

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning 07/01/24, **and ending** 06/30/25

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF THE SOUTHERN ALLEGHENIES, INC.		D Employer identification number 25-0965383
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 422 MAIN STREET, STE 203		E Telephone number 814-535-2563
	City or town, state or province, country, and ZIP or foreign postal code JOHNSTOWN PA 15901-1824		G Gross receipts \$ 2,774,240
	F Name and address of principal officer: KAREN STRUBLE MYERS 422 MAIN STREET, SUITE 203 JOHNSTOWN PA 15901		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.UNITEDWAYS.A.ORG H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1974	M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	32
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	32
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	12
	6	Total number of volunteers (estimate if necessary)	6	250
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		2,514,108	1,558,313
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		43,316	38,079
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		83,166	81,854
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		74,033	76,827
			2,714,623	1,755,073
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		852,543	937,882
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		757,227	848,424
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25)			296,822
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		690,208	519,178
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,299,978	2,305,484	
19 Revenue less expenses. Subtract line 18 from line 12		414,645	-550,411	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		3,573,220	3,232,820
	22 Net assets or fund balances. Subtract line 21 from line 20		264,483	429,444
		3,308,737	2,803,376	

Part II Signature Block

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

Sign Here	Signature of officer: <i>Karen Struble Myers</i>		Date: 5-7-2026	
	KAREN STRUBLE MYERS Type or print name and title		PRESIDENT	
Paid Preparer Use Only	Preparer's name: TERENCE A. SHOOK, CPA	Preparer's signature: <i>Terence A. Shook</i>	Date: 05/01/26	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN P00179832
	Firm's name: BARNES SALY & COMPANY PC		Firm's EIN: 36-4775872	
	Firm's address: 637 FERNDAL AVENUE, SUITE 100 JOHNSTOWN, PA 15905-3999		Phone no.: 814-288-1544	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ 827,327 including grants of \$ 709,092) (Revenue \$)
SEE SCHEDULE O

4b (Code:) (Expenses \$ 154,924 including grants of \$) (Revenue \$)
COMMUNITY OUTREACH SERVICES FOR HEALTH AND HUMAN SERVICES THAT ARE AVAILABLE TO RESIDENTS IN CAMBRIA AND SOMERSET COUNTIES

4c (Code:) (Expenses \$ 268,793 including grants of \$ 228,790) (Revenue \$)
EMERGENCY FOOD AND SHELTER PROGRAMS PROVIDED FUNDING TO VARIOUS FOOD PANTRIES AND SHELTERS IN CAMBRIA COUNTY.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 643,273 including grants of \$) (Revenue \$)

4e Total program service expenses 1,894,317

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), federal employment tax returns (2b), unrelated business gross income (3a), foreign accounts (4a), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7d), sponsoring organizations (8-9), section 501(c)(7) organizations (10), section 501(c)(12) organizations (11), section 4947(a)(1) non-exempt charitable trusts (12a-12b), section 501(c)(29) qualified nonprofit health insurance issuers (13a-13c), indoor tanning services (14a-14b), section 4960 tax (15), section 4968 excise tax (16), and section 501(c)(21) organizations (17).

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 1a (32), 1b (32), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

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

UNITED WAY OF THE LAUREL HIGHLANDS 422 MAIN STREET, SUITE 203 JOHNSTOWN PA 15901 814-535-2563

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN AUGUSTINE DIRECTOR	0.00 0.00	X						0	0	0
(2) DEBORAH BARRON DIRECTOR	0.00 0.00	X						0	0	0
(3) LAURA BURKE DIRECTOR	0.00 0.00	X						0	0	0
(4) DONNA CARTER DIRECTOR	0.00 0.00	X						0	0	0
(5) DIANE CHESNUTWOOD DIRECTOR	0.00 0.00	X						0	0	0
(6) ZAC CRAIG DIRECTOR	0.00 0.00	X						0	0	0
(7) MATT DEAL DIRECTOR	0.00 0.00	X						0	0	0
(8) ELIZABETH DUNMORE DIRECTOR	0.00 0.00	X						0	0	0
(9) MARCUS EDWARDS DIRECTOR	0.00 0.00	X						0	0	0
(10) KALYN EDWARDS DIRECTOR	0.00 0.00	X						0	0	0
(11) JESSICA FISHER BOARD VICE CHAIR	0.00 0.00	X		X				0	0	0

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include BECKY FLYTE, LINDSAY GARMAN, TERRY GLUNT, DONNA GORITY, SUE GRIEP, JIM HUERTH, DENNY HUTCHINSON, and JUDY KIMBERLIN.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

Table with 3 rows and 3 columns: Question number, Question text, Yes/No columns. Questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Multiple empty rows for data entry.

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a							
	b	Membership dues	1b							
	c	Fundraising events	1c							
	d	Related organizations	1d							
	e	Government grants (contributions)	1e	834,689						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	723,624						
	g	Noncash contributions included in lines 1a-1f	1g	\$						
	h	Total. Add lines 1a-1f		1,558,313						
	Program Service Revenue	2a	FEES-CAMPAIGN ADMINISTRATION	Business Code 561000	37,610	37,610				
b		FEES-FOOD GRANT ADMINISTERING	561000	469	469					
c										
d										
e										
f		All other program service revenue								
g		Total. Add lines 2a-2f		38,079						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		29,890			29,890			
	4	Income from investment of tax-exempt bond proceeds								
	5	Royalties								
	6a	Gross rents	6a	(i) Real						
				(ii) Personal						
	b	Less: rental expenses	6b							
	c	Rental inc. or (loss)	6c							
	d	Net rental income or (loss)								
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	1,010,796					
				(ii) Other						
				b	Less: cost or other basis and sales exps.	7b	958,832			
				c	Gain or (loss)	7c	51,964			
	d	Net gain or (loss)		51,964	51,964					
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		120,305						
			b	Less: direct expenses	8b	60,335				
			c	Net income or (loss) from fundraising events		59,970				
9a	Gross income from gaming activities. See Part IV, line 19	9a								
			b	Less: direct expenses	9b					
			c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	10a								
			b	Less: cost of goods sold	10b					
			c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	OTHER INCOME	Business Code 900099	16,857	16,857					
	b									
	c									
	d	All other revenue								
	e	Total. Add lines 11a-11d		16,857						
12	Total revenue. See instructions		1,755,073	106,900	0	29,890				

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	937,882	937,882		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	107,500	40,850	18,275	48,375
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	521,255	379,136	40,816	101,303
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,708	17,469	2,872	7,367
9 Other employee benefits	142,604	108,213	9,591	24,800
10 Payroll taxes	49,357	33,190	4,566	11,601
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	23,600	11,587	2,529	9,484
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	54,110	48,075	1,787	4,248
12 Advertising and promotion	5,074	2,167		2,907
13 Office expenses	100,334	53,922	12,488	33,924
14 Information technology				
15 Royalties				
16 Occupancy	77,360	45,188	9,679	22,493
17 Travel	27,007	21,404	2,041	3,562
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,227	8,653	375	1,199
20 Interest				
21 Payments to affiliates	33,298	8,657	7,992	16,649
22 Depreciation, depletion, and amortization	4,233	1,692	424	2,117
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a LOCAL GRANT COSTS	151,990	151,990		
b ADMINISTRATIVE FEES	19,408	19,408		
c MEMBERSHIPS & SUBSCRIPTIO	7,228	4,584	910	1,734
d OTHER PROGRAM COSTS	5,309	250		5,059
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,305,484	1,894,317	114,345	296,822
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	47,066	1	124,651
	2 Savings and temporary cash investments	1,187,282	2	998,327
	3 Pledges and grants receivable, net	969,034	3	630,587
	4 Accounts receivable, net	1,149	4	30,059
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	24,580	9	26,744
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 171,304		
	b Less: accumulated depreciation	10b 157,167	10c 17,411	14,137
	11 Investments—publicly traded securities	1,326,698	11	1,408,315
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,573,220	16	3,232,820	
Liabilities	17 Accounts payable and accrued expenses	187,903	17	216,571
	18 Grants payable		18	
	19 Deferred revenue	62,445	19	195,507
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	14,135	25	17,366
	26 Total liabilities. Add lines 17 through 25	264,483	26	429,444
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,972,446	27	1,407,002
	28 Net assets with donor restrictions	1,336,291	28	1,396,374
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	3,308,737	32	2,803,376	
33 Total liabilities and net assets/fund balances	3,573,220	33	3,232,820	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,755,073
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,305,484
3	Revenue less expenses. Subtract line 2 from line 1	3	-550,411
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,308,737
5	Net unrealized gains (losses) on investments	5	45,047
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	3
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,803,376

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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		

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include NATALIE KURCHAK, SUE MANN, JONATHAN O'HARROW, SHARON PATERSON, SHARI ROUTH, ANDY RUSH, TRACY SELAK, and SHERRI STAYER.

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

Table with 3 columns: Question number, Question text, Yes, No. Questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Rows for independent contractors.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) PAM TOKAR-ICKES										
(12) DIRECTOR	0.00	X					0	0	0	
(29) TONI WHITE										
(13) DIRECTOR	0.00	X					0	0	0	
(30) JEFF WOOD										
(14) CHAIRPERSON	0.00	X		X			0	0	0	
(31) JERRY ZAHORCHAK										
(15) BOARD CHAIR	0.00	X		X			0	0	0	
(32) KAREN STRUBLE MYERS										
(16) PRESIDENT	40.00			X			107,500	0	0	
(17)										
(18)										
(19)										
1b Subtotal							107,500			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization UNITED WAY OF THE SOUTHERN ALLEGHENIES, INC. Employer identification number 25-0965383

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,628,422	1,465,831	1,135,708	2,514,108	1,558,313	8,302,382
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	1,628,422	1,465,831	1,135,708	2,514,108	1,558,313	8,302,382
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						8,302,382

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	1,628,422	1,465,831	1,135,708	2,514,108	1,558,313	8,302,382
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,064	27,864	30,619	31,378	29,890	133,815
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						8,436,197
12 Gross receipts from related activities, etc. (see instructions)					12	790,286
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	98.41%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	98.57%
16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) - 15 - %. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 - 16 - %.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) - 17 - %. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 - 18 - %.

- 19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box on 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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, IRS status, foreign organizations, and excess business holdings.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: UNITED WAY OF THE SOUTHERN ALLEGHENIES, INC. Employer identification number: 25-0965383

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-6 for various fund metrics and questions.

Part II Conservation Easements

Table with 2 columns: Held at the End of the Tax Year. Rows 1-9 for conservation easement details and questions.

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

Form with rows 1a, 1b, 2, 2a, 2b for reporting on art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance		100,000	100,000	100,000	100,000
b Contributions					
c Net investment earnings, gains, and losses		84,376	29,499	72,043	35,921
d Grants or scholarships					
e Other expenditures for facilities and programs		84,376	29,499	72,043	35,921
f Administrative expenses					
g End of year balance		100,000	100,000	100,000	100,000

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment 100.00 %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) Unrelated organizations? Yes No
 - (ii) Related organizations? Yes No
- 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		171,304	157,167	14,137
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				14,137

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))

Part VIII Investments - Program Related

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))

Part IX Other Assets

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and DUE TO OTHER AGENCIES - CAMPAIGN with a value of 17,366.

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,764,520
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	45,047	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	16,397	
e	Add lines 2a through 2d	2e		61,444
3	Subtract line 2e from line 1	3		1,703,076
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	51,997	
c	Add lines 4a and 4b	4c		51,997
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,755,073

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

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

1	Total expenses and losses per audited financial statements		1	2,269,881
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	16,397	
e	Add lines 2a through 2d	2e		16,397
3	Subtract line 2e from line 1	3		2,253,484
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	52,000	
c	Add lines 4a and 4b	4c		52,000
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		2,305,484

Part XIII Supplemental Information

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

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER			
MISC		\$	16,397
PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER			
DONOR DESIGNATED PLEDGES		\$	51,997
MISC		\$	0
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER			
MISC		\$	16,397
OTHER		\$	0
PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER			
DONOR DESIGNATED PLEDGES		\$	51,997
MISC		\$	3

Part XIII Supplemental Information *(continued)*

Area with horizontal dotted lines for supplemental information.

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **UNITED WAY OF THE SOUTHERN ALLEGHENIES, INC.**

Employer identification number
25-0965383

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of nongovernment grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		WOMENS LEADERSH (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	115,775		115,775
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	115,775		115,775
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	54,775		54,775
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				61,000

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

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

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

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE SOUTHERN
ALLEGHENIES, INC.

Employer identification number

25-0965383

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	AMERICAN RED CROSS -CR/ALLEGHENY MT 250 ALPHA DRIVE PITTSBURGH PA 15238	53-0196605	501C3	10,000				SERVICES TO ARMED FO
(2)	BEGINNINGS INC 111 MARKET ST JOHNSTOWN PA 15901	25-0984601	501C3	135,000				PROVIDER OF IN-HOME
(3)	BIG BROTHER BIG SISTER 106 N MAIN ST GREENSBURG PA 15601	25-1368402	501C3	5,500				PROVIDE CHILDREN FAC
(4)	BLAIR COMMUNITY ACTION 2301 BEALE AVE ALTOONA PA 16601	25-6084090	501C3	9,063				PROVIDE GUIDANCE, ED
(5)	BLAIR REGIONAL YMCA 512 S 22ND ST ALTOONA PA 16602	23-1243950	501C3	5,336				A CHARITABLE ORGANIZ
(6)	BLIND & VISION REHABILITATION SERVI 1590 N CENTER AVE SOMERSET PA 15501	25-1803195	501C3	7,500				CHANGE LIVES OF PERS
(7)	BOYS & GIRLS CLUB OF SOMERSET 357 WEST FAIRVIEW ST SOMERSET PA 15501	20-0685300	501C3	7,000				TO ENABLE ALL YOUNG
(8)	CAMBRIA COUNTY DRUG COALITION 1 PASQUERILLA PLAZA, STE 126 JOHNSTOWN PA 15901	81-3590388	501C3	40,000				PROVIDES EDUCATION A
(9)	CATHOLIC CHARITIES, INC-JTW/ALT DIO 321 MAIN ST, STE 5G JOHNSTOWN PA 15901	23-1352062	501C3	28,550				PROVIDING CARING AND

54

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

CMB No. 1545-0047

**Open to Public
Inspection**

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

Name of the organization

UNITED WAY OF THE SOUTHERN
ALLEGHENIES, INC.

Employer identification number

25-0965383

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FAMILY SERVICES 2022 BROAD AVE ALTOONA PA 16601	23-1533374	501C3	39,063				PROVIDING PROGRAMS A
(2)	FLOOD CITY BOXING ACADEMY 200 LINCOLN STREET JOHNSTOWN PA 15901	26-0375918	501C3	20,000				COMMITTED TO FOSTERI
(3)	GREATER JOHNSTOWN COMMUNITY YMCA 100 HAYNES ST JOHNSTOWN PA 15901	25-0965623	501C3	10,000				A CHARITABLE ORGANIZ
(4)	GIRL SCOUTS WESTERN PENNSYLVANIA-CA 612 LOCUST JOHNSTOWN PA 15901	25-1125627	501C3	10,000				GIRL SCOUTING BUILDS
(5)	GLORIA GATES FOUNDATION PO BOX 89 ALTOONA PA 16603	25-1832472	501C3	11,500				HELP DISADVANTAGED
(6)	HIGHLANDS HEALTH 315 LOCUST ST JOHNSTOWN PA 15901	23-2922409	501C3	32,500				A CHARITABLE ORGANIZ
(7)	HOME NURSING AGENCY 118 EBONY RD, STE 200 EBENSBURG PA 15931	25-1188570	501C3	12,622				PROVIDE SUPPORT TO G
(8)	NEXT STEP CENTER, INC 406 STOYSTOWN RD SOMERSET PA 15501	23-2898766	501C3	13,700				TO PROVIDE A SAFE, C
(9)	PEER EMPLOYMENT NETWORK 514 SOMERSET ST JOHNSTOWN PA 15901	27-3723624	501C3	15,000				A PURELY PEER DRIVEN

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

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

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization:

UNITED WAY OF THE SOUTHERN
ALLEGHENIES, INC.

Employer identification number

25-0965383

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SMALL TOWN HOPE 2213 BIGLER AVE NORTHERN CAMBRIA PA 15714	47-1959142	501C3	36,000				A CHARITABLE ORGANIZ
(2)	TABLELAND/FAMILY CENTER 535 E MAIN ST SOMERSET PA 15501	25-1155958	501C3	34,000				TO PROVIDE SERVICES
(3)	THE LEARNING LAMP INC. 2025 BEDFORD ST JOHNSTOWN PA 15904	20-0306745	501C3	39,048				EVERY CHILD DESERVES
(4)	TWIN LAKES CENTER 224 TWIN LAKES ROAD SOMERSET PA 15501	23-2910318	501C3	30,000				SUBSTANCE ABUSE SUPP
(5)	UWP-211 1250 PENN AVE PITTSBURGH PA 15230	25-1043578	501C3	15,225				FREE CONFIDENTIAL IN
(6)	VICTIM SERVICES INC 638 FERDALE AVE JOHNSTOWN PA 15905	25-1509595	501C3	51,848				CONFIDENTIAL FREE SE
(7)	WOMEN'S HELP CENTER INC 809 NAPOLEAN ST JOHNSTOWN PA 15901	25-1475092	501C3	25,000				A NON-PROFIT AGENCY,
(8)	DOROTHY DAY CENTER 115 ST ANNE ST LORETTO PA 15940	25-1024358	501C3	5,850				OPERATION OF A LOCAL
(9)	EBENSBURG FOOD PANTRY 3138 NEW GERMANY ROAD EBENSBURG PA 15931	25-0965567	501C3	6,082				OPERATION OF A LOCAL

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

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

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE SOUTHERN
ALLEGHENIES, INC.

Employer identification number

25-0965383

Part I General information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FAMILY KITCHEN FOOD PANTRY 231 BEDFORD ST JOHNSTOWN PA 15901	25-6001022	501C3	9,776				OPERATION OF A LOCAL
(2)	FOOD FOR FAMILIES FOOD PANTRY 945 FRANKLIN ST JOHNSTOWN PA 15905	25-1423020	501C3	102,825				OPERATION OF A LOCAL
(3)	FRANKLIN ST FOOD PANTRY 510 LOCUST ST JOHNSTOWN PA 15901	25-1630998	501C3	7,256				OPERATION OF A LOCAL
(4)	INTERFAITH FOOD PANTRY 1128 SHOEMAKER ST NANTY GLO PA 15943	25-1469789	501C3	11,977				OPERATION OF A LOCAL
(5)	MOXHAM FOOD PANTRY 540 CENTRAL AVE JOHNSTOWN PA 15902	25-6049613	501C3	14,404				OPERATION OF A LOCAL
(6)	PATTON FOOD PANTRY 323 MELLON AVE PATTON PA 16668	25-1038802	501C3	11,703				OPERATION OF A LOCAL
(7)	PORTAGE FOOD PANTRY 813 JEFFERSON AVE PORTAGE PA 15946	25-1572052	501C3	5,071				OPERATION OF A LOCAL
(8)	ST BERNARD FOOD PANTRY 139 HUBER ST HASTINGS PA 16646	25-1659191	501C3	11,286				OPERATION OF A LOCAL
(9)	WEST END FOOD PANTRY 1348 VIRGINIA AVE JOHNSTOWN PA 15906	25-1640858	501C3	5,313				OPERATION OF A LOCAL

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

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part II, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 REVIEW OF ANNUAL FINANCIAL STATEMENTS FROM THE ORGANIZATIONS AND MEETINGS
 WITH REPRESENTATIVES OF THE ORGANIZATIONS ANNUALLY TO REVIEW HOW PRIOR YEAR
 GRANTS WERE SPENT AND TO DETERMINE CURRENT YEAR GRANTS.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization UNITED WAY OF THE SOUTHERN ALLEGHENIES, INC.	Employer identification number 25-0965383
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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;
3. PREVENTING SUBSTANCE ABUSE AMONG OUR YOUTH.

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 \$132,177, 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 \$27,833 INCLUDING GRANTS OF \$27,833. 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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	UNITED WAY OF THE SOUTHERN ALLEGHENIES, INC.	Employer identification number	25-0965383
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TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE ORGANIZATION WILL INQUIRE AND COLLECT WRITTEN DOCUMENTATION FROM EACH BOARD OF DIRECTOR. THE BOARD WILL DETERMINE THE NECESSARY ACTION THAT WILL BE TAKEN FOR ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE COMPENSATION FOR THE PRESIDENT OF THE ORGANIZATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE USING THE NATIONAL UNITED WAY OF AMERICA STATISTICS AS A GUIDE. ANNUAL COMPENSATION IS DETERMINED BASED ON COMPLETION OF GOALS ESTABLISHED ANNUALLY WITH ASSISTANCE PROVIDED BY THE HUMAN RESOURCE COMMITTEE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

MISC	\$	16,397
DONOR DESIGNATED PLEDGES	\$	-51,997
MISC	\$	0
MISC	\$	-16,397
OTHER	\$	0
DONOR DESIGNATED PLEDGES	\$	51,997
MISC	\$	3
TOTAL	\$	3