ļ
c A 55% controlled entity of a person described in line 11s or 11b above? If "Yes" to line 11s, 11b, or 11c, provide detail in Part V.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of officers, directors, or trustees at all attents during the tax year? If "No," describe his or trustees were allocated among the 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 operated for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization.  2 Section C. Type II Supporting Organizations  Section C. Type II Supporting Organizations  1 Were a majority of the organization's supported organization(s)? If "No," describe in Part VI how control or managener of the supporting organization was vested in the same persons that controlled or managener of the supporting Organizations  2 Section D. All Type III Supporting Organizations  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a copy of the Form 900 that was most recently filed as of the date of notification, and (iii) copies of the organization's powering documents in effect on the date of notification, and (iii) copies of the organization's powering documents in effect on the date of notification, and (iii) copies of the organization was one of the edition of notification, there are the notification's provided?  2 Were any	h				<u> </u>
Section B. Type I Supporting Organizations    Total Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported drganizations 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 officers, directors, or trustees at all times during the tax year? If No, describe in Part VI how the supported organization's officers, directors, or trustees were allocated among the supported organization and water conditions or restrictions, If any applied to such powers during the lax year.    2			IID		<del> </del>
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	b		Jd		
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

3

4

5

Minimum asset amount for prior year (from Section B, line 8, column A)

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

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

emergency temporary reduction (see instructions).

4 Enter greater of line 2 or line 3.

(see instructions).

5 Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2020

Sched	tule A (Form 990 or 990-EZ) 2020 UNITED WAY OF THE	LAUREL	25-0965	383 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3):		tions (continued)	
Sec	tion D - Distributions	_		Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	ses		
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported		
	organizations, in excess of income from activity		<b>-</b>	
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4_	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide det	ails in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sec	tion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required-explain in Part VI). See			
	Instructions.			
3	Excess distributions carryover, if any, to 2020			
	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е е	From 2019			
f	Total of lines 3a through 3e		, , , , , , , , , , , , , , , , , , , ,	
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
с	Remainder, Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h	-		
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (For	m 990 or 990-EZ) 2020	UNITED	WAY OF	THE LA	AUREL	25-0965383	Page 8
Part VI	Supplemental IIII, line 12; Part I'B, lines 1 and 2;	<b>nformation.</b> Pro V, Section A, lin Part IV, Section	ovide the expense of	planations 3c, 4b, 4c art IV, Se	required by P c, 5a, 6, 9a, 9b ction D, lines 2	art II, line 10; Part II, line 17a or , 9c, 11a, 11b, and 11c; Part IV, 2 and 3; Part IV, Section E, lines	17b; Part Section 1c, 2a, 2b,
4						D, lines 5, 6, and 8; and Part V, on. (See instructions.)	Section E,
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#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

UNITED WAY OF THE LAUREL

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020

HIGHLANDS, INC. 25-0965383 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 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  $|{
m X}|$  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 or 990-EZ), 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, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

#### **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 2020 Open to Public

Inspection

- 1	e of the organization		Employer identification number
	UNITED WAY OF THE LAUREL		05 0055000
	IIGHLANDS, INC.  art I Organizations Maintaining Donor Advised Ful	ndo ou Othou Similar Francis	25-0965383
•	Complete if the organization answered "Yes" on F	rius or Other Similar Funds of Form 990, Part IV, line 6.	r Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclu	usive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or dono		
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements.	Same 000 Best N / Bas 7	
1	Complete if the organization answered "Yes" on F		
1	Purpose(s) of conservation easements held by the organization (check Preservation of land for public use (for example, recreation or education).		
	Protection of natural habitat	, hand	• •
	Preservation of open space	Preservation of a certified i	nistoric structure
2	Complete lines 2a through 2d if the organization held a qualified conser	viction contribution in the form of a con-	a a station
-	easement on the last day of the tax year.	vacon contribution in the form of a cons	Held at the End of the Tax Yea
а	Total number of name ration assessed		
	Total acreage restricted by conservation easements	• • • • • • • • • • • • • • • • • • • •	
c		ided in (a)	20
-	Number of conservation easements included in (c) acquired after 7/25/0	No and not on a	
	historic structure listed in the National Pegister	and not on a	2d
3	Number of conservation easements modified, transferred, released, ext		
	tax year ▶		<b>.</b>
4	Number of states where property subject to conservation easement is lo	ocated ►	
5	Does the organization have a written policy regarding the periodic monit		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of		
	<b>•</b>		
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	itions, and enforcing conservation ease	ements during the year
	<b>▶\$</b>		
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easeme		
	balance sheet, and include, if applicable, the text of the footnote to the o	rganization's financial statements that	describes the
Da	organization's accounting for conservation easements.  rt III Organizations Maintaining Collections of Art. I	lists is al T	0: 11 4
га	rt III Organizations Maintaining Collections of Art, F Complete if the organization answered "Yes" on F	distorical Treasures, or Other orm 990, Part IV, line 8.	Similar Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to re		nce sheet works
	of art, historical treasures, or other similar assets held for public exhibition		
	service, provide in Part XIII the text of the footnote to its financial statem		•
b	If the organization elected, as permitted under FASB ASC 958, to report		sheet works of
	art, historical treasures, or other similar assets held for public exhibition,		
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Access included in Form COA Dest V		<b>L L</b>
	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial gain, pr	
	following amounts required to be reported under FASB ASC 958 relating		
a	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990 Part Y		<b>A</b>

Sch	edule D (Form 990) 2020 UNITED W	AY OF THE I	LAUREL	25-	0965383	Page <b>2</b>
P	art III Organizations Maintainin	ng Collections of	Art, Historical Ti	reasures, or Oth	er Similar Ass	ets (continued)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other record	s, check any of the foll	owing that make sign	nificant use of its	
а	Public exhibition	d 🗌	Loan or exchange pro	gram		
, b	Scholarly research	<del></del>	Other	•		
c		hand				
4	Provide a description of the organization's of	collections and explain	how they further the	organization's exemp	t purpose in Part	
_	XIII.				t paipood iii i dit	
5	During the year, did the organization solicit					n. m.
	assets to be sold to raise funds rather than		art of the organization	's collection?		Yes No
r	art IV Escrow and Custodial Ar		lan Farm 000 Da			t
	Complete if the organizatio 990, Part X, line 21.	n answered Yes	on Form 990, Pa	rt IV, line 9, or re	poπed an amou	int on Form
1a	Is the organization an agent, trustee, custoo	dian or other intermed	ary for contributions o	r other assets not		
						Yes No
b	If "Yes," explain the arrangement in Part XII	I and complete the fol	lowing table:			· · · · · · · · · · · · · · · · · · ·
				÷		Amount
C	Beginning balance				1c	
d	Additions during the year		.,		1d	
е	Distributions during the year				1e	· · · · · · · · · · · · · · · · · · ·
f	Ending balance				1f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cust	odial account liability	?	Yes No
	If "Yes," explain the arrangement in Part XIII					
	rt V Endowment Funds.		<del></del>	·		
	Complete if the organization	n answered "Yes"	on Form 990, Par	t IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance	100,000	100,000	100,000	100,0	100,000
b	Contributions					
C	Net investment earnings, gains, and					
	losses	35,921	6,877	7,565	9,7	08 13,395
d	Grants or scholarships					20/000
e	Other expenditures for facilities and				<u> </u>	
	programs	35,921	6,877	7,565	9,7	08 13,395
f	Administrative expenses					13,333
а	End of year balance	100,000	100,000	100,000	100,0	00 100,000
2	Provide the estimated percentage of the curr				200,0	00 100,000
	Board designated or quasi-endowment	%	(inite 19, coluitin (a)) i	iciu as.		
	Permanent endowment ► 100.00 %					
	Term endowment ▶ %					
_	The percentages on lines 2a, 2b, and 2c sho	auld equal 100%				
32	Are there endowment funds not in the posse		ion that are hald and a			
	organization by:	ssion of the organizat	ion that are neld and a	aministered for the		V   V-
	(i) Unrelated experience					Yes No
	(ii) Deleted even-in-tions		• • • • • • • • • • • • • • • • • • • •			
		ationa lintad an according	d as Cabada DO		* * * * * * * * * * * * * * * * * * * *	3a(ii) X
4	If "Yes" on line 3a(ii), are the related organization in Part VIII the intended organization of the second of the second organization of the second organization of the second organization of the second organization of the second organization of the second organization of the second organization of the second organization of the second organization of the second organization of the second organization organization organiz	ations listed as require	a on Schedule R?			3b
	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equi		ment funds.		<del></del>	
ra	, 0,,		F 000 D	0.00	=	
	Complete if the organization					
	Description of property	(a) Cost or other ba	1 ''	, ,	Accumulated	(d) Book value
		(investment)	(other)	d	epreciation	
	Land					
	Buildings					
	Leasehold improvements					
d	Equipment	1	1 5	2,444	43.804	8.640

8,640

e Other

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

Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (A) (G) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)(2)(3) (4)(5)(6)(7)(8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3)(4)(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes DUE TO OTHER AGENCIES - CAMPAIGN 18.396 (3)(4) (5)(6) (7) (8)

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

(9)

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

Pa	art XI	Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" on Form			eturn.	
1	Total reve	enue, gains, and other support per audited financial statements	DOO, I ditty, iii	10 124.	1	1,931,383
2		included on line 1 but not on Form 990, Part VIII, line 12:	• • • • • • • • • • • • • • • • • • • •	***********		<u> </u>
a		alized gains (losses) on investments	2a	176,073		
þ	Donated	services and use of facilities	2b	6,117	1	
C	Recoverie	es of prior year grants	2c		]	
d	Other (De	escribe in Part XIII.)	2d		]	
е	Add lines	2a through 2d	*******		2e	182,190
3	Subtract I	line 2e from line 1			3	1,749,193
4	Amounts	included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investme	nt expenses not included on Form 990, Part VIII, line 7b	4a	27 600		
b	Other (De	escribe in Part XIII.)		37,683	1	27 602
С 5		4a and 4b enue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c	37,683
		Reconciliation of Expenses per Audited Financial S			<del></del>	1,786,876
		Complete if the organization answered "Yes" on Form				· · · · · · · · · · · · · · · · · · ·
1				, ,	1	1,578,235
2		included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated s	services and use of facilities	2a	6,117		
b	Prior year	adjustments	2b			
_	Other loss					
d	Other (De	scribe in Part XIII.)	2d			C 117
е 3	Add lines	2a through 2d			2e	6,117 1,572,118
4	Amounts i	ne 2e from line 1 ncluded on Form 990, Part IX, line 25, but not on line 1:		***************************************	3	1,3/2,118
		at expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (De:	scribe in Part XIII.)	4b	37,683		
С	Add lines	4a and 4b		3,,003	4c	37,683
		enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	9	**********************	5	1,609,801
		Supplemental Information.				
LOVI	de the desc	criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b a	ınd 2b; Part V, line 4; P	art X, lin	е
		2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	rovide any additio	nal information.		·
PF	KT Y	- FIN 48 FOOTNOTE				
TF	IE ORG	ANIZATION IS EXEMPT FROM INCOME T	AXES UNDE	R THE PROVI	SION	S OF
SE	CTION	501(C)(3) OF THE INTERNAL REVENU	É CODE.	IN ADDITION	. TH	ъ.
		ATION QUALIFIES FOR THE CHARITABL				
SE	CTION	170(B)(1)(A) AND HAS BEEN CLASSI	FIED AS A	N ORGANIZAT	ÏÖN"	THAT IS NOT
A	PRIVA	TE FOUNDATION UNDER SECTION 509(A	)(2). AC	CORDINGLY,	NO P	ROVISION
FC	R INC	OME TAXES IS INCLUDED IN THE ACCO	MPANYING	FINANCIAL S	TATE	MENTS.
MΑ	NAGEM	ENT HAS ANALYZED THE TAX POSITION	S TAKEN B	Y THE ORGAN	IZAT	ION AND HAS
		ED THAT AS OF JUNE 30, 2021 AND 2	***************************************			
		NS TAKEN OR EXPECTED TO BE TAKEN				
		TY OR DISCLOSURE IN THE FINANCIAL			,	
ΙŅ	COME '	TAX RETURNS ARE SUBJECT TO REVIEW	AND EXAM	INATION BY	FEDE	RAL AND

Schedule D (Form 990) 2020 UNITED WAY OF THE LAUREL	25-0965383	Page
Part XIII Supplemental Information (continued)		
STATE AUTHORITIES. THE ORGANIZATION IS NOT AWA	ARE OF ANY ACTIVITIES	THAT
WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. THE OF	RGANIZATION'S TAX RET	URNS FOR
THE YEARS 2018 AND FORWARD ARE OPEN TO EXAMINAT	rion by federal and s'	TATE
AUTHORITIES.		
PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON	RETURN - OTHER	
DONOR DESIGNATED PLEDGES	\$ 3	7,683
PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON	RETURN - OTHER	
DONOR DESIGNATED PLEDGES	\$ 3	7,683
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	•••••	
		*************
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. **SCHEDULE 1** (Form 990)

OMB No. 1545-0047 2020

ş

X Yes

Open to Public Inspection Employer identification number 25-0965383 General Information on Grants and Assistance LAUREL OF THE UNITED WAY HIGHLANDS, Department of the Treasury Internal Revenue Service Name of the organization Part

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

the selection criteria used to award the grants or assistance?

Part II Grants and Other Assistance to Do	maetic Organi	Zotiono		0			
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	received more	tan \$5,0	and Domestic Go 00. Part II can be o	vernments. Com Juplicated if additi	iplete if the orga Ional space is n	anization answe eeded	ered "Yes" on Form 990,
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
NGS, INC KET STREET					(IBIII)	מוספה הפפה מפונים	C ASSISTANCE CHECK CHEC
WN PA 15901	25-0984601	501C3	179,948				
(2) BOIS AND GIRLS CLUB, SOMERSET CO 357 WEST FAIRVIEW STREET SOMERSET	0084890-00	ر در در	0				SEE ATTACHED SCH
IC CHARITIES INC-		777	050101				
	23-1352062	50103	38,000				SEE ATTACHED SCH
(4) GIRL SCOUTS WESTERN PA 612 LOCUST STREET	,						SEE ATTACHED SCH
JOHNSTOWN PA 15901	25-1125627	501C3	9,974				
(5) HOME NURSING AGENCY		•					
LIG EBONI KOAD, SUITE ZUU EBENSBURG PA 15931	25-1188570	50103	50,000				SEE ATTACHED SCH
(6) HIGHLANDS HEALTH							
315 LOCUST STREET JOHNSTOWN PA 15901	23-2922409	50103	43.500				SEE ATTACHED SCH
(7) NEXT STEP CENTER, INC							
406 STOYSTOWN RD SOMERSET PA 15501	23-2898766	50103	11.500				SEE ATTACHED SCH
(8) PEER EMPLOYMENT NETWORK	_						
514 SOMERSET STREET JOHNSTOWN PA 15901	27-3723624	50103	15.000				SEE ATTACHED SCH
(9) SALVATION ARMY-CAMBRIA							
576 VINE STREET JOHNSTOWN PA 15901	25-0965551	50103	17.870				SEE ATTACHED SCH
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	organizations listed	in the line					40
3 Enter total number of other organizations listed in the line 1 table	1 table	•					

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

Schedule 1 (Form 990) (2020)

OMB No. 1545-0047 Employer identification number Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. UNITED WAY OF THE LAUREL Department of the Treasury Internal Revenue Service Name of the organization SCHEDULEI (Form 990)

HIGHLANDS,

2020

Open to Public Inspection

25-0965383

							25-0965383	
Part   General Information on Grants and Assistance	d Assistance							
	the amount of the grance?	rants or ass	istance, the grantees'	eligibility for the grant	s or assistance, an		,	<u> </u>
cribe	onitoring the use of	grant funds	rant funds in the United States.					2
rart ii Grants and Other Assistance to Domestic Organiz Part IV, line 21, for any recipient that received more th	<b>omestic Organ</b> i treceived more t	i <b>zations</b> a than \$5.0	cations and Domestic Governments. Complete if the organization as 5,000. Part II can be duplicated if additional space is peopled	vernments. Con	plete if the organic property	anization answ	cations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, and \$5,000. Part II can be duplicated if additional space is packed.	90,
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	ובפתפת.	7.77	
or government		section (if applicable)	grant	cash assistance	(book, FMV, appraisal,	(g) Description of noncash assistance	(n) Purpose of grant	
(1) SALVATION ARMY - SOMERSET					Onler)		ดา สองเอเสแดน	
334 W. MAIN STREE MERSET	25-0965551	50103	200		•		SEE ATTACHED SCH	Ħ
(2) SALISBURY AREA FAMILY CENTER								
192 SMITH AVENUE SALISBURY PA 15558	25-1155958	501C3	34,000				SEE ATTACHED SCH	H
(3) THE LEARNING LAMP								
2025 BEDFORD STREET JOHNSTOWN PA 15904	20-0306745	50103	75 444				SEE ATTACHED SCH	H
(4) TWIN LAKES CENTER								
224 TWIN LAKES ROAD SOMERSET PA 15501	23-2910318	50103	29,969				SEE ATTACHED SCH	н
(5) VICTIM SERVICES, INC								
638 FERNDALE AVENUE JOHNSTOWN PA 15905	25-1509595	50103	30 F C S				SEE ATTACHED SCH	Ħ
HELP CENTER, IN		201	027.20					
: -	. 25-1475092	ر د ر	7				SEE ATTACHED SCH	н
(7) BLIND & VISION REHAB SERVICES PITT	-	27	11,440					
ORTH CENTER AVE	1						SEE ATTACHED SCH	ж
SOMERSET PAINTY PRIC CONTINUES	25-1803195	50103	6,000					
(9) CAMBRIA COUNTI DROG COALITION 1 PASOUERILLA PLAZA, SUITE 126							: : : :	;
JOHNSTOWN PA 15901	81-3590388	501C3	40.000				SEE ATTACHED SCH	<b>I</b>
(9) UWP-211								
1250 PENN AVENUE							SEE ATTACHED SCH	n
PITTSBURGH PA 15230	25-1043578	501C3	15,225					
	corganizations listed	in the line 1 table	l table				•	
3 Enter total number of other organizations listed in the line 1 table	ne 1 table							

Schedule I (Form 990) (2020)

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

OMB No. 1545-0047 Inspection Employer identification number Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. OF THE LAUREL INC. UNITED WAY HIGHLANDS, Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE 1 (Form 990)

2020

Open to Public

HIGHLANDS, INC.								
Part I General Information on Grants and Assistance	d Assistance			:		7	23-030383	1
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 amount of the g	rants or ass	sistance, the grantees'	eligibility for the grant	s or assistance, an	ъ		ı
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	onitoring the use of	grant funds	in the United States.				Yes	Š
Part II Grants and Other Assistance to Domestic Organizations and Part IV, line 21, for any recipient that received more than \$5,000	omestic Organ	izations than \$5.0	and Domestic Go	Domestic Governments. Complete if the organization Part II can be diminated if additional space is people.	plete if the organism	anization answ	cations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, nan \$5,000. Part II can be dimigrated if additional space is people.	1
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant	1
		section (if applicable)			(book, FMV, appraisa!, other)	_	or assistance	
:							SEE ATTACHED SCH	1
KIHEKN CAMBKIA	47-1959142	501C3	12,000					
IARD F	25-1659191	50103	26,108				SEE ATTACHED SCH	
FOOD	25-0981149	50103	10,030				SEE ATTACHED SCH	1
(4) DOROTHY DAY CENTER								1
104 EVERGREEN DRIVE LORETTO PA 15940	25-1024358	50103	13,087				SEE ATTACHED SCH	
(5) EBENSBURG FOOD PANTRY 3138 NEW CEPRAMNY DOWN								1
EBENSBURG PERMANA NOAD PA 15931	25-0965567	501C3	11,332		-		SEE ATTACHED SCH	
(6) FAMILY KITCHEN FOOD PANTRY								1
JOHNSTOWN PA 15901	25-6001022	50103	16.499				SEE ATTACHED SCH	
(7) FOOD FOR FAMILIES FOOD PANTRY			.1					1
945 FRANKLIN STREET TOHNSTOWN		, t					SEE ATTACHED SCH	
ANTRY	C. 146.3060	30±C3	34,003					
DRIVE			•			•	SEE ATTACHED SCH	
SALIX PA 15952	25-1410004	501C3	7,902					
(9) FRANKLIN ST METHODIS CH FOOD PANTR	₹							1
UST STREET	1						SEE ATTACHED SCH	
포	25-1630998		16,346					
	organizations listed	in the line 1 table	1 table				<u>.</u>	
3 Enter total number of other organizations listed in the line 1 table	e 1 table							:

Schedule I (Form 990) (2020)

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

Open to Public Inspection OMB No. 1545-0047 Employer identification number Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. OF THE LAUREL UNITED WAY HIGHLANDS, Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990)

2020

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, SCH SCH SCH SCHSCH SCH SCH SCHSCH (h) Purpose of grant or assistance ATTACHED ATTACHED SEE ATTACHED SEE ATTACHED SEE ATTACHED SEE ATTACHED ATTACHED SEE ATTACHED SEE ATTACHED Yes 25-0965383 SEE SEE SEE noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 11,599 36,588 12,243 28,429 6,683 12,516 9,230 8,752 8,607 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 501C3 25-6049613 501C3 25-1469789 501C3 501C3 25-0022981 | 501C3 501C3 501C3 501C3 25-1640858| 501C3 25-1038802 25-1290657 25-1411647 27-4013131 25-0998188 General Information on Grants and Assistance (p) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? PA 15943 15956 PA 15906 15714 PA 15902 16668 15905 PA 15905 PA 15902 (a) Name and address of organization GOOD SAMARITAN FOOD PANTRY (8) WALNUT GROVE FOOD PANTRY ΡA ΡA (7) ST. ANDREWS FOOD PANTRY 2) INTERFAITH FOOD PANTRY SOUTH FORK FOOD PANTRY (6) ST CLEMENT FOOD PANTRY 1348 VIRGINIA AVENUE 1128 SHOEMAKER STREET 9) WEST END FOOD PANTRY 114 LINDBERG AVENUE 927 FRANKLIN STREET 1068 BEDFORD STREET 540 CENTRAL AVENUE (4) PATTON FOOD PANTRY (3) MOXHAM FOOD PANTRY 323 MELLON AVENUE REAR 315 MAIN ST NORTHERN CAMBRIA P.O. BOX 54 SOUTH FORK NANTY GLO JOHNSTOWN JOHNSTOWN JOHNSTOWN JOHNSTOWN JOHNSTOWN PATTON PartII Part <del>.</del> <u>2</u>

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

Schedule I (Form 990) (2020)

SCHEDULE I		Grants	and Otl	Grants and Other Assistance to Organizations,	to Organizat	ions,			OMB No. 1545-0047
(rorm 880)		Governm Complete if the	<b>ents, a</b> l organizatic	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	in the United 1 Form 990, Part IV,	States line 21 or 22.		<del>, =</del>	2020
Department of the Treasury Internal Revenue Service		o5 ▲	o to www.i	Attach to Form 990. to www.irs.gov/Form990 for the latest information.	190. ne latest information			Ō	Open to Public Inspection
Name of the organization U	UNITED WAY OF THE HIGHLANDS, INC.	LAUREL					Emp	Employer identification number	umber
Part I General	ΙĘΙ	l Assistance					7	00000-	
1 Does the organization the selection criteria	Does the organization maintain records to substantiate the amount of the granthe selection criteria used to award the grants or assistance?	he amount of the gr nce?	ants or ass	nts or assistance, the grantees' eligibility for the grants or assistance, and	eligibility for the grants	s or assistance, and	77		
2 Describe in Part IV th	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nitoring the use of c	rant 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, Dart II can be declined if Additional Land or any recipient that received more than \$5,000, Dart II can be declined if Additional Land or any recipient that received more than \$5,000, Dart II can be declined if Additional Land or any recipient that received more than \$5,000, Dart II can be declined if Additional Land or any recipient that received more than \$5,000, Dart II can be declined if Additional Land or any recipient that received more than \$5,000, Dart II can be declined if Additional Land or any recipient that received more than \$5,000, Dart II can be declined if Additional Land or any recipient that received more than \$5,000, Dart II can be declined if Additional Land or any recipient that the contract of the contract o	mestic Organi; received more t	zations a	ind Domestic Gov	Vernments, Com	plete if the orga	nization answe	ered "Yes" on	Form 990,
1 (a) Name and	(a) Name and address of organization	(b) EIN	(e) IRC	(d) Amount of each	משטוות אויים של מיונו	A Mathada afallustica I	eeded.		
	or government		section (if applicable)	(a) randant of cash	cash assistance	(book, FMV, appraisa),	(g) Description of noncash assistance	(n) Purpo	(n) Purpose of grant or assistance
띴	JOHNSTOWN CHRISTIAN FELLOWS								
3429 ELTON RD	:	-						SEE ATTACHED	ED SCH
JOHSNIOMN	PA 15904	25-1422816	501C3	9,652					
(2) PORTAGE FOOD PANTR 813 JEFFERSON AVE.	PANTRY   AVE.		i					CER APPACHED	מק מק
PORTAGE	PA 15946	25-1572052	501C3	12,594					
(3) DESTINY'S OUT	OUTREACH								
325 WILLIAM PENN AVE JOHNSTOWN	ENN AVE PA 15901	27-0756516	50103	σα α				SEE ATTACHED	ED SCH
(4) SALVATION ARMY EMERGENCY	Y EMERGENCY FOOD PANTR	2	) 	700 10					
576 VINE STREET	I.5							SEE ATTACHED	ED SCH
JOHNSTOWN	PA 15901	25-0965551	501C3	7,578					
(5)									
(9)									
(7)									
(8)									
								-	
(6)			•						

► ► Schedule I (Form 990) (2020)

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.

Page 2

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information (e) Method of valuation (book, FMV, appraisal, other) WITH REPRESENTATIVES OF THE ORGANIZATIONS ANNUALLY TO REVIEW HOW PRIOR YEAR REVIEW OF ANNUAL FINANCIAL STATEMENTS FROM THE ORGANIZATIONS AND MEETINGS PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS GRANTS WERE SPENT AND TO DETERMINE CURRENT YEAR GRANTS. (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part IV က ĸ ø

Schedule I (Form 990) (2020)

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED WAY OF THE LAUREL HIGHLANDS, INC.

Employer identification number 25-0965383

FORM 990 - ORGANIZATION'S MISSION THE MISSION OF THE UNITED WAY OF THE LAUREL HIGHLANDS (THE "ORGANIZATION"), A NONPROFIT VOLUNTARY HEALTH AND WELFARE ORGANIZATION, IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY. WE BUILD CIVIC INFRASTRUCTURE AROUND SHARED COMMUNITY GOALS, WITH EVIDENCE-BASED OUTCOMES, AND COLLABORATIVE ACTIONS THAT ARE SUSTAINABLE. WE PARTNER WITH MANY DIVERSE INDIVIDUALS AND ORGANIZATIONS THAT COME TOGETHER TO SOLVE COMPLEX SOCIAL PROBLEMS AND PROVIDE NEEDED SERVICES IN CAMBRIA AND SOMERSET COUNTIES IN SOUTH WESTERN PENNSYLVANIA. FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT THE UNITED WAY OF THE LAUREL HIGHLANDS (UWLH), SERVING CAMBRIA AND SOMERSET COUNTIES, HAS MOST RECENTLY BEEN WORKING TO BUILD A CIVIC INFRASTRUCTURE AROUND SHARED COMMUNITY GOALS, COLLABORATIVE ACTIONS, EVIDENCE-BASED OUTCOMES, AND INVESTMENT AND SUSTAINABILITY. THEY EVALUATE, MEASURE, AND REPORT TO THE COMMUNITY THE POSITIVE CHANGE THAT OCCURS AROUND TRGETED SOCIAL CHANGE INITIATIVES. UWLH'S FOCUS IS ON SEVERAL LONG-TERM COMMUNITY SOCIAL CHANGE INITIATIVES AS IDENTIFIED BY THE 2011 COMMUNITY NEEDS ASSESSMENT. THEY ARE: EARLY CHILDHOOD DEVELOPMENT, PARENTAL ENGAGEMENT, AND YOUTH DRUG & ALCOHOL PREVENTION. THE TOP THREE SOCIAL CHANGE INITIATIVE GOALS ARE: 1. PREPARING ALL CHILDREN SOCIALLY, EMOTIONALLY, AND ACADEMICALLY FOR KINDERGARTEN; 2. INCREASING PARENTAL KNOWLEDGE OF CHILD DEVELOPMENT AND CARE, AND; PREVENTING SUBSTANCE ABUSE AMONG OUR YOUTH.

110070 Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization Employer identification number UNITED WAY OF THE LAUREL 25-0965383 UWLH PARTNERS WITH MANY DIVERSE LOCAL ORGANIZATIONS THAT COME TOGETHER TO SOLVE THESE COMPLEX SOCIAL PROBLEMS AND PROVIDE NEEDED SERVICES IN CAMBRIA AND SOMERSET COUNTIES. SPECIFIC EVIDENCE-BASED PROGRAMMING INTRODUCED AND/OR EXPANDED IN CAMBRIA AND SOMERSET COUNTIES TO ADDRESS THE SOCIAL CHANGE INITIATIVES ARE: NURSE-FAMILY PARTNERSHIP, PARENTS AS TEACHERS, AND BOTVIN LIFESKILLS TRAINING. FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS COMMUNITY IMPACT THE UNITED WAY OF THE LAUREL HIGHLANDS WORKS TO IDENTIFY COMMUNITY NEEDS, FUND SOLUTIONS TO COMMUNITY PROBLEMS AND MEASURE RESULTS OF OUR COMMUNITY IMPACT. THROUGH OUR FUNDRAISING EFFORTS MANY PROGRAM AND SERVICES ARE SUPPORTED. EXPENSES \$155,728, INCLUDING GRANTS OF \$-0-. REVENUES \$-0-. AGENCY DESIGNATIONS ACHIEVEMENTS UNITED WAY OF THE LAUREL HIGHLANDS HONORS INDIVIDUAL DONOR REQUESTS TO DESIGNATE THEIR CONTRIBUTIONS TO ANY 501(C)(3) AGENCY WITH HEALTH AND HUMAN SERVICE PROGRAMS. UNITED WAYS AROUND THE UNITED STATES PERFORM THIS SERVICE FOR AGENCIES AS A COURTESY TO THE INDIVIDUAL DONORS. EXPENSES \$37,683 INCLUDING GRANTS OF \$37,683. REVENUES \$-0-. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE PRESIDENT OF THE ORGANIZATION WILL REVIEW AND APPROVE THE FORM 990 PRIOR TO SIGNING THE FORM 990 AND FILING WITH THE INTERNAL REVENUE SERVICE.

THE BOARD OF DIRECTORS ARE PROVIDED A COPY OF THE FORM 990 TO REVIEW PRIOR

TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

PAGE 1 OF 2

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization UNITED WAY OF THE LAUREL	Employer ide	entification number 65383
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF	CONFLICTS POLICY	
THE ORGANIZATION WILL INQUIRE AND COLLECT WR	RITTEN DOCUMENTATIO	N FROM EACH
BOARD OF DIRECTOR. THE BOARD WILL DETERMINE	THE NECESSARY ACT	ION THAT WILL
BE TAKEN FOR ANY CONFLICTS OF INTEREST.		
FORM 990, PART VI, LINE 15A - COMPENSATION P	ROCESS FOR TOP OFF	ICIAL
THE COMPENSATION FOR THE PRESIDENT OF THE OR	GANIZATION IS REVI	EWED ANNUALLY
BY THE EXECUTIVE COMMITTEE USING THE NATIONA	L UNITED WAY OF AM	ERICA
STATISTICS AS A GUIDE. ANNUAL COMPENSATION	IS DETERMINED BASE	ON
COMPLETION OF GOALS ESTABLISHED ANNUALLY WIT	H ASSISTANCE PROVI	DED BY THE
HUMAN RESOURCE COMMITTEE.		
FORM 990, PART VI, LINE 19 - GOVERNING DOCUM	ENTS DISCLOSURE EXI	PLANATION
THE ORGANIZATION'S GOVERNING DOCUMENTS ARE A		
REQUEST.		
·	·······	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN	NET ASSETS EXPLANA	ATION
DONOR DESIGNATED PLEDGES	\$	-37,683
DONOR DESIGNATED PLEDGES	\$	37,683
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		•••••
	PAGE 2	OF 2

Department of the Treasury

Internal Revenue Service

### Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

OMB No. 1545-0172

Name(s) shown on return

UNITED WAY OF THE LAUREL

HIGHLANDS, INC. 25-0965383 Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1,040,000 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,590,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) .... 2,639 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2020 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (e) Convention placed in (business/investment use (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental 27.5 vrs. MANA S/L property MM S/L 27.5 yrs. Nonresidential real 39 yrs. MM S/L property MM S/L Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 30-year c 30 yrs. MM S/L d 40-year 40 yrs. MM S/L

Summary (See instructions.)

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

Listed property. Enter amount from line 28

2,639

21

23

Part IV

25-0965383

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Fon	n 4562 (202	20)														Page	
P	art V	entertainme	erty (Includent, recreation which for which	, or amus	ement.	)							•				
			vehicle for which a) through (c) of												١		
240			A—Depreciation			ation (C		<del></del>	<del></del>			•	<u></u>		<del>1</del>		
24a	(a)					Yes No 24b If "Ye			IT Yes		evidenc		17	Yes			
	Type of property Date placed Business/			d) ther basis		(e) Basis for depreciation (business/investment use only)		Recove perior	-		<b> </b>	(h) Depreciation deduction		(i) Elected section 179 cost			
25	Special	depreciation allow	vance for qualific	ed listed proj	perty pla	ced in s		<del></del>	./		<u></u>				<del> </del>		
		ear and used mo						-				25					
26	Property	used more than	50% in a qualifie	ed business	use:												
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			9	6		<u> </u>											
<u>27</u>	Property	used 50% or less	s in a qualified b	usiness use	:										<del></del>		
			9	<u> </u>					<u> </u>	_S/	L-				4		
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28	Add ame	ounts in column (h	lines 25 throu	oh 27 Ento	. hara ar	d on lin	o 21 no		<u>.t</u> .	S/		28			-		
29		ounts in column (i)	•	-				•			··· <del>-</del>			29	<del></del>		
	7100 01110	zanto in Goldmin (i)	, mic 20. Enter					Use of						.   25			
Com	plete this	section for vehicle	es used by a sol							_	ed nerse	n If you	nrovide	d vehicle	20		
to yo	ur employ	ees, first answer	the questions in	Section C to	see if y	ou mee	t an exc	eption to	comple	ting this	section	for thos	e vehicle	es.			
					1 (	a)	T (	b)	1	c)		(d)		(e)		(f)	
30	Total bus	siness/investment	miles driven du	ring	Veh	icle 1	Veh	icle 2	Veh	icle 3	Ve	hicle 4	Vet	nicle 5	Vehicle 6		
	the year	(don't include cor	mmuting miles)										L				
31	Total cor	nmuting miles dri	ven during the y	ear													
32	Total oth	er personal (nonc	commuting)				1										
	miles dri				<u></u>									····			
33		es driven during ti	he year. Add														
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34		vehicle available	•		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
25		ig off-duty hours?			<u> </u>		<del> </del>	<u> </u>		-						<del> </del> -	
35		vehicle used prim owner or related p										İ					
36		r vehicle available					<del> </del>					<del> </del>	1	<del> </del>	-		
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Answ	er these c	ء Juestions to deten	Section C-Que														
		owners or related			ינט טוונ	nhiering	Section	D IOI VE	incies u	seu by e	mpioye	CS WIIO	ai <del>e</del> ir t				
37		naintain a written p			ts all per	sonal u	se of vel	nicles, inc	cluding	commut	ina by				Yes	No	
	your emp		• • • • • • • • • • • • • • • • • • • •												100		
38	Do you m	iaintain a written p	oolicy statement	that prohibi	ts perso	nal use	of vehicl	es, exce	pt comn	nuting, b	y your						
		es? See the instru															
39		eat all use of vehi															
40	Do you p	rovide more than t	five vehicles to	your employ	ees, obta	ain infor	mation f	rom your	r employ	ees abo	out the						
		e vehicles, and ret															
41	Do you m	eet the requireme	ents concerning	qualified aut	tomobile	demon	stration i	use? See	e instruc	tions						<u> </u>	
		our answer to 37,		1 is "Yes," d	lon't com	plete S	ection B	for the c	overed	vehicles	<u> </u>				l		
Pa	rt VI	Amortization	<u>.</u>		-						— г	(0)	F.				
		(a) Description of costs		(b) Date amor begir	tization			(c) ble amount	t .	(d) Code se		(e) Amortiza period percent	ог	Amortiza	(f) zation for this year		
12	Amortizat	ion of costs that b	pegins durina vo	ur 2020 tax	vear (se	instru	ctions).			<u>L</u>			<u> </u>				
					, (00						$\overline{}$			····	<del></del>	•	
13	Amortizat	ion of costs that b	egan before yo	ur 2020 tax y	/ear								43			573	
14		d amounts in colu	-	-		e to ren	ort						44			573	