FOR TAX YEAR 2019

UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC

H A Ruckle CPA 4207 Persimmon Woods Drive Morgantown, WV 26508 (304)594-9199

| | | | | | | | | - | | | OMB No. 1545-0047 | |
|--|--|---|--|---|--|---|------------------------|---|--------------|----------------|-------------------|--|
| Form | | | | - | nization Exempt From Income Tax | | | | | | | |
| (Rev. | (Rev. January 2020) Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private found ► Do not enter social security numbers on this form as it may be made public. | | | | | | | ndations | 5) | Open to Public | | |
| 100 million (1990) | | the Treasury | | ww.irs.gov/Form990 for ins | | | | | | | Inspection | |
| - | | ue Service | year, or tax year begin | | 07-0 | | | | 0.6 | -30 | ,2020 | |
| - | | applicable: | | ITED WAY OF MONONGA | the state of the second se | THE OWNER AND A DESCRIPTION OF | Contract of the second | The second se | | | | |
| | ddress o | | Doing business as | | | 11120101 | | | | | 0462065 | |
| | lame cha | | | D. box if mail is not delivered to street a | (dress) | | Room/su | uite | E Telepi | | 2.5 | |
| | nitial retu | ~ | 278 C SPRUCE ST | | ddrooo) | | | | | | 1)296-7525 | |
| | | rn/terminated | | ince, country, and ZIP or foreign postal | code | | I | | G Gross | | | |
| F | mended | | MORGANTOWN, WV | | | | | | \$ | | 1,546,006 | |
| H | | on pending | | cipal officer: BRANDI POTOCH | K HELMS | | | H(a) Is this a | | or subordir | | |
| | phoduo | in pending | Same as C above | | | | | H(b) Are all | | | | |
| <u> </u> | ax-exem | npt status: X 50 | |) ◀ (insert no.) | or 5 | 527 | | 1 . | attach a lis | | | |
| - | vebsite: | | DWAYMPC.ORG | <u>, (,)</u> | | | | H(c) Group | | | | |
| | | organization: X Co | | ociation Other | L | Year of formati | ion: 19' | | State of leg | | | |
| Par | | Summary | | | | | | | | | | |
| | 1 | | the organization's missi | on or most significant activities | S: THE | UWMPC EN | HANCE | S THE Q | UALIT | Y OF | LIFE IN OUR | |
| | | | | E IN NEED. WE SERVE | | | | | | | | |
| JCe | | | | ESOURCES AND CREATI | | | | | | | | |
| nar | | THIER LIVE | | | | | | | | | | |
| Governance | 2 | | | discontinued its operations or | disposed c | of more than | 25% of | its net asse | ets. | | | |
| ຮິ | 3 | | | | | | | | 1 1 | | 40 | |
| کہ د | 4 | | - | s of the governing body (Part | VI, line 1b) | | | | . 4 | | 40 | |
| Activities & | 5 | | | calendar year 2019 (Part V, li | | | | | | | 8 | |
| ctiv | 6 | | f volunteers (estimate if r | | | | | | | | 295 | |
| Ā | 7a | | | Part VIII, column (C), line 12 | | | | | . 7a | | 24,229 | |
| | | | | | | | | | | | 0 | |
| | | | | | | | | Prior Year | | | Current Year | |
| | 8 | Contributions a | nd grants (Part VIII, line | 1h) | | | | 1,119 | 9,732 | | 1,418,284 | |
| e | 9 | | | 2g) | | | | 1' | 7,400 | | 15,500 | |
| Revenue | 10 | U | and a second second second second second | .), lines 3, 4, and 7d) | | | | | 6,384 | | 19,622 | |
| Rev | 11 | | and a second | es 5, 6d, 8c, 9c, 10c, and 11e) | | | | 8 | 0,186 | | 32,101 | |
| | 12 | | | must equal Part VIII, column (A | | | | 1,233 | 3,702 | | 1,485,507 | |
| | 13 | | | X, column (A), lines 1-3) | | | | | 3,272 | | 600,968 | |
| | 14 | Benefits paid to | or for members (Part I) | (, column (A), line 4) | | | | | | | 0 | |
| | 15 | | | benefits (Part IX, column (A), | lines 5-10) | | | 353 | 3,951 | 3,951 399,9 | | |
| ses | | 00110050-10005004-505-6040-001-505-60-0 | | column (A), line 11e) | | | | | | | 0 | |
| Expenses | | | • . | umn (D), line 25) 🕨 | | | 10000 | | | | | |
| EX | 17 | | • • • | es 11a-11d, 11f-24e) | | | | 15 | 8,947 | | 462,488 | |
| | 18 | | • | equal Part IX, column (A), line | | | | 1,34 | 5,170 | | 1,463,363 | |
| | 19 | | a stationariantes senta senta proventa | 18 from line 12 | | | | (11) | 2,468) | | 22,144 | |
| es | - | | | | | | | inning of Curi | | | End of Year | |
| Net Assets or Fund Balances | 20 | Total assets (P | art X, line 16) | | | | | 1,97 | 5,617 | | 1,955,810 | |
| Ass d Ba | 21 | | | | | | | 1,00 | 6,405 | | 956,295 | |
| Fund | 22 | | | line 21 from line 20 | | | | 96 | 9,212 | | 999,515 | |
| Pa | rt II | Signature | Block | | | | | | | | | |
| Unde | er penalti | ies of perjury, I declare | e that I have examined this retu | n, including accompanying schedules a cer) is based on all information of which | and statements | , and to the best | of my kno | wledge and be | elief, it is | | | |
| true, | correct, | and complete. Declara | ation of preparer (other than off | cer) is based on all information of which | n preparer has | any knowledge. | | | | 21 | | |
| | | Brandi | Potock Helms | Mul Ar | ng | - | | | | 2/1 | 4/21 | |
| Sig | n | Signature of | fofficer | 10 1. | | | | | Dat | te | 1 | |
| Her | е | Brandi | Potock Helms, | CEO | | | | | | | | |
| | | Type or prin | t name and title | | | | | | | | | |
| 0 | | Print/Type prepar | rer's name | Preparer's signature | | Date | | Check | X if | PTIN | | |
| Paid Homer A Ruckle 02-14-2021 self-employed P0067 | | | | | | | 0679845 | | | | | |
| Pre | pare | | H A Ruck | le CPA | | | | Firm's EIN 🕨 | | | | |
| | Onl | | ► 4207 Per | simmon Woods Drive | | | | Phone no. | | | | |
| Morgantown WV 26508 304-594-9199 | | | | | | | | | | | | |
| May | the IR | S discuss this ret | | own above? (see instructions) | | | | | | | X Yes 🗌 No | |
| | | | Act Notice, see the se | | | | | | | | Form 990 (2019) | |
| EEA | | | | | | | | | | | | |

| Form | n 990 (2019) UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC | 55-0462065 | Page 2 |
|------|--|------------|---------|
| Ра | rt 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: | | |
| | THE UWMPC ENHANCES THE QUALITY OF LIFE IN OUR COMMUNITY BY HELPING THOSE IN NE | ED. WE SER | VE AS A |
| | LEADER IN BUILDING A STRONGER AND HEALTHIER COMMUNITY BY DEVELOPING RESOURCE | S AND CREA | TING |
| | PARTNERSHIPS TO EMPOWER INDIVIDUALS TO IMPROVE THIER LIVES. | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | 🗌 Yes | X No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | | |
| | services? | Yes | X No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured | d by | |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | ners, | |
| | the total expenses, and revenue, if any, for each program service reported. | | |
| | | | |
| 4a | (Code:) (Expenses \$1,287,756 including grants of \$) (Revenue | \$ |) |
| | See SERVICES page for a description of this program service. | · · | ^ |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue | \$ |) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue | \$ |) |
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| 4d | Other program services (Describe on Schedule O.) | , | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 1,287,756 | | |

| Form | | 62065 | F | Page 3 |
|-----------|--|------------|----------|----------|
| Pa | rt 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," | | | |
| 0 | complete Schedule A | 1 | X X | |
| 2 3 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | <u> </u> | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | 3 | | v |
| 4 | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | 4 | | |
| 5 | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | 5 | | |
| Ū | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| - | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| - | complete Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | 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 | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule.E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 45 | | v |
| 40 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 10 | | v |
| 17 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11o2 if "Xoc," complete Schedula G. Part I (coo instructions) | 17 | | v |
| 18 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 10 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | x | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 10 | | |
| 19 | If "Yes," complete Schedule G, Part III | 19 | | х |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 20a | | X |
| 20 a b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | <u> </u> |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | x | |

| Form | 990 (2019) UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC 55-04620 | 65 | F | age 4 |
|-----------|---|------|-----|--------|
| Pai | t IV Checklist of Required Schedules (continued) | | _ | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | Х |
| 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 | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disgualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part J | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | ~ |
| 21 | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part | 21 | | ~ |
| 20 | IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| 2 | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| а | "Yes," complete Schedule L, Part IV | 28a | | v |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 20a | | X X |
| b | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | 200 | | ^ |
| С | "Yes," complete Schedule L, Part IV | 28c | | v |
| 20 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 200 | | X X |
| 29 20 | | 29 | | ^ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 20 | | v |
| 24 | conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J | 30 | | X X |
| 31 | | 31 | | ^ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 00 | | v |
| 22 | | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 00 | | v |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| 05- | or IV, and Part V, line 1. | 34 | X | V |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 0.51 | | V |
| ~~ | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | V |
| 07 | related organization?If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 07 | | V |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| _ | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | X | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part M | | | |
| - | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | - | | |
| b | Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable | _ | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | |

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) vs is 2a Ener the number of emptyses reported on Form W3. Transmitted (Wage and Tax Statement, Life of the calendary year ending with or within the yan covered by this statum) 2a 8 b If a least one is reported on line 2a, dot the caparization lite all required feeferic emptyment tax returns? 3a 2a X a) Det the caparization have unrolled business gross income of \$1,000 or more during the yaar? 3a 2a X b) If a least one is reported to the (sige and the scale the caparization have an interest in or a signature or other standorty over, a flancard an account, a conting recently the scale and the account, scale flancard the caparization and the scale flancard tax conting (FBAR), to be the caparization and the scale flancard tax or in a sparty to a prohibited tax sheller transaction? 5a X 5a Vast he organization aparty to a prohibited tax sheller transaction? 5a X 5a Vast he organization aparty to a prohibited tax sheller transaction? 5a X 5a Vast he organization aparty to a prohibited tax sheller transaction? 5a X 5a Vast he organization aparty on the value of the sould or services prohibited tax sheller transaction? 5a X | Form | 990 (2019) UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC | 55-0462065 | F | Page 5 | | | | | |
|---|------|--|------------|-----|--------|--|--|--|--|--|
| 2a Earch the number of employees reported on from W-3. Transmitted of Wage and Tax 2a 8 Statements, file of the scientification of the torganization file all required federal employment tax return? 2a 8 b It is teast one is reported on the 2a, did the organization file all required federal employment tax return? 3a X b Did the organization have numbered of 1000 for more dumg the year? 3a X b The statistic of the scientification have numbers in one signature of other authority over, a francial account if a foring routine year. (b) the organization have an interest in or a signature of other authority over, a francial account if a foring routine year. (b) the organization have an interest in or a signature of the required (FAR). 5a X b If **sc: "nest the authority the organization file af material Accounts". (FAR). 5a X b If **sc: "nest the organization file af material Accounts". (FAR). 5a X b If **sc: "nest check the organization file af material Accounts". (FAR). 5a X b If **sc: "nest check the organization file af material Accounts". (FAR). 5a X b If **sc: "nest check the organization file af material Accounts". (FAR). 5a X c If **sc | Pai | rt V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | | |
| Statements. Ried for the calendar year and gwih ar within the year covered by this trutum 2a 8 X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to effic (see instructions). 2a 3a X If the regarization have undertab busines groups consomed 51 (000 Arms of thing the year?). 3a X If the regarization have undertab busines groups consomed 51 (000 Arms of thing the year?). 4a X X If the regarization have undertab busines groups consomed 51 (000 Arms of the financial account?). 4a X If "ress," that if the a firm 300 Fire this year? If "No' to line 3b, provide an splantation in Schedule 0 | | | | Yes | No | | | | | |
| b If at least one is reported on line 2a, diff the organization file all required local explored for ensure local. 2b X Mote: If the sum of lines 1 and 2 is greater hand 2 | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | | | | |
| Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) | | Statements, filed for the calendar year ending with or within the year covered by this returm 2a | 8 | | | | | | | |
| 3a Del the organization have unrelated business gross income of \$1,000 or more during the year? | b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | | | | | | |
| b H*vs_i* has it field a Form 690-T for this year/ if No* to line 3b, provide an septanation in Schedule 0 | | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | | |
| 4a At any time dunct the calendar year, ddf the organization have an interest in, or a signature or other authority over. 4a X b If Yes," enter the name of the foreign country > been structures account, accounts excutures accounts (EBAR). 5a X b If Yes," enter the name of the foreign country > been structures at a prime dung the tax year. 5a X b Use and the organization have annual gross receipts that are normally greater the structures. 5a X b If Yes," to the organization have annual gross receipts that are normally greater the structures. 6a X cognization structures the organization include with every solicitation an express statement that such contributions or gfts were not tax deductable contributions under section 170(c). 6b 6b 6b 6b 6b 6c 7a X f Use and account or texic deductable contributions under section 170(c). 7b 7a X 7a X f Use and account or texic deductable contributions under section 170(c). 7a X 7a X f Use and account account and account account and account accou | 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х | | | | | |
| a financial account in a foreign country (such as bark account, securities account, or other financial account? 4a X b If 'Ves,' enter the name of the foreign country is the prime during the tax year? 5a X 56 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b X c Was the organization have analy gross receives that are normally greater than \$100,000, and did the organization have neared transaction at any time during the tax year? 5a X b If 'Ves,' table organization have neared transaction as express statement that such contributions or gifts were not tax deduatble? 6a X b If 'Ves,' table organization have appriment in exceed \$15' made party as a contribution and party for goods and services provided to the payor? 7a X c Mit the organization neaves as \$15' made party as a contribution and party for goods and services provided to the payor? 7b 7b c Mit the organization neaves as \$15' made payor provimes on a personal benefit contract? 7b 7b c Mit the organization neaves as payment in exceed \$15' made pay provim so a payomal metric services? 7c X d Mit the organization neaves as younds, directly or indectly, to pay premiums on a parsonal benefit contract? 7c X d Mit the organization have exceed subtames the significant order to values of the payor? 7a X < | b | b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | | | | | | | |
| b H**Cs* ener the name of the foreign county > See instructions for filing requirements for Filing FOR Norm 114. Report of Greeign Bank and Financial Accounts (FBAR). Ea Sae instructions for filing requirements for Filing FOR 886-17 | 4a | 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | | | | | | |
| See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bark and Financial Accounts (FDAR). Sa Xa Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If 'Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c C c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization network with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). C Organization network a payment in excess of \$75 made party as a contribution and partly for goods and services provided 1 the payor? 7a X d If 'Yes', idd the organization notify the donor of the value of the goods or services provided? 7a X d If 'Yes', idd the organization notify the donor of the value of the goods or services provided? 7a X d If 'Yes', idditate the number of Forms 8282 field during the yeat. 7d X d If 'Yes', idditate the number of Forms 8282 field during the yeat any time during the year? 7a X d If the organization nealward a contribution of qualified intellectual property, difth eorganization fiele forem 8399 as required? | b | If "Yes," enter the name of the foreign country | | | | | | | | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | |
| c H*/vs*1 to line Sa or Sb, did the organization file Form 8886-72 | 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х | | | | | |
| 6a 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 chartable contributions? 6a X 11 "Ves," dthe organization include with very solicitation as express statement that such contributions or gifts were not tax deductible? 7a X 0 Organizations that may receive deductible contributions under section 170(c). 7a X 11 "Ves," dthe organization noibit the donor of the value of the goods or services provided? 7a X 12 Udt the organization noibit the donor of the value of the goods or services provided? 7d 7a X 11 "Ves," indicate the number of Forms 8282 filed during the yeat. 7d 7d X 12 Udt the organization receive any torus, directly or noffneetly, on a personal benefit contract? 7d X 12 Uf the organization during the year, sep remums, directly or indirectly, on a personal benefit contract? 7d X 12 Uf the organization during the year, sep remums, directly the organization file Form 8892 as required 0. 7d X 13 Uf the organization during the year, sep remums, directly the organization file Form 8892 as required? 7d X 14 Uf the organization during an advised funds. Did the organization makes and taxable distributions undre section 49667 9a 9a <t< td=""><td>b</td><td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td><td>5b</td><td></td><td>Х</td></t<> | b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х | | | | | |
| or gainzation solicit any contributions that were not tax deductible as charitable contributions? 6a X b ff "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organization receive appringent excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X 9 Did the organization notify the donor of the value of the goods or services provided? 7a X 11 Tyes," did the organization notify the donor of the value of the goods or services provided? 7c X 12 Did the organization notify the donor of the value of the goods or services provided? 7d X 14 Tyes," indicate the number of Forms 82827. 7c X 14 Tyes," indicate the number of Forms 82827. 7c X 14 Tyes," indicate the number of Forms 82827. 7c X 15 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 16 the organization meter activation provers of which it was required. 7d X 16 the organization meter activation good or advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holding at any time during the year? 7n X 16 bid the sponsoring | с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | |
| or gainzation solicit any contributions that were not tax deductible as charitable contributions? 6a X b ff "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organization receive appringent excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X 9 Did the organization notify the donor of the value of the goods or services provided? 7a X 11 Tyes," did the organization notify the donor of the value of the goods or services provided? 7c X 12 Did the organization notify the donor of the value of the goods or services provided? 7d X 14 Tyes," indicate the number of Forms 82827. 7c X 14 Tyes," indicate the number of Forms 82827. 7c X 14 Tyes," indicate the number of Forms 82827. 7c X 15 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 16 the organization meter activation provers of which it was required. 7d X 16 the organization meter activation good or advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holding at any time during the year? 7n X 16 bid the sponsoring | 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | | | | |
| b H* Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Bb Corganizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of 355 made partly as a contribution and partly for goods and services provided the payor? 7a X b If "Yes," ridicate the number of Forms 8282 filed duing the year. 7d X c Did the organization neotive any fund, after you pay premiums on a personal penefit for which it was required to file Form 8282 filed duing the year. 7d X d If "Yes," indicate the number of Forms 8282 filed duing the year. 7d X f Did the organization ceoive any fund, directly or indirectly, to pay premiums on a personal benefit contract? 7d X f H* The organization neovice any fund, directly or indirectly, to pay premiums on a personal benefit contract? 7d X f H* Did the organization ceoive anothubion of car, boats, aipnanes, or other vieldes, di the organization fore were any fund, directly or indirectly, no a personal benefit contract? 7d X f H* Did the organization neove any fund, directly or indirectly, no a personal benefit contract? 7d X f H* Did the sponsoring organization make any | | | 6a | | Х | | | | | |
| gifts were not tax deductible? 6b 7 Organization receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of 357 made parity as a contribution and parity for goods and services provided to the payor? 7a X b If 'Yes,' did the organization control the donor of the value of the goods or services provided? 7c X b If 'Yes,' indicate the number of Forms 2822? 7c X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cortract? 7e X f Did the organization receive a contribution of qualified intellectual property, doit the organization material contribution of qualified intellectual property, doit the organization file Form 82829 as required? 7f X f If the organization receive a contribution of qualified intellectual property, doit the organization file Form 8289 as required? 7f X g Sponsoring organization neave access business holdings at any time during the year? 7h X 8 Sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9b 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a <td< td=""><td>b</td><td>If "Yes," did the organization include with every solicitation an express statement that such contributions or</td><td></td><td></td><td></td></td<> | b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | | | | | | |
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| b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form S8282 filed during the year services provided? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year services provided? 7d 7e X d Did the organization, during the year, pay premiums, oring property, on a personal benefit contract? 7f X g If the organization fung the year, pay premiums, oring and property, did the organization file Form 8899 as required? 7g X g If the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file Form 8899 as required? 7h X sponsoring organization maintaining donor advised funds. Did the sponsoring organization make a distributions under section 4966? 9a 9b 9b 0 Steptonsoring organization make a distribution to a donor, donor advised funds. 10a 10a< | | | 7a | | Х | | | | | |
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| 10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 10b 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 11a a Gross income from members or shareholders. 11a 11b 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 14a X 13b 13a 13a 13a 14a It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exceses parachute payment(s) durin | | | | | | | | | | |
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| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | Initiation fees and capital contributions included on Part VIII line 12 | | | | | | | | |
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| 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X | C | | | | | | | | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X | | | 14a | | X | | | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X | | | | 1 | | | | | | |
| excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X | | | | | | | | | | |
| 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? | 10 | | 15 | | x | | | | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X | | | 13 | | | | | | | |
| | 16 | | 16 | | x | | | | | |
| | | | 10 | 1 | | | | | | |

| Form | 990 (2019) UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC 55-046206 | 5 | P | age 6 | | | |
|--|---|--------|-----|-------|--|--|--|
| Pa | rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a | a "No" | | | | | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction | s. | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | Х | | | |
| Sec | tion 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. | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | | | | |
| 2 | 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? | 2 | | х | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | - | | ~ | | | |
| Ŭ | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | х | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | | |
| 6 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 6 | | X | | | |
| | | 0 | | ^ | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | 70 | | v | | | |
| | one or more members of the governing body? | 7a | | Х | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | 71. | | v | | | |
| | stockholders, or persons other than the governing body? | 7b | | X | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | | | | |
| | the year by the following: | | | | | | |
| а | The governing body? | 8a | Х | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Х | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | |
| | | r | Yes | No | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х | | | |
| 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? | | | | | | |
| 11a | 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | |
| b | 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 | Х | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | | | | |
| | describe in Schedule O how this was done | 12c | Х | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | | | | |
| b | Other officers or key employees of the organization | 15b | Х | | | | |
| | 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? | 16a | | х | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | ~ | | | |
| v | 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? | 16b | | | | | |
| Sec | tion C. Disclosure | 100 | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed West Virginia | | | | | | |
| | | | | | | | |
| 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. | | | | | | |
| ☐ Own website ☐ Another's website ☑ 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, | | | | | | |
| 00 | 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 | | | | | | |
| | BRANDI POTOCK HELMS (304)296-7525, 278 C SPRUCE ST, MORGANTOWN, WV 26505 | | | | | | |

| Form 990 (20 | 19) UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC 55-0462065 | Page 7 | | | | | | | |
|--|--|--------|--|--|--|--|--|--|--|
| 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 | organization's tax year. | | | | | | | | |
| ● List all | • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of | | | | | | | | |

 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 organization nor any related organization compensated any current officer, director, or trustee.

| | | | | (C) | | | | | |
|---------------------------------|----------------------|-----------------------------------|-----------------------|---------|-------------------------------|--------|---------------------------------|----------------------------------|------------------------------|
| (A) | (B) | | | ositior | | | (D) | (E) | (F) |
| Name and title | Average | · · | not check | | than one is both ai | | Reportable | Reportable | Estimated amount |
| | hours | | | | or/trustee) | | compensation | compensation | of other |
| | per week | | | | | | from the | from related | compensation |
| | (list any | or | Ins | Off | em Hig | Fo | organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | from the organization and |
| | hours for related | lividu | tituti | Officer | ploy | Former | (11 2) 1000 11100) | | related organizations |
| | organizations | Individual trustee or director | Institutional trustee | Officer | Highest compensat employee | | | | |
| | below | uste | trus | | npen | | | | |
| | dotted line) | Ø | lee | | sated | | | | |
| | | | | | d | | | | |
| | | | | | | | | | |
| (1) SETH HAYES | 1.00 | | | | | | | | |
| PRESIDENT | | Х | | < | | | 0 | 0 | 0 |
| (2) ALICIA RENEE DALTON-TINGLER | 1.00 | | | | | | | | |
| 1ST VICE PRESIDENT | | x | | < | | | 0 | 0 | 0 |
| (3) SABRINA CAVE | 1.00 | | | | | | | | |
| 2ND VICE PRESIDENT | | x | | < | | | 0 | 0 | 0 |
| (4) MICHELLE BETCHEL | 1.00 | | | | | | | | |
| SECRETARY | | Х | | < | | | 0 | 0 | 0 |
| (5) MICHAEL EPPERLEY | 1.00 | | | | | | | | |
| TREASURER | | Х | | < | | | 0 | 0 | 0 |
| (6) HERMAN DEPROSPERO | 1.00 | | | | | | | | |
| ASSISTANT TREASURER | | Х | | < | | | 0 | 0 | 0 |
| (7) KIMBERLY BARNUM | 1.00 | | | | | | | | |
| PERSONNEL CHAIR | | Х | | | | | 0 | 0 | 0 |
| | 1.00 | | | | | | | | |
| BOARD MEMBER | | Х | | | | | 0 | 0 | 0 |
| (9) KAREN FRIGGENS | 1.00 | | | | | | | | |
| BOARD MEMBER | | Х | | | | | 0 | 0 | 0 |
| (10)KERRY GNIK | 1.00 | | | | | | | | |
| BOARD MEMBER | | Х | | | | | 0 | 0 | 0 |
| (11) JAMES GOINS | 1.00 | | | | | | | | |
| BOARD MEMBER | | Х | | | | | 0 | 0 | 0 |
| (12)ALY GOODWIN GREGG | 1.00 | | | | | | | | |
| BOARD MEMBER | | Х | | | | | 0 | 0 | 0 |
| (13)MONICA HADDAD | 1.00 | | | | | | | | |
| BOARD MEMBER | | Х | | | | | 0 | 0 | 0 |
| (14)ASHLEY HARDESTY ODELL | 1.00 | | | | | | | | |
| IMMEDIATE PAST PRESIDENT | | Х | | | | | 0 | 0 | 0 |
| EEA | | | | | | | | | Form 990 (2019) |

| Form 990 (20 | 19) UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC | 55-0462065 | Page 7 | | | | | |
|--|---|------------------|--------|--|--|--|--|--|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employ | | d 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 | n the | | | | | | |
| organization's tax year. | | | | | | | | |
| List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of | | | | | | | | |

 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 organization nor any related organization compensated any current officer, director, or trustee.

| | | (C) | | | | | | | | |
|----------------------------------|------------------------|-----------------------------------|-----------------------|---------|--------------|-------------------------------|--------|---------------------------------------|-------------------------------|--------------------------|
| (A) | (B) | | | Positi | | | | (D) | (E) | (F) |
| Name and title | Average | ` | iot chec | | | an one both an | | Reportable | Reportable | Estimated amount |
| | hours | | | | | trustee) | | compensation | compensation | of other |
| | per week | | | | | | | from the | from related organizations | compensation from the |
| | (list any hours for | oro | Ins | Officer | Key | em | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | organization and |
| | related | lirec | litutio | cer | / em | hest | mer | , , , , , , , , , , , , , , , , , , , | | related organizations |
| | organizations | Individual trustee or director | Institutional trustee | | Key employee | Highest compensat employee | | | | |
| | below | Istee | trust | | 96 | Ipens | | | | |
| | dotted line) | | ee | | | sated | | | | |
| | | | | | | 1 | | | | |
| | | | | | | | | | | |
| (1) RYAN HAGER | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (2) BETH HARVEY | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (3) MATTHEW HEISKELL | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (4) LOGAN HENDERSON | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (5) NATE JAMES | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (6) JIM KARINSHAK | 1.00 | | | | | | | | | |
| IMMEDIATE PAST CAMPAIGN CO-CHAIR | | Х | | | | | | 0 | 0 | 0 |
| (7) STEPHEN LACAGNIN | 1.00 | | | | | | | | | |
| PLANNING & POLICY CO-CHAIR | | Х | | | | | | 0 | 0 | 0 |
| | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (9) JESSICA LIPSCOMB | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (10)CHRIS MORRIS | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (11)WENDY NOLL | <u>1.00</u> | | | | | | | | | |
| BOARD MEMBER | | Х | | | _ | | | 0 | 0 | 0 |
| (12)JEANNINE OGDEN | 1.00 | | | | | | | | | |
| BOARD MEMBRER | | Х | | | | | | 0 | 0 | 0 |
| (13)GEORGE PETROPLUS | 1.00 | | | | | | | | | |
| PLANNING & POLICY CO-CHAIR | | Х | | | _ | | | 0 | 0 | 0 |
| (14) JENNIFER POWELL | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| EEA | | | | | | | | | | Form 990 (2019) |

| Form 990 (20 | 19) UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC 55-04 | 462065 | Page 7 | | | | | |
|--|---|--------|--------|--|--|--|--|--|
| Part VII | Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Empl | | | | | | | |
| 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 | | | | | | | | |

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amore 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 organization nor any related organization compensated any current officer, director, or trustee.

| | | | | (C | ;) | | | | | |
|---------------------------------|------------------------|-----------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---------------------------------|-------------------------------|--------------------------|
| (A) | (B) | | | Posit | | | | (D) | (E) | (F) |
| Name and title | Average | (do not check more than one | | | | | | Reportable | Reportable | Estimated amount |
| | hours | | | | | | | compensation | compensation | of other |
| | per week | | | | | | | from the | from related organizations | compensation from the |
| | (list any hours for | oro | Ins | Officer | Ke | em Hig | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | organization and |
| | related | Individual trustee or director | Institutional trustee | icer | Key employee | hest | mer | (| | related organizations |
| | organizations | tor tru | onal | | ploye | e com | | | | |
| | below | Istee | trust | | 96 | Ipens | | | | |
| | dotted line) | | ee | | | Highest compensated employee | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| (1) DREW PROUDFOOT | 1.00 | | | | | | | | | |
| 2020 CITIZENS REVIEW VICE CHAIR | | Х | | | | | | 0 | 0 | 0 |
| (2) JOSEPH SCHAEFFER | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (3) ZACH SENSABAUGH | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (4) JACQUIE STANLEY | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (5) COLLEEN SYBERT | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (6) RONAY TENNEY | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (7) MICHELLE VARGA ESPOSITO | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (8) NANCY WALKER | 1.00 | | | | | | | | | |
| NOMINATING CO-CHAIR | | Х | | | | | | 0 | 0 | 0 |
| (9) SARAH WARCHOLA | 1.00 | | | | | | | | | |
| 2020 CITIZENS REVIEW CHAIR | | Х | | | | | | 0 | 0 | 0 |
| (10)CHRIS WILLIS | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (11)SETH WILSON | 1.00 | | | | | | | | | |
| NOMINATING CO-CHAIR | | Х | | | | | | 0 | 0 | 0 |
| (12)SARAH WOODRUM | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (13) BRANDI POTOCK HELMS | 40.00 | | | | | | | | | |
| CEO | | | | X | | | | 79,936 | 0 | 10,038 |
| <u>(14)</u> | L | | | | | | | | | |
| | | | | | | | | | | |

Form 990 (2019)

UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC

55-0462065

Page 8

| Part | VII Section A. Officers, Directors, Trustees, | Key Employ | ees, ar | nd Hi | ighe | st C | ompe | nsat | ed Employees (co | ntinued) | | | |
|-------------|---|--|-----------------------------------|----------------------|--|--------------|---------------------------------|-------|---|--|------------|--|------------|
| | (A) | (B) | (do r | iot che | Pos | C) sition | ian one | | (D) | (E) | | (F) | |
| | Name and title | Average hours per week (list any hours for | officer and a direct | | c, unless person is both an cer and a director/trustee) | | | | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | cc org: | nated am of other mpensat from the anization ed organiz | ion and |
| | | related organizations below dotted line) | Individual trustee or director | nstitutional trustee | | Key employee | Highest compensated employee | 9ľ | | | | Ū | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| <u>(17)</u> | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | • | | | | | |
| c d | Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c) | | | | ••• | | | • | 79,936 | 0 | | 10,0 | 38 |
| 2 | Total number of individuals (including but not limit | ed to those I | isted a | bove |) wł | no re | ceive | d mo | | of | | | |
| | reportable compensation from the organization | • | | | | | | | | | | Yes | 0 No |
| 3 | Did the organization list any former officer, direct | | - | | | | - | | | | | | |
| 4 | employee on line 1a? If "Yes," complete Schedul For any individual listed on line 1a, is the sum of re | | | | | | | | | | 3 | | Х |
| · | organization and related organizations greater th | | | | | | | | | | | | |
| | individual | | | | | | | | | | 4 | | Х |
| 5 | Did any person listed on line 1a receive or accrue | • | | - | | | - | | | | - | | V |
| Section | for services rendered to the organization? If "Yes on B. Independent Contractors | s, complete | Scheu | ule J | 101 | sucr | i pers | on | | •• | 5 | | Χ |
| 1 | Complete this table for your five highest compensa compensation from the organization. Report comp | | | | | | | | | | | | |
| | (A) | ensationnor | | enua | ii ye | | nuing | witri | (B) | | (C) | | |
| | Name and business addres | s | | | | | | | Description of service | es | Compen | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (includin | g but not lim | ited to | those | e lis | ted a | above |) wh | 0 | | | | |

received more than \$100,000 of compensation from the organization ►

| Form 99 | <u> </u> | | | IONC | NGALIA AND PF | RESTON COUN | TIES INC | 55-046206 | 5 Page 9 |
|---|-----------|---|---------------------------------------|----------|-----------------------|----------------------|--|--------------------------------------|---|
| Part V | VIII | Statement of Reve | | | | | | | |
| | | Check if Schedule O co | ontains a respons | e or n | ote to any line in th | | (5) | (6) | |
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| | 1a | Federated campaigns | | 1a | 20,836 | | | | |
| | b | Membership dues | | 1b | | 1 | | | |
| nts | с | Fundraising events | | 1c | 14,224 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | d | Related organizations | | 1d | | | | | |
| fts, r r An | e | Government grants (cont | ributions) | 1e | 71,086 | | | | |
| , Gi mila | f | All other contributions, gif | fts, grants, | | | | | | |
| ions r Sii | | and similar amounts not i | included above | 1f | 1,312,138 | | | | |
| Othe | g | Noncash contributions inc | cluded in | | |] | | | |
| conti nd (| | lines 1a-1f | | 1g | \$ | | | | |
| 9 U | h | Total. Add lines 1a-1f | | | • | 1,418,284 | | | |
| | | | | | Business Code | | | | |
| | 2a | CAMPAIGN ADMIN & | MGMT | | 900099 | 15,500 | 15,500 | | |
| ice | b | | | | | | | | |
| Serv | c | | | | | | | | |
| E Se | d | | | | | | | | |
| Program Service Revenue | e | | | | | | | | |
| | f | All other program service | revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | • | 15,500 | | | |
| | 3 | Investment income (includ | ina dividends, inte | erest. a | and | | | | |
| | | other similar amounts) | | | ▶ | 19,622 | | | 19,622 |
| | 4 | Income from investment of | f tax-exempt bond | d proc | eeds 🕨 | | | | |
| | 5 | Royalties | ► | | | | | | |
| | | | (ii) Personal | | | | | | |
| | 6a | Gross rents | 6a 45, | 192 | | | | | |
| | b | Less: rental expenses | | 963 | | 1 | | | |
| | | Rental income or (loss) | | 229 | | 1 | | | |
| | d | Net rental income or (loss) | · · · · · · · · · · · · · · · · · · · | | • | 24,229 | | 24,229 | |
| | | Gross amount from | (i) Securiti | es | (ii) Other | | | | |
| | <i>'a</i> | sales of assets | | | | | | | |
| | h | other than inventory Less: cost or other basis | 7a | | | | | | |
| Ð | | and sales expenses | 7b | | | | | | |
| enu | c | Gain or (loss) | 7c | | | | | | |
| Rev | d | Net gain or (loss) | | | • | | | | |
| Other Revenue | 8a | Gross income from fundra | iising | | | | | | |
| ð | | events (not including \$ | 14,224 | | | | | | |
| | | of contributions reported c | | - | | | | | |
| | | 1c). See Part IV, line 18 | | 8a | 45,138 | | | | |
| | b | Less: direct expenses | | 8b | 39,536 | | | | |
| | c | Net income or (loss) from | fundraising event | s | ► | 5,602 | | | 5,602 |
| | 9a | Gross income from gamin | g | | | | | | |
| | | activities, See Part IV, line | - | 9a | | | | | |
| | b | Less: direct expenses | | 9b | | | | | |
| | c | Net income or (loss) from | gaming activities | | > | | | | |
| | | Gross sales of inventory, I | | | | | | | |
| | 10a | returns and allowances | | 10a | | | | | |
| | b | Less: cost of goods sold | | 10b | | | | | |
| | | Net income or (loss) from | | v | ► | | | | |
| | | | | , | Business Code | | | | |
| <i>(</i> 0 | 11a | OTHER REVENUE | | | 900099 | 2,270 | 2,270 | | |
| ne | b | | | | | | 2,210 | | |
| Miscellanous Revenue | c | | | | | | | | |
| Re | | All other revenue | | | | | | | |
| Σ | | Total. Add lines 11a-11d | | | ► | 2,270 | | | |
| | | Total revenue. See instrue | | | | 1,485,507 | 17,770 | 24,229 | 25,224 |

Part IX

19) UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC Statement of Functional Expenses

|)o n | ot include amounts reported on lines 6b, 7b, | (A) | (B) | (C) | (D) |
|------|--|----------------|-----------------------------|------------------------------------|-------------------------|
| | b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | · |
| | and domestic governments. See Part IV, line 21 | 600,968 | 600,968 | | |
| 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 | 79,936 | 51,958 | 19,984 | 7,994 |
| 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 | 236,736 | 212,352 | 12,547 | 11,837 |
| 3 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 9,421 | 7,857 | 970 | 59 |
| Э | Other employee benefits | 44,685 | 37,267 | 4,603 | 2,815 |
| 0 | Payroll taxes | 29,129 | 24,294 | 3,000 | 1,835 |
| 1 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| с | Accounting | 56,998 | | 56,998 | |
| d | Lobbying | | | | |
| е | 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.) | | | | |
| 2 | Advertising and promotion | | | | |
| 3 | Office expenses | 25,022 | 20,869 | 2,577 | 1,576 |
| 4 | Information technology | | | | |
| 5 | Royalties | | | | |
| 6 | Occupancy | 19,116 | 15,943 | 1,969 | 1,204 |
| 7 | Travel | 2,190 | 1,827 | 225 | 13 |
| 8 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | 5,950 | 4,962 | 613 | 37 |
| 0 | Interest | | | | |
| 1 | Payments to affiliates | 15,173 | | 15,173 | |
| 2 | Depreciation, depletion, and amortization | 10,207 | 3,062 | 5,206 | 1,939 |
| 3 | Insurance | 4,904 | 491 | 4,413 | |
| 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 | OTHER COMMUNITY SERVICE | 260,937 | 260,937 | | |
| b | CAMPAIGN PROMOTIONS & MAT | 20,130 | 20,130 | | |
| С | BANK, MERCHANT SERVICE, FEES | 9,597 | | 9,597 | |
| d | IT SUPPORT & LICENSING | 27,953 | 23,313 | 2,879 | 1,761 |
| е | All other expenses | 4,311 | 1,526 | 2,189 | 59 |
| 5 | Total functional expenses. Add lines 1 through 24e | 1,463,363 | 1,287,756 | 142,943 | 32,664 |
| 6 | 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 \blacktriangleright if | | | | |

| 990 | (2019) |
|-----|--------|
| | |

Form

Page 11

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 Cash - non-interest-bearing 347,175 1 237,062 2 Savings and temporary cash investments 6,131 2 6,377 3 Pledges and grants receivable, net 381,133 3 416,729 4 Accounts receivable, net 4 50,353 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 7 Notes and loans receivable, net Assets 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 6,387 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 696,863 10b b Less: accumulated depreciation 266,923 445,175 10c 429,940 Investments - publicly traded securities 426,417 450,120 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 369,586 15 358,842 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,975,617 16 1,955,810 17 Accounts payable and accrued expenses 4,807 17 14,412 18 Grants payable 1,001,598 18 868,483 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, -iabilities 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 73,400 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 1,006,405 26 956,295 Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 Net assets without donor restrictions (301, 266)27 (485, 817)28 Net assets with donor restrictions 28 1,270,478 1,485,332 Organizations that do not follow FASB ASC 958, check here ▶ 🗌 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 969,212 32 999,515 Total liabilities and net assets/fund balances 33 1,975,617 33 1,955,810

EEA

Form 990 (2019)

| | | 5-0462065 | | Pa | age 12 |
|----|---|-----------|-----|-------|--------|
| Pa | rt 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 | 1,4 | 185,5 | 07 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,4 | 63,3 | 63 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 22, | 144 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 969,2 | 212 |
| 5 | Net unrealized gains (losses) on investments | 5 | | 8, | 159 |
| 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 | | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | 10 | | 999,5 | 515 |
| 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: Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 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 | Х | |
| | 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: | | | | |
| | 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 | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Single Audit 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 | | 3b | | |
| | | | | 000 / | 0040 |

Form 990 (2019)

| SCHE | DULE A | F | Public Charit | y Status and Pu | blic Suj | pport | | OMB No. 1545-0047 |
|----------|-----------------------|---------------------------|---------------------------|--------------------------------|----------------|---------------|-------------------------|--------------------|
| | 90 or 990-EZ) | Complete if the organiz | zation is a section 50 | 1(c)(3) organization or a sec | tion 4947(a) |)(1) nonexer | mpt charitable trust. | 2019 |
| • | t of the Treasury | | Attac | ch to Form 990 or Form | 990-EZ. | | | Open to Public |
| • | venue Service | • | Go to www.irs.gov | /Form990 for instruction | s and the l | atest infor | mation. | Inspection |
| | e organization | | | | | | Employer identificatio | n number |
| | | NONGALIA AND F | | | | | 55-0462065 | |
| Part I | | | | nizations must com | | | See instructions. | |
| The orga | | | | s 1 through 12, check onl | | | | |
| 1 | | | | urches described in secti | | 1)(A)(i). | | |
| 2 🗌 | A school desc | ribed in section 170(b) | (1)(A)(ii). (Attach S | Schedule E (Form 990 or | 990-EZ).) | | | |
| 3 🗌 | A hospital or a | cooperative hospital s | service organizatio | n described in section 17 | 70(b)(1)(A) | (iii). | | |
| 4 | | • | rated in conjunction | on with a hospital describ | ed in secti | on 170(b)(| 1)(A)(iii). Enter the | |
| _ | • | e, city, and state: | | | | | | |
| 5 | - | | - | university owned or operation | ated by a g | jovernment | tal unit described in | |
| _ | . , | (1)(A)(iv). (Complete F | , | | | | | |
| 6 🗌 | - | | 0 | init described in section | | ,,,, | | |
| 7 X | • | • | • | t of its support from a gov | vernmental | unit or fror | m the general public | |
| | | ection 170(b)(1)(A)(vi). | · · | , | | | | |
| 8 🗌 | | rust described in section | ()()()() | · · · / | | | | |
| 9 | 0 | 0 | | ion 170(b)(1)(A)(ix) operation | | • | o o | e |
| | - | a non-land-grant colle | ege of agriculture (s | see instructions). Enter th | e name, cit | ty, and stat | e of the college or | |
| | university: | | | | | | | |
| 10 📋 | • | - | . , | 3 1/3% of its support from | | | | |
| | • | | • | subject to certain excepti | | , | | |
| | • | | | isiness taxable income (le | | , | rom businesses | |
| | | • | | section 509(a)(2). (Comp | | , | | |
| 11 | • | • | - | test for public safety. Se | | | | |
| 12 📋 | • | • | | the benefit of, to perform | | | | |
| | | | - | bed in section 509(a)(1) | | | | |
| - | | • | | he type of supporting org | | • | | • |
| а | | | | ised, or controlled by its | | - | | ig |
| | | organization. You mu | | / appoint or elect a major | | | l'usiees of the | |
| b | | 0 | • | | ith ito ouron | orted orga | nization(a) by baying | |
| D | | | • | ontrolled in connection wi | | - | ., | |
| | | on(s). You must compl | | | | | nanage the supported | |
| с | _ ~ | | - | ization operated in conne | action with | and funct | ionally integrated with | |
| U | _ , | , , | | u must complete Part IV, | | | , , | , |
| d | | 0 ()(| , | rganization operated in c | | | | -) |
| ŭ | | | | generally must satisfy a d | | | | ·) |
| | | | | Part IV, Sections A and | | | | |
| е | | | | determination from the IF | | | Type II. Type III | |
| Ū | | 0 | | ntegrated supporting orga | | , a . , po ., | .) po, .) po | |
| f | | • • | • | | | | | |
| g | | owing information abo | | | | | | |
| | (i) Name of supported | | (ii) EIN | (iii) Type of organization | (iv) Is the or | rganization | (v) Amount of monetary | (vi) Amount of |
| | ., ., | ů – | | (described on lines 1-10 | listed in you | r governing | support (see | other support (see |
| | | | | above (see instructions)) | docum | ent? | instructions) | instructions) |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| (-) | | | 1 | 1 | 1 | 1 | 1 | 1 |

| Total | | |
|--|---------------------|----------------|
| For Paperwork Reduction Act Notice, see the In | structions for Form | 990 or 990-EZ. |

(C)

(D)

(E)

| Schedule A (Form 990 or 990-EZ) 2019 | UNITED WA | Y OF MONON | <u>GALIA AND F</u> | PRESTON COL | UNTIES INC | 55 | -0462065 | <u>, Pa</u> | ige 2 |
|--------------------------------------|-----------------------------|---------------------|--------------------|---------------------|------------------|---------|--------------|-------------|-------|
| | edule for Organizati | | | | | | | | |
| (Complete o | nly if you checked th | ne box on line | 5, 7, or 8 of I | Part I or if the | organization | faile | d to quali | fy under | |
| Part III. If the | e organization fails to | o qualify unde | r the tests lis | ted below, ple | ease complet | e Par | t III.) | | |
| Section A. Public Suppo | | | | | | | | | |
| Calendar year (or fiscal ye | ar beginning in) 🛛 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) | 2019 | (f) Total | |
| 1 Gifts, grants, contribut | tions, and | | | | | | | | |
| membership fees rece | eived. (Do not | | | | | | | | |
| include any "unusual g | grants.") | 1,330,819 | 1,455,419 | 1,277,791 | 1,050,956 | 1,42 | 21,829 | 6,536,81 | 4 |
| 2 Tax revenues levied for | or the | | | | | | | | |
| organization's benefit | and either paid | | | | | | | | |
| to or expended on its | behalf | | | | | | | | |
| 3 The value of services | or facilities | | | | | | | | |
| furnished by a govern | mental unit to the | | | | | | | | |
| organization without c | harge | | | | | | | | |
| 4 Total. Add lines 1 thro | ugh 3 | 1,330,819 | 1,455,419 | 1,277,791 | 1,050,956 | 1,42 | 21,829 | 6,536,81 | 4 |
| 5 The portion of total co | ntributions by | | | | | | | | |
| each person (other the | an a | | | | | | | | |
| governmental unit or p | oublicly | | | | | | | | |
| supported organizatio | n) included on | | | | | | | | |
| line 1 that exceeds 29 | 6 of the amount | | | | | | | | |
| shown on line 11, colu | umn (f) | | | | | | | 423,0 | 94 |
| 6 Public support. Subtra | act line 5 from line 4 | | | | | | | 6,113,72 | 20 |
| Section B. Total Suppor | | | | | | | | | |
| Calendar year (or fiscal ye | ar beginning in) 🛛 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) | 2019 | (f) Total | |
| 7 Amounts from line 4 | | 1,330,819 | 1,455,419 | 1,277,791 | 1,050,956 | 1,42 | 21,829 | 6,536,81 | 4 |
| 8 Gross income from inf | terest, dividends, | | | | | | | | |
| payments received on | securities loans, | | | | | | | | |
| rents, royalties and | income from | | | | | | | | |
| similar sources | | 58,291 | 50,653 | 65,685 | 57,997 | | 66,788 | 299,4 | 14 |
| 9 Net income from unre | lated business | | | | | | | | |
| activities, whether or r | not the business | | | | | | | | |
| is regularly carried on | | | | | | | | | |
| 10 Other income. Do not | include gain or | | | | | | | | |
| loss from the sale of c | apital assets | | | | | | | | |
| (Explain in Part VI.) | | | | | | | | | |
| 11 Total support. Add line | es 7 through 10 | | | | | | | 6,836,22 | 28 |
| 12 Gross receipts from re | elated activities, etc. (se | ee instructions) | | | | 12 | | | |
| 13 First five years. If the | Form 990 is for the org | anization's first | , second, third | l, fourth, or fifth | i tax year as a | sectio | n 501(c)(3 | 3) | |
| organization, check th | is box and stop here | | | | | | | | ► 🗌 |
| Section C. Computation | of Public Support P | ercentage | | | | | | | |
| 14 Public support percen | tage for 2019 (line 6, c | olumn (f) divide | ed by line 11, c | column (f)) | | 14 | | 89.43 | % |
| 15 Public support percen | tage from 2018 Sched | ule A, Part II, lii | ne 14 | | | 15 | | 90.95 | % |
| 16a 33 1/3% support test - | 2019. If the organizat | ion did not cheo | ck the box on I | ine 13, and line | e 14 is 33 1/3% | 6 or m | ore, checl | ≺ this | |
| box and stop here. Th | e organization qualifie | s as a publicly s | supported orga | anization | | | | ► | Х |
| b 33 1/3% support test - | 2018. If the organizat | ion did not cheo | ck a box on lin | e 13 or 16a, ar | nd line 15 is 33 | 1/3% | or more, | check | |
| this box and stop here | e. The organization qua | alifies as a publ | icly supported | organization | | | | ► | |
| 17a 10%-facts-and-circum | stances test - 2019. If | the organizatio | n did not chec | k a box on line | 13, 16a, or 16 | b, anc | l line 14 is | \$ | |
| 10% or more, and if th | ne organization meets t | the "facts-and-o | circumstances' | ' test, check thi | is box and stop | o here | . Explain i | n | |
| Part VI how the organ | ization meets the "fact | s-and-circumsta | ances" test. Th | ne organization | qualifies as a | public | ly support | ted | |
| organization | | | | | | | | ► | |
| b 10%-facts-and-circum | stances test - 2018. If | the organizatio | n did not chec | k a box on line | 13, 16a, 16b, | or 17a | i, and line | | |
| 15 is 10% or more, an | nd if the organization m | eets the "facts- | and-circumsta | inces" test, che | eck this box an | d stop | here. | | |
| Explain in Part VI how | the organization meet | ts the "facts-and | d-circumstance | es" test. The or | rganization qua | alifies | as a publi | cly | |
| supported organizatio | n | | | | | | | ► | |
| 18 Private foundation. If t | he organization did no | t check a box c | on line 13, 16a, | , 16b, 17a, or 1 | 7b, check this | box a | nd see | | |
| instructions | | | | | | | | ► | |

Schedule A (Form 990 or 990-EZ) 2019

| | AY OF MONON | | | UNTIES INC | 55-0462 | 2065 Page 3 |
|---|-------------------|------------------|-------------------|------------------|--------------|-----------------|
| Part III Support Schedule for Organiza | | | | | | |
| (Complete only if you checked | | | | | | under Part II. |
| If the organization fails to qualif | y under the te | ests listed belo | ow, please co | omplete Part | ll.) | |
| Section A. Public Support | | 1 | T | 1 | 1 | |
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees | | | | | | |
| received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise | | | | | | |
| sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an | | | | | | |
| unrelated trade or business under section 513. | | | | | | |
| 4 Tax revenues levied for the | | | | | | |
| organization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to the | | | | | | |
| organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 | | | | | | |
| | | | | | | |
| received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 | | | | | | |
| received from other than disqualified | | | | | | |
| persons that exceed the greater of \$5,000 | | | | | | |
| or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from | | | | | | |
| line 6.) | | | | | | |
| Section B. Total Support | | 1 | | 1 | 1 | |
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, | | | | | | |
| payments received on securities loans, rents, | | | | | | |
| royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less | | | | | | |
| section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business | | | | | | |
| activities not included in line 10b, whether | | | | | | |
| or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or | | | | | | |
| loss from the sale of capital assets | | | | | | |
| (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, | | | | | | |
| and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the org | appization's firs | t accord thirs | l fourth or fifth | h tax yaar aa a | agetion E0 | |
| | | | | n lax year as a | section 50 | |
| organization, check this box and stop here | | | | | | ▶ _ |
| Section C. Computation of Public Support F | - | | | | 4- | |
| 15 Public support percentage for 2019 (line 8, o | | - | | | 15 | % |
| 16 Public support percentage from 2018 Sched | | | | | 16 | % |
| Section D. Computation of Investment Incom | | | | | | |
| 17 Investment income percentage for 2019 (lin | | | | ı (f)) | 17 | % |
| 18 Investment income percentage from 2018 S | | | | | 18 | % |
| 19a 33 1/3% support tests - 2019. If the organization | ation did not ch | eck the box on | line 14, and li | ne 15 is more t | han 33 1/39 | %, and line |
| 17 is not more than 33 1/3%, check this box | and stop here | . The organizat | tion qualifies a | s a publicly sup | ported org | anization 🕨 🗌 |
| b 33 1/3% support tests - 2018. If the organization | ation did not ch | eck a box on li | ne 14 or line 1 | 9a, and line 16 | is more that | an 33 1/3%, and |
| line 18 is not more than 33 1/3%, check this | | | | | | |
| 20 Private foundation. If the organization did no | - | - | - | | | - |

| | A (Form 990 or 990-EZ) 2019 UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC 55-0462065 IV Supporting Organizations | - | | age |
|------|--|--------|------|-----|
| | (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete \$ | Sectio | ns A | |
| | and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co | | | |
| | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa | | | |
| ecti | on A. All Supporting Organizations | | | |
| | | | Yes | Ν |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing | | | |
| | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by | | | |
| | class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | | | |
| | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | | |
| | organization was described in section 509(a)(1) or (2). | 2 | | |
| Ba | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | | | |
| | (b) and (c) below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | - Ou | | |
| 0 | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the | | | |
| | organization made the determination. | 3b | | |
| ~ | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | 50 | | |
| С | | 20 | | |
| | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| а | Was any supported organization not organized in the United States ("foreign supported organization")? If | 4- | | |
| | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | | | |
| | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion | | | |
| | despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | 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. | 4c | | |
| Ба | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | | | |
| | answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN | | | |
| | numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; | | | |
| | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action | | | |
| | was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | | | |
| | designated in the organization's organizing document? | 5b | | |
| с | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | | | |
| | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited | | | |
| | by one or more of its supported organizations, or (iii) other supporting organizations that also support or | | | |
| | benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | | |
| , | 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). | 7 | | |
| ; | 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). | 8 | | |
|)a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | 0 | | |
| a | 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. | 00 | | |
| h | | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which | 01- | | |
| _ | the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| С | 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. | 9c | | |
| Ja | Was the organization subject to the excess business holdings rules of section 4943 because of section | | | |
| | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | | | |
| | supporting organizations)? If "Yes," answer 10b below. | 10a | | _ |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | | | |
| | determine whether the organization had excess business holdings.) | 10b | | |

| | Iule A (Form 990 or 990-EZ) 2019 UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC 55-0462065 rt IV Supporting Organizations (continued) | | Р | age 5 |
|---|--|---------------------|-------|-------|
| ιa | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 103 | 110 |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| a | below, the governing body of a supported organization? | 11a | | |
| h | A family member of a person described in (a) above? | 11b | | |
| | | 11c | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations | TIC | | |
| Sec | alon B. Type i Supporting Organizations | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | res | INO |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | | |
| • | | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| | | | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| Sec | | | Yes | No |
| <u>Sec</u> 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | Yes | No |
| | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | Yes | No |
| | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | Yes | No |
| | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | Yes | No |
| | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | 1 | Yes | No |
| 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 written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | Yes | No |
| 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 written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | Yes | No |
| 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 written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | 1 | Yes | No |
| 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 written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | Yes | No |
| 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 written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a | | Yes | No |
| 1 2 3 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organization's have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization's supported organization. | | Yes | No |
| 1 2 3 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | 2 | Yes | No |
| 1 2 3 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organization's have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization. | 2 | | No |
| 1 2 3 <u>Sec</u> | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organizations played in this regard. the role the organizations played in this regard. | 2 | | No |
| 1 2 3 <u>Sec</u> 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 written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. | 2 | | No |
| 1 2 3 <u>Sec</u> 1 a | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organizations played in this regard. ttion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization is the parent of each of its supported organizations. Complete line 3 below. | 2 3 structi | ons). | |
| 1 2 3 <u>Sec</u> 1 a b | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization is the parent of each of its supported organizations. Complete line 3 below. | 2 3 structi | ons). | |
| 1 2 3 <u>Sec</u> 1 a b c | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below. | 2 3 structi | ons). | ons). |
| $\frac{1}{2}$ $\frac{3}{3}$ $\frac{3}{2}$ | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations. Complete line 3 below. The organization is the parent of each of its supported organizations. Complete line 3 below. Attivities Test. Answer (a) and (b) below. | 2 3 structi | ons). | ons). |
| $\frac{1}{2}$ $\frac{3}{3}$ $\frac{3}{2}$ | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations. Complete line 3 below. The organization satisfied the Activities Test. Complete line 2 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | 2 3 structi | ons). | ons). |
| $\frac{1}{2}$ $\frac{3}{3}$ $\frac{3}{2}$ | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization subported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year fire. Yes," then in Part VI identify | 2 3 structi | ons). | ons). |
| $\frac{1}{2}$ $\frac{3}{3}$ $\frac{3}{2}$ | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in | 2 3 structi | ons). | ons). |
| 1 2 3 <u>Sec</u> 1 a b c 2 a | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity of Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization's comported organization's activities during the tax year directly further the exempt purposes, how the organization supported organization was responsive? If "Yes," then in Part VI identify those supported organization and the organization and explain how these activities directly furthered their exempt purposes, how the organization supported organization and explain how these activities directly furthered their exempt purposes, how the organization was responsive to reganization determined | 2 3 struction | ons). | ons). |

- activities but for the organization's involvement.Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

reasons for the organization's position that its supported organization(s) would have engaged in these

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

3a

2b

| Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF MONONGALIA AND PRESTON (| | | 065 Page 6 |
|--|--------|---------------------------------------|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi | | | |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | | | - |
| instructions. All other Type III non-functionally integrated supporting organiza | ations | 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 | | I | |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 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 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 | | rated Type III supporting | organization (see |
| instructions). | - 9 | · · · · · · · · · · · · · · · · · · · | J |
| | | | |

Schedule A (Form 990 or 990-EZ) 2019

| Schedu Par | t V Type III Non-Functionally Integrated 509(a)(3) \$ | | | 2065 Page 7 |
|---------------|---|-----------------------------|--|---|
| Sec | tion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | npt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exempt | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | s of supported organiza | tions | |
| | Amounts paid to acquire exempt-use assets | | | |
| | Qualified set-aside amounts (prior IRS approval required) | | | |
| | 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 | e organization is respon | sive | |
| Ū | (provide details in Part VI). See instructions. | e elgalizzation le reepen | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| | Line 8 amount divided by line 9 amount | | | |
| | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| | Underdistributions, if any, for years prior to 2019 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| | From 2014 | | | |
| | From 2015 | | | |
| | From 2016 | | | |
| | From 2017 | | | |
| | E 0040 | | | |
| | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2019 distributable amount | | | |
| | Carryover from 2014 not applied (see instructions) | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from | | | |
| 4 | | | | |
| | , | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2019 distributable amount Remainder, Subtract lines 4a and 4b from 4. | | | |
| | | | | |
| 5 | Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| | Breakdown of line 7: | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| e | Excess from 2019 | | | |
| EEA | | | Scheo | dule A (Form 990 or 990-EZ) 2019 |

Schedule A (Form 990 or 990-EZ) 2019

| Schedule A (Forr | n 990 or 990-EZ) 2019 Page 8 |
|------------------|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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| (Form | 990. | 990 | -EZ |

or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

| 2 | 0 | 1 | 9 |
|---|---|---|---|
| | - | _ | - |

Department of the Treasury Internal Revenue Service Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

| Name of the organization | |
|--------------------------|-----------------------------------|
| UNITED WAY OF MC | NONGALIA AND PRESTON COUNTIES INC |

Employer identification number 55-0462065

| Organization type (check one) | : |
|-------------------------------|---|
|-------------------------------|---|

| Filers of: | Section: | | | |
|--------------------|---|--|--|--|
| Form 990 or 990-EZ | 501(c)(3) (enter number) organization | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | |
| | 527 political organization | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | |
| | 501(c)(3) taxable private foundation | | | |

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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, 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.

| (a) | (b) | (C) | (d) Turne of contribution |
|------------|-----------------------------------|----------------------------|---|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| _1_ | | | Person 🛛 🕅 Payroll |
| | | \$38,600 | Noncash |
| | | | (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 2 | | | Person 🗵 |
| | | \$ 115,000 | Payroll 🗌 Noncash 🗌 |
| | | | (Complete Part II for |
| | | | noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | | Person 🗵 |
| | | \$ 100,000 | Payroll 🗌 Noncash 🗌 |
| | | | (Complete Part II for |
| | | | noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person <u>x</u> |
| | | \$ 61,392 | Payroll 🗌 Noncash 🗌 |
| | | + <u> </u> | (Complete Part II for |
| | | | noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | | Person 🗵 |
| | | \$ 57,500 | Payroll 🗌 Noncash 🗌 |
| | | | (Complete Part II for |
| | | | noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person |
| | | \$ | Payroll 🗌 Noncash 🗌 |
| | | | (Complete Part II for |
| | · | | noncash contributions.) |

Name of organization

Part I

Employer identification number 55-0462065

UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Page 2 cation number

| (FORT 990) Complex if the cognization assered "Yes" on Form 990, Part IV, Iee 7, E. 9, 10, 14, 11, 11, 11, 11, 11, 11, 11, 11, 11 | SCH | SCHEDULE D Supplemental Financial Statements | | | OMB No. 1545-0047 | |
|---|-------|---|--|---|-------------------|---------------------------------|
| | (Foi | , , , | | | 2019 | |
| Complete inflormation | Depar | epartment of the Treasury Attach to Form 990. | | | Open to Public | |
| UNITED WAY OF MONOGALIA AND PRESTON COUNTIES INC. 55-0462065 Part II Organizations Maintaining Door Arkived Funds or Other Similar Funds or Accounts. 0p Funk and other accounts 1 Total number at end of year | • | | | | | Inspection |
| PartII Organizations Maintaining Denor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. 1 Total number at end d year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 5 Did the organization inform all donors and doors advises in writing that the assats held in donor advised 1 Total number at end d year 6 Did the organization inform all donors and doors advisors in writing that the assats held in donor advised 1 Did the organization inform all donors and doors advisors in writing that grant funds can be used 0 Did the organization of the benefit? 7 Propose(b) conservation Easterments. 7 Propose(b) or donard hald advisor in writing that drappy). 1 Preservation of a basenitable 1 Preservation of a contribution in the tend of the aggregate value of a bistorically important land area 1 Propose(b) or draw thald bald advisor in writing that the apgregate value of a bistorical structure 2 Preservation of abservation Eastervation advisor of a maximic bistory organization (check advisor) in the form of a contribution hadvis a write avaitable ad | | ÷ | | | Employer identif | fication number |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year (a) Dear advest lock (b) Funks and other secondle 2 Aggregate value of parts from (buring year) (b) (c) (c) 3 Aggregate value of direct values (c) (c) <td></td> <td></td> <td></td> <td>1</td> <td>55-046</td> <td>2065</td> | | | | 1 | 55-046 | 2065 |
| Instrumber at end of year (a) brow stores turns: (b) brow stores turns: 2 Aggregate value of correctutors to (during year) (c) 3 Aggregate value of correctutors to (during year) (c) 5 Did the organization inform all dorons and door advisors in writing that the assets held in doors advisor. (c) 6 Did the organization inform all dorons and door advisors in writing that the assets held in doors advisor, or for any other purpose conferring impermissible private benefit? (c) 7 Putter conservation Complete infit the organization in doron advisors in writing that grant funds can be used only for changes memers held by the organization in doron advisor, or for any other purpose conferring impermissible private benefit? (c) Ves No 7 Putpose(s) of concervation easements held by the organization (hadvis all that appl). Preservation of a historically important land area (c) Prosecution of on assumal habitat (c) | Pa | | - | | | |
| 1 Total number at end of year | | Complete | If the organization answered "Yes" on | | | |
| 2 Aggregate value diversity of control (uniting year) | 1 | Total number at an | d of yoor | (a) Donor advised funds | (b) | Funds and other accounts |
| Aggregate value of grants from (during year) Aggregate value at of dyears | | | | | | |
| A Aggregate value at end of year | | | | | | |
| 5 Did the organization inform all donces and donor advisors in writing that the assets held in donor advised lunds are the organization property, subject to the organization scheckbe legal control? | | | | | | |
| funds are the organization is property, subject to the organization's exclusive legal control? If the organization inform all grantes, donors, and door advisor, or for any other purpose contenting impaintsation inform all grantes, donors, and door advisor, or for any other purpose If vas contenting impaintsation inform all grantes, donors, and door advisor, or for any other purpose If vas complete if the organization answered "Yes" on Form 990, Part IV, line 7. If vas If Purpose(5) or conservation casements held by the organization (heck all that apply). If Perservation of a historic structure Preservation of natural habitat If Perservation of a conservation casements. If vas 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements. If vas a total number of conservation easements. If vas If vas If vas 3 Number of conservation easements included in (c) acquired after 7/2506, and not on a historic structure lised in the National Register If vas If vas 4 Number of conservation easements included in conservation easements is located > | | | - | riting that the assets held in donor advised | | |
| 6 Did the organization inform all grarteres, donors, and doner advisors in writing that grant funds can be used only for chartable purposes and not for the benefit? PartIII Conservation Easements. PartIII Conservation easements held by the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Protection of natural habita Protection of natural habita Protection of natural habita Protection of natural habita Protection of the conservation easements Protection of the conservation easements Protection of the tay ser. To fail for the scale attrough 25 differed and a qualified conservation contribution in the form of a conservation easement on the last day of the tay ger. Number of conservation easements Protection of the tax lays of the tay ger. Number of conservation easements included in (c) acquired after 726/06, and not on a historic structure lised in the National Register Number of conservation easements included in (c) acquired after 726/06, and not on a historic structure lised on the National Register Number of conservation easements included in (c) acquired after 726/06, and not on a historic structure lised in the National Register Number of conservation easements included in (c) acquired after 726/06, and not on a Number of conservation easements included in (c) acquired after 726/06, and not on a Number of conservation easements included in (c) acquired after 726/06, and not on a historic structure lised on the National Register Number of conservation easements in located Number of conservation easements included in the set of the organization have a written policy regarding the period: monitoring, inspection, handling of violations, and enforcing conservation easements during the year Number of conservation easements in the date of the organization face acceleration and enforcing conservation easements during the year Number of conservation easements ind | Ū | | | | | ☐ Yes ☐ No |
| orly for charitable purposes and not 0r the benefit of the donor or donor advisor, or for any other purpose □ Yes □ No PartII Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. □ □ Preservation of land for public use (e.g., recreation or education) □ Preservation of land for public use (e.g., recreation or education) □ Preservation of land for public use (e.g., recreation or education) □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a conservation easements □ Preservation of a conservation easements □ Preservation of a conservation easements □ | 6 | - | | - | | |
| correting ingermissible private benefit? □ Yes □ No PartII Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of a historically important land area □ Protection of natural habitat □ Preservation of a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2a a Total annehof of conservation easements . Zad . Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure included in (c) acquired after 7/25/06, and not on a historic structure included in (c) acquired after 7/25/06, and not on a histor structure included in the conservation easements included > | | - | - | | | |
| Complete if the organization asswered "Yes" on Form 990, Part IV, line 7. 1 Purpose(5) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation assement on the last day of the tax year. Image: the End of the Tax Year 2 Total annew of conservation easements Image: the End of the Tax Year 2 Image: the End of the Tax Year Image: the End of the Tax Year 3 Number of conservation easements Image: the End of the Tax Year 3 Number of conservation easements Image: the End of the Tax Year 3 Number of conservation easements Image: the End of the Tax Year 3 Number of conservation easements Image: the End of the Tax Year 4 Number of conservation easements Image: the End of the Tax Year 3 Number of conservation easements Image: the End of the Tax Year 4 Number of states where property subject to conservation easements include in (0) accuret rule (0) (accuret (1/2) (0) (0) (mode) Image: t | | | | | | 🗌 Yes 🗌 No |
| 1 Purpose(s) of conservation essements held by the organization (check all that apply). Preservation of a listorically important land area □ Preservation of a list of top topic use (e.g., recreation or education) Preservation of a certified historic structure □ Preservation of open space Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation a Total number of conservation easements 2b 2 Complete lines 2a through 20 conservation easements 0 Number of conservation easements included in (a) 0 Number of conservation easements modified in (b) acquired after 7/25/06, and not on a 1 ±d 3 Number of conservation easements included in (b) acquired after 7/25/06, and not on a 1 windbard of the conservation easements included in (b) acquired after 7/25/06, and not on a 3 Number of conservation easements included in (b) acquired after 7/25/06, and not on a 4 Number of conservation easements included in (b) acquired after 7/25/06, and not on a 5 Does each conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 6 Staff and volunteer hours deviced to monitoring, inspecting, handling of violations, and e | Pa | rt II Conserv | ation Easements. | | | |
| Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure reasement on the last day of the tax year. Ide at the End of the Tax Year a Total number of conservation easements Ze b Totat acreage restricted by conservation easements Ze c Number of conservation easements included in (c) acquired after 7/25/06, and not on a Ze d Number of conservation easements included in (c) acquired after 7/25/06, and not on a Ze n Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Ze 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year is a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year is seen to rotal (k)(B)(i) a discion 170(h)(4)(B)(ii)? b in Parx XIII. describe how the organization reports conservation easements in its reverue statement and balance sheet works of art, historical treasures, or Other Similar Assets. C organization feeded, as permitted under FASB ASC 956, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for | | Complete | e if the organization answered "Yes" or | n Form 990, Part IV, line 7. | | |
| Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on a certified historic structure included in (a) | 1 | Purpose(s) of cons | ervation easements held by the organizatio | n (check all that apply). | | |
| Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements is located > 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements. Part III 0 Does seach conservation easements. y s 1 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > \$ 0 Does seach conservation easements. Part IIII 0 Organization Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 0 and section 170(h)(4)(B)(iii) a new results of the organization assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to the organizations financial statements and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of pu | | Preservation o | f land for public use (e.g., recreation or edu | cation) | f a historically | important land area |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of states where property subject to conservation easements is located 4 Number of states where property subject to conservation easements in located 5 Dees the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year • \$ 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year • \$ 9 In Part XIII, describe how the organization reports conservation easements. It is revenue and expense statement, and balance sheet, and include, if applicable, the text of the foronte to the organization's financial statements that describes the organization's accounting for conservation easements. Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Ves" on Form 990, Part IV, line 8. 14 If the organization elected, as permitted under FASB ASC 958, not o report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relatin | | Protection of n | atural habitat | Preservation of | f a certified his | storic structure |
| easement on the last day of the tax year. Total number of conservation easements Total acceage restricted by the total acceage restricted by Total acceage restricted by conservation easements Total acceage restricted by conservation easements Total acceage restricted by the property subject to conservation easements is located by Total acceage restricted by the conservation easements is located by Total acceage restricted by the conservation easements is located by Total acceage restricted by the conservation easements is located by Total acceage restricted by the conservation easements is located by Total acceage restricted by the conservation easements is located by Total acceage restricted by the servation easements is located by Total acceage restricted by the conservation easements is located by Total acceage restricted by the expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Social conservation easements reports or onservation easements in its revenue and expense statement, and balance sheet, and include, if | | Preservation o | f open space | | | |
| a Total acreage restricted by conservation easements 2a b Total acreage restricted by conservation easements on a certified historic structure included in (a) 2c c Number of conservation easements on a certified historic structure included in (a) 2d 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year | 2 | Complete lines 2a th | nrough 2d if the organization held a qualified | I conservation contribution in the form of a co | onservation | |
| b Total acreage restricted by conservation easements 2b c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year | | easement on the la | st day of the tax year. | | F | Held at the End of the Tax Year |
| c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ | а | | | | | |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > | b | • | • | | | |
| historic structure listed in the National Register | | | | | 2c | |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ | d | | | | | |
| tax year ▶ A Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part IIII Organization accounting for conservation easements. Part IIII Organization advintarion gollections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: b) If the organization elected, as permitted under FASB ASC 958 relating to these items: c) Revenue included on Form 990, Part X III. Inte 1 b) Assets in | _ | | - | | | <u> </u> |
| Number of states where property subject to conservation easement is located ▶ | 3 | | vation easements modified, transferred, rele | ased, extinguished, or terminated by the org | anization durir | ng the |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year | | · | | | | |
| violations, and enforcement of the conservation easements it holds? □ Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ | | | | | | |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$ | э | - | | -1-1-0 | | |
| Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$ | 6 | , | | | ion opcomont | |
| \$ | 0 | | nous devoted to monitoring, inspecting, na | nulling of violations, and enforcing conservat | IUITEdSements | s duiling the year |
| \$ | 7 | | as incurred in monitoring, inspecting, handlir | a of violations, and enforcing conservation e | asomonte dur | ring the year |
| Boes each conservation easement reported on line 2(d) above satisfy the 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 easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X (ii) Assets included in Form 990, Part X (ii) Assets included on Form 990, Part X (ii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (ii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X | ' | | | | | ing the year |
| and section 170(h)(4)(B)(ii)? Image: the section of the sectin of the section of the section of | 8 | | vation easement reported on line 2(d) above | e satisfy the requirements of section 170(h)(4 | 4)(B)(i) | |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X (ii) Assets included in Form 990, Part X (iii) Assets included on Form 990, Part X (ii | - | | | | .)(=)(!) | ☐ Yes ☐ No |
| organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X (ii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iii) Assets required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ (iii) Assets included in Form 990, Part VIII, line 1 \$ (iv) Assets included on Form 990, Part X (v) Assets included on Form 990, Part X | 9 | () | | | tement, and | |
| organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X (ii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iii) Assets required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ (iii) Assets included in Form 990, Part VIII, line 1 \$ (iv) Assets included on Form 990, Part X (v) Assets included on Form 990, Part X | | balance sheet, and | include, if applicable, the text of the footnote | e to the organization's financial statements th | nat describes t | the |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gian, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X (ii) Assets included in Form 990, Part X (iv) the organization received or held works of art, historical treasures, or other similar assets for financial gian, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X (v) Assets included in Form 990, Part X (v) Assets included in Form 990, Part X (v) Assets included in Form 990, Part X | | | | - | | |
| 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X | Pa | rt III Organiz | zations Maintaining Collections of A | Art, Historical Treasures, or Other S | Similar Ass | ets. |
| of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X | | Complet | e if the organization answered "Yes" of | on Form 990, Part IV, line 8. | | |
| service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X | 1a | If the organization | elected, as permitted under FASB ASC 958 | B, not to report in its revenue statement and b | alance sheet | works |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X | | of art, historical trea | asures, or other similar assets held for publi | c exhibition, education, or research in further | rance of public | 2 |
| art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X • \$ • \$ | | | | | | |
| provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X | b | - | | | | |
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| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 | | • | | | | |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 | | | | |) | ► \$` |
| following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b S | ~ | ., | | | | |
| a Revenue included on Form 990, Part VIII, line 1 > \$ b Assets included in Form 990, Part X > \$ | 2 | - | | _ | in, provide the | |
| b Assets included in Form 990, Part X > \$ | | - | | - | | ¢ |
| | | | | | , , | ф |
| | | | | | | Schedule D. (Form 000), 2010 |

| Sched | ule D (Form 990) 2019 UNITED WAY OF MO | <u>NONGALIA AI</u> | VD PRES | STON CO | <u>UNTIES IN</u> | <u>C</u> | 55-0462 | 2065 | Page | e 2 |
|--------|---|---------------------|--------------|------------------|------------------|---------------|---------------------|------------|-------------|-----|
| Par | t III Organizations Maintaining Colle | ections of Art | , Historic | cal Treas | ures, or O | ther Si | milar Assets (| (continued | d) | |
| 3 | Using the organization's acquisition, accession, a | nd other records | , check any | y of the follo | owing that ma | ake signi | ficant use of its | | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | | d | Loan | or exchange | program | IS | | | |
| b | Scholarly research | | е | Other | | | | | | |
| с | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's collect | ions and explain | how they f | further the c | organization's | sexempt | t purpose in Part | | | |
| | XIII. | | | | 0 | | | | | |
| 5 | During the year, did the organization solicit or rec | eive donations of | art, histori | ical treasur | es. or other s | imilar | | | | |
| • | assets to be sold to raise funds rather than to be | | | | | | | Yes | . П и | lo |
| Par | t IV Escrow and Custodial Arrangem | | | ganization | | | | | | |
| | Complete if the organization and | | on Form | n 990 Pa | art IV line | 9 or re | eported an arr | nount on F | orm | |
| | 990, Part X, line 21. | | | 1000,10 | are i v , iirio | 0, 01 10 | | | onn | |
| 10 | Is the organization an agent, trustee, custodian or | othor intermedia | ny for cont | ributions or | other accete | not | | | | |
| 1a | | | - | | | not | | | | |
| | | | | | • | | | | s ∐ N | 10 |
| b | If "Yes," explain the arrangement in Part XIII and | complete the foll | owing table | e: | | | | | | |
| | | | | | | - | | mount | | |
| С | Beginning balance | | | | | 10 | | | | |
| d | Additions during the year | | | | | 10 | 1 | | | |
| е | Distributions during the year | | | | | 16 | • | | | |
| f | Ending balance | | | | | 1f | | | | |
| 2a | Did the organization include an amount on Form | 990, Part X, line 2 | 21, for esci | row or cust | odial account | liability | ? | Yes | 5 🗌 N | lo |
| b | If "Yes," explain the arrangement in Part XIII. Ch | eck here if the ex | planation h | nas been pr | ovided on Pa | art XIII . | | | | |
| Par | t V Endowment Funds. | | | | | | | | | |
| | Complete if the organization and | swered "Yes" | on Form | n 990, Pa | art IV, line | 10. | | | | |
| | | (a) Current year | (b) Pr | rior year | (c) Two years | s back | (d) Three years bac | k (e) Four | years back | к |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| с | Net investment earnings, gains, and | | | | | | | | | |
| | losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| e | Other expenditures for facilities and | | | | | | | | | |
| • | programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| | End of year balance | | | | | | | | | |
| g 2 | Provide the estimated percentage of the current y | ar and halance | (line 1 a e | olumn (a)) l | hold oo: | | | | | |
| | Board designated or guasi-endowment | | (inte ty, c | olumi (a)) i | ileiu as. | | | | | |
| a | | % | | | | | | | | |
| b | Permanent endowment ►% | | | | | | | | | |
| С | Term endowment > % | 1.4000/ | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should e | | | | | | | | | |
| 3a | Are there endowment funds not in the possessio | n of the organiza | tion that ar | e held and | administered | for the | | 1 | | |
| | organization by: | | | | | | | | Yes N | No |
| | (i) Unrelated organizations | ••••• | ••••• | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | ns listed as requir | ed on Sch | edule R? | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the org | anization's endo | wment fun | ds. | | | | | | |
| Par | t VI Land, Buildings, and Equipment | | | | | | | | | |
| | Complete if the organization ans | swered "Yes" | on Form | <u>n 990, Pa</u> | art IV, line | <u>11a. S</u> | ee Form 990, | Part X, li | ne 10. | |
| | Description of property | (a) Cost or oth | er basis | (b) Cost o | r other basis | (c) | Accumulated | (d) Bool | k value | |
| | (investment) (other) depreciation | | | | | | | | | |
| 1a | Land | | | | 85,000 | | | | 85,000 |) |
| b | Buildings | | | | 532,523 | | 193,361 | 3 | 339,162 | |
| c | Leasehold improvements | | | 1 | | | , | | ,. . | |
| d | Equipment | | | | 49,809 | | 44,031 | | 5,778 | 3 |
| e | Other STMD1E | | | | 29,531 | | 29,531 | | 5,170 | |
| | . Add lines 1a through 1e. (Column (d) must equ | al Form 000 Par | t X colum | n (B) line | , | | 29,001 | / | 29,940 | , |
| iual | | a i onn 550, i al | , | ייי, יוופ, | | | F | 2 | | , |

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Schedule D (Form 990) 2019

| Complete if the organization answered "Yes" on For | rm 990, Part IV, lin | e 11b. See Form 990, Part X, line 12. |
|---|-----------------------|--|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |
| Part VIII Investments - Program Related. | | |
| Complete if the organization answered "Yes" on For | rm 990, Part IV, line | e 11c. See Form 990, Part X, line 13. |

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|--|
| (1) | | |
| (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 val | lue |
|---|--------------|-------|
| (1BENEFICIAL INTEREST IN YCF | 35 | 8,842 |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). | ▶ 35 | 8,842 |

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.

| 1. | (a) Description of liability | (b) Book value |
|---------------|---|----------------|
| (1) Feder | al income taxes | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Colun | nn (b) must equal Form 990, Part X, col. (B) line 2 | 25.). ► |

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.....

Х

| Sched | chedule D (Form 990) 2019 UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC 55-0462065 Page 4 | | | | | | | |
|-------|---|--------|--------------------|-----------|-----------|--|--|--|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statement | s Wit | h Revenue per Ret | urn. | | | | |
| | 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 | 1,514,629 | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 8,159 | | | | | |
| b | Donated services and use of facilities | 2b | | | | | | |
| С | Recoveries of prior year grants | 2c | | | | | | |
| d | Other (Describe in Part XIII.) | 2d | 20,963 | | | | | |
| е | Add lines 2a through 2d | | | 2e | 29,122 | | | |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,485,507 | | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | | | |
| С | Add lines 4a and 4b | | 4c | | | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 1,485,507 | | | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stateme | nts W | ith Expenses per F | Return. | | | | |
| | Complete if the organization answered "Yes" on Form 990 | , Part | IV, line 12a. | | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,484,326 | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | | | |
| а | Donated services and use of facilities | 2a | | | | | | |
| b | Prior year adjustments | 2b | | | | | | |
| с | Other losses | 2c | | | | | | |
| d | Other (Describe in Part XIII.) | 2d | 20,963 | | | | | |
| е | Add lines 2a through 2d | | | 2e | 20,963 | | | |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,463,363 | | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | | | |
| с | c Add lines 4a and 4b | | | | | | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | | | | | |
| Pa | rt 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.

01. Other revenues not included on Form 990 (Part XI, line 2d)

RENTAL EXPENSES: PRESENTED AS A COMPONENT OF FUNCTIONAL EXPENSES PER AUDITED FINANCIAL STATEMENTS.

PRESENTED AS A REDUCTION TO GROSS RENTS PER 990 PART VIII STATEMENT OF REVENUE.

02. Other expenses not included on Form 990 (Part XII, line 2d)

RENTAL EXPENSES: PRESENTED AS A COMPONENT OF FUNCTIONAL EXPENSES PER AUDITED FINANCIAL STATEMENTS.

PRESENTED AS A REDUCTION TO GROSS RENTS PER 990 PART VIII STATEMENT OF REVENUE.

03. Footnote for uncertain tax position under FIN 48 (Part X)

THE ORGANIZATION FOLLOWS ASC 740 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THIS GUIDANCE PROVIDES

A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR UNCERTAIN TAX POSITIONS, INCLUDING ANY ESTIMATED

PENALTIES AND INTEREST ASSOCIATED WITH THOSE UNCERTAIN TAX POSITIONS. FOR YEAR ENDED JUNE 30, 2020

THERE WERE NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

| SCHEDULE G | Supplement | al Information | Regardin | g Fundrai | sing or Gaming | Activities | i L | OMB No. 1545-0047 |
|--|--|----------------------|---------------|--|--------------------------------------|---------------------|--|---|
| (Form 990 or 990-EZ) | Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the | | | | | | 2019 | |
| Department of the Treasury Internal Revenue Service | 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. | | | | | | Open to Public Inspection | |
| Name of the organization | | | | | | | Employer ider | ntification number |
| UNITED WAY OF MON | | | | | | | 55-046 | |
| | | | | | ered "Yes" on F | orm 990, | Part IV, li | ne 17. |
| Form 990-E 1 Indicate whether the | | required to con | | | tion Chock all that a | noh | | |
| a Mail solicitations | organization rais | | · | - | f non-government g | | | |
| b [] Internet and email | solicitations | | | | f government grants | | | |
| c 🗌 Phone solicitations | S | | g 🗌 🕄 | Special fund | raising events | | | |
| d 🗌 In-person solicitati | | | | | | | | |
| 2a Did the organization | | - | - | | - | | | |
| or key employees list b If "Yes," list the 10 hig | | | | | - | | _ | es 🗌 No |
| compensated at leas | | | | | | | | 0 |
| · | | | 1 | | | | | |
| (i) Name and address or entity (fundra | | (ii) Activity | custody o | draiser have r control of outions? | (iv) Gross receipts from activity | (or ret fundrais | ount paid to ained by) er listed in ol. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | 51. (1) | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| | | | | | | | | |
| Total | | | | • | | 111 | | |
| 3 List all states in which registration or licensin | - | is registered or lic | censed to sol | icit contributi | ions or has been no | tified it is ex | empt from | |
| | y. | | | | | | | |
| | | | | | | | | |
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UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC 55-0462065

Page 2

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.

| | | gross receipts greater than | \$5,000. | | | |
|-----------------|-------|---|--------------------------------|--|----------------------------|--|
| | | | (a) Event #1 GOLD RUSH | (b) Event #2 GOLF | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
| Ð | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 18,331 | 8,981 | 17,826 | 45,138 |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus | | | | |
| | | line 2) | 18,331 | 8,981 | 17,826 | 45,138 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| sesu | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| Dire | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 11,304 | 2,998 | 25,234 | 39,536 |
| | 10 | Direct expense summary. Add lines | s 4 through 9 in column (d) | | . ► | 39,536 |
| | 11 | Net income summary. Subtract line | | | | 5,602 |
| Pa | rt II | | - | Yes" on Form 990, Part | IV, line 19, or reported n | nore than |
| | | \$15,000 on Form 990-EZ, | line 6a. | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Re | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes % No | Yes % No | □ Yes% □ No | |
| | 7 | Direct expense summary. Add lines | s 2 through 5 in column (d) | | . ► | |
| | 8 | Net gaming income summary. Sub | tract line 7 from line 1, colu | mn (d) | ► | |
| 9 a b | ls t | ter the state(s) in which the organization licensed to conduct on No," explain: | | these states? | | Yes No |
| | | ere any of the organization's gaming | licenses revoked, suspende | ed, or terminated during the | tax year? | Yes No |
| b | | Yes," explain: | | | | |

Schedule G (Form 990 or 990-EZ) 2019

| SCHEDULE I | G | Frants and Other | Assistance to C | Organizations, | | I | OMB No. 1545-0047 |
|--|---|-----------------------------|---------------------------|----------------------------|---|---------------------------|--|
| (Form 990) | Governments, and Individuals in the United States 2019 | | | | | | 2019 |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public | | | | | | |
| Department of the Treasury Internal Revenue Service | | | jov/Form990 for the late | est information. | | | Inspection |
| Name of the organization | | - | | | | Employer identification r | lumber |
| UNITED WAY OF MONONGALIA AND | PRESTON COU | | | | | 55-0462065 | |
| Part I General Information on G | | ance | | | | | |
| 1 Does the organization maintain records | to substantiate the an | nount of the grants or assi | stance, the grantees' eli | gibility 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 pr | | | | | | | |
| Part II Grants and Other Assistance | e to Domestic Org | anizations and Domes | tic Governments. Co | mplete if the organiz | zation answered "Yes" | on Form 990, | |
| Part IV, line 21, for any reci | pient that received | more than \$5,000. Pa | rt II can be duplicate | d if additional space | is needed. | | <u>. </u> |
| 1 (a) Name and address of organization | (b) EIN | (c) IRC section | (d) Amount of cash | (e) Amount of non- | (f) Method of valuation (book, FMV, appraisal, | (g) Description of | (h) Purpose of grant |
| or government | | (if applicable) | grant | cash assistance | other) | noncash assistance | or assistance |
| (1) AMERICAN RED CROSS | | | | | | | |
| 1299 PINEVIEW DRIVE, SUITE 3 | | | | | | | DISASTER |
| MORGANTOWN, WV 26505 | 53-0196605 | 501(c)3 | 8,301 | | | | RELIEF |
| (2) BARTLETT HOUSE | | | | | | | |
| PO BOX 315 | | | | | | | |
| MORGANTOWN, WV 26507 | 55-0652547 | 501(c)3 | 52,411 | | | | SHELTER |
| (3)CASA FOR KIDS | | | | | | | |
| 408 DONELY STREET | | | | | | | CHILD |
| MORGANTOWN, WV 26501 | 55-0706856 | 501(c)3 | 26,441 | | | | ADVOCACY |
| (4)CATHOLIC CHARITIES | | | | | | | |
| 2000 MAIN STREET | == | | 10.071 | | | | |
| WHEELING, WV 26003 | 55-0391262 | 501(c)3 | 18,371 | | | | WELLNESS |
| (5)CHRISTIAN HELP | | | | | | | |
| 219 WALNUT STREET | 55 050000 | 504())0 | 40,400 | | | | EMERGENCY FIN |
| MORGANTOWN, WV 26505 | 55-0568989 | 501(c)3 | 13,482 | | | | ASST |
| (6) FOOD FOR PRESTON PO BOX 1175 | | | | | | | |
| KINGWOOD, WV 26537 | 47-0907999 | E01(a)2 | 24,974 | | | | FOOD PANTRY |
| (7) WV LEGAL AID | 47-0907999 | 501(c)3 | 24,974 | | | | |
| 922 QUARRIER STREET, 4TH FLOOR | | | | | | | |
| CHARLESTON, WV 25301 | 31-1789739 | 501(c)3 | 9,064 | | | | LEGAL ASST. |
| (8) LITERACY VOLUNTEERS | 31-1703733 | 501(0)5 | 3,004 | | | | EMPOWER |
| 235 HIGH ST, SUITE 317 | | | | | | | ENGLISH |
| Morgantown, WV 26505 | 55-0727817 | 501(c)3 | 3,508 | | | | LANGUAGE |
| (9) MILAN PUSKAR HEALTH RIGHT | 00 0727017 | 501(0)0 | 0,000 | | | | |
| PO BOX 1519 | | | | | | | |
| MORGANTOWN, WV 26507 | 31-1118673 | 501(c)3 | 138,478 | | | | MEDICAL ASST |
| (10)MONONGALIA CO CHILD ADVOCA | | | | | | | |
| 909 GREENBAG RD | Ī | | | | | | CHILD |
| MORGANTOWN, WV 26508 | 65-1253972 | 501(c)3 | 42,057 | | | | ADVOCACY |
| 2 Enter total number of section 501(c)(3) | | | | | | ▶ | |
| 3 Enter total number of other organization | | | | | | - - | |

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

| SCHEDULE I | | G | ants and Other | Assistance to C | Organizations, | | L | OMB No. 1545-0047 |
|--|--|---|------------------------------|---------------------------|----------------------------|----------------------------------|---------------------------|----------------------|
| (Form 990) | Governments, and Individuals in the United States 2019 | | | | | | 2019 | |
| , , | | Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Open to Publ Attach to Form 990. | | | | | | |
| Department of the Treasury Internal Revenue Service | | | | jov/Form990 for the late | est information. | | | Inspection |
| Name of the organization | | | | , | | | Employer identification r | |
| UNITED WAY OF MO | NONGALIA AND F | RESTON COUN | TIES INC | | | | 55-0462065 | |
| Part I General | Information on G | rants and Assist | ance | | | | | |
| 1 Does the organizat | ion maintain records to | o substantiate the an | nount of the grants or assi | stance, the grantees' eli | gibility for the grants or | assistance, and | | |
| the selection criteri | a used to award the g | rants or assistance? | | | | | | 🗌 Yes 🗌 No |
| 2 Describe in Part IV | the organization's pro | cedures for monitori | ng the use of grant funds | in the United States. | | | | |
| Part II Grants ar | nd Other Assistance | to Domestic Org | anizations and Domes | tic Governments. Co | mplete if the organize | zation answered "Yes" | on Form 990, | |
| Part IV, li | ne 21, for any recip | ient that received | more than \$5,000. Par | rt II can be duplicate | d if additional space | is needed. | | |
| 1 (a) Name and addres | ss of organization | (b) EIN | (c) IRC section | (d) Amount of cash | (e) Amount of non- | (f) Method of valuation | (g) Description of | (h) Purpose of grant |
| or govern | | | (if applicable) | grant | cash assistance | (book, FMV, appraisal, other) | noncash assistance | or assistance |
| (1) MORGANTOWN A | | ŴН | | | | | | AFFORDABLE |
| 3375 UNIVERSITY AV | νE | | | | | | | FOOD FOR |
| Morgantown, WV 265 | 05 | 55-0536022 | 501(c)3 | 5,000 | | | | THOSE IN NEED |
| (2) MOUNTAINEER A | AREA COUNCIL BO | > | | | | | | |
| 1831 SPEEDWAY AV | Έ | | | | | | | |
| FAIRMONT, WV 2655 | 54 | 55-0357016 | 501(c)3 | 20,338 | | | | CAREER PATH |
| (3) MOUNTAINEER A | AREA ROBOTICS | | | | | | | |
| PO BOX 409 | | | | | | | | ROBOTICS |
| MORGANTOWN, WV | | 55-0776715 | 501(c)3 | 3,542 | | | | PROGRAM |
| (4) ON EAGLES WIN | GS | | | | | | | |
| 661 OPESISKA RIDG | E RD | | | | | | | THERAPEUTIC |
| FAIRMONT, WV 2655 | 54 | 80-0176059 | 501(c)3 | 9,486 | | | | RIDING |
| (5) RDVIC | | | | | | | | RAPE & |
| PO BOX 4228 | | | | | | | | DOMESTIC |
| Morgantown, WV 265 | 05 | 50-1824520 | 501(c)3 | 2,232 | | | | VIOLENCE INFO |
| (6) SPARK | | | | | | | | |
| PO BOX 104 | | | | | | | | EDUCATION |
| MORGANTOWN, WV | | 55-0758075 | 501(c)3 | 9,153 | | | | PROGRAMS |
| (7) OPERATION WEL | | | | | | | | |
| 452 MYLAN PARK LA | | | | | | | | VETERAN |
| MORGANTOWN, WV | | 46-1452037 | 501(c)3 | 9,518 | | | | SERVICES |
| (8) PACE ENTERPRI | SES | | | | | | | |
| PO BOX 4241 | | | | | | | | VOCATIONAL |
| MORGANTOWN, WV | | 55-0528357 | 501(c)3 | 43,361 | | | | TRAINING |
| (9) PRESTON CO WO | ORKSHOP | | | | | | | |
| 650 JENNMAR DR | | | | 10.015 | | | | VOCATIONAL |
| REEDSVILLE, WV 26 | | 55-0576523 | 501(c)3 | 12,815 | | | | TRAINING |
| (10)SALVATION ARM | Y | | | | | | | |
| PO BOX 753 | 00507 | 50.0504457 | | 00.704 | | | | EMERGENCY |
| MORGANTOWN, WV | | 52-0591457 | 501(c)3 | 36,724 | | | | ASST |
| | of section 501(c)(3) and of other organizations | | nizations listed in the line | 1 table | | | <u>ا</u> | |

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 | | | rants and Other | | | | I | OMB No. 1545-0047 |
|----------------------------------|--|----------------------|--------------------------------|-------------------------|-----------------------|---|---------------------------|----------------------|
| (Form 990) | Governments, and Individuals in the United States 2019 | | | | | | | 2019 |
| Department of the Treasury | Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public | | | | | | | Open to Public |
| Internal Revenue Service | | | | jov/Form990 for the lat | est information. | | | Inspection |
| Name of the organization | | | - | | | | Employer identification n | umber |
| UNITED WAY OF MO | NONGALIA AND F | PRESTON COUN | TIES INC | | | | 55-0462065 | |
| Part I General I | Information on G | rants and Assist | ance | | | | | |
| - | | | nount of the grants or assi | - | | assistance, and | | |
| the selection criteria | a used to award the g | rants or assistance? | | | | | | Yes No |
| | | | ng the use of grant funds | | | | | |
| | | 0 | | | | zation answered "Yes" | on Form 990, | |
| | | ient that received | more than \$5,000. Par | rt II can be duplicate | d if additional space | | 1 | |
| 1 (a) Name and addres | • | (b) EIN | (c) IRC section | (d) Amount of cash | (e) Amount of non- | (f) Method of valuation (book, FMV, appraisal, | (g) Description of | (h) Purpose of grant |
| | | - | (if applicable) | grant | cash assistance | other) | noncash assistance | or assistance |
| (1) SCOTTS RUN SET PO BOX 590 | ITLEMENT HOUS | E | | | | | | EMERGENCY |
| PURSGLOVE, WV 265 | 546 | 55-0541546 | 501(c)3 | 18,361 | | | | ASST |
| (2) THE SHACK NEIG | | | | 10,001 | | | | |
| PO BOX 600 | | | | | | | | EARLY |
| PURSGLOVE, WV 265 | 546 | 55-0631216 | 501(c)3 | 30,630 | | | | CHILDHOOD |
| (3) VISITING HOMEM | | 00 0001210 | | | | | | |
| 382 BROADWAY | | | | | | | | |
| MORGANTOWN, WV | 26505 | 55-0514644 | 501(c)3 | 60,360 | | | | HOME HEALTH |
| (4) WV CARING | | | | | | | | |
| PO BOX 760 | | | | | | | | BEREAVEMENT |
| ARTHURDALE, WV 26 | 6520 | 31-1105643 | 501(c)3 | 2,361 | | | | SERVICES |
| (5) | | | | | | | | |
| () | | | | | | | | |
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| (6) | | | | | | | | |
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| (7) | | | | | | | | |
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| (8) | | | | | | | | |
| | | | | | | | | |
| (0) | | | | | | | | |
| (9) | | | | | | | | |
| | | | | | | | | |
| (10) | | | | | | | | |
| () | | | | | | | | |
| | | | | | | | | |
| 2 Enter total number of | of section 501(c)(3) a | nd government organ | nizations listed in the line 1 | 1 table | | | • | 1 |
| 3 Enter total number of | | | | | | | - | |

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

Schedule I (Form 990) (2019) UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC 55-0462065 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. Provid | de the information req | uired in Part I, line | e 2; Part III, column (| (b); and any other additio | nal information. | | | | |

Page 2

55-0462065

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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC

55-0462065

01. Form 990 governing body review (Part VI, line 11)

AFTER APPROVAL BY THE CEO AND FINANCE COMMITTEE, THE EXECUTIVE COMMITTEE REVIEWS THE FORM

990, 990-T, AND STATE FORMS (IF APPLICABLE) FOR COMPLETENESS AND ACCURACY, THEN PROVIDES

FINAL APPROVAL FOR SIGNING AND FILING.

02. Conflict of interest policy compliance (Part VI, line 12c)

THE UNITED WAY OF MONONGALIA AND PRESTON COUNTIES, INC'S SUCCESS DEPENDS ON THE ETHICAL

CONDUCT AND BEHAVIOR OF EVERYONE AFFILIATED. BOARD MEMBERS SET AN EXAMPLE FOR EACH OTHER

BY THIER PURSUIT OF EXCELLENCE IN HIGH STANDARDS OF PERFORMANCE, PROFESSIONALISM, AND

ETHICAL CONDUCT THROUGH THE FOLLOWING: (1) PERSONAL AND PROFESSIONAL INTEGRITY, (2)

ACCOUNTABILITY, (3) SOLICITATION FOR, AND VOLUNTARY GIVING TO THE CAMPAIGN, (4) DIVERSITY

AND EQUAL OPPORTUNITY, AND (5) CONFLICT OF INTEREST DISCLOSURE. ON AN ANNUAL BASIS, THE

BOARD MEMBERS COMPLETE AND SIGN A CODE OF ETHICS - DISCLOSURE STATEMENT.

03. CEO, executive director, top management comp (Part VI, line 15a)

THE PERSONNEL COMMITTEE OF THE UNITED WAY OF MONONGALIA AND PRESTON COUNTIES, INC.

CONDUCTS THE CEO'S PERFORMANCE EVALUATION AND SUBMITS A RECOMMENDATION TO THE EXECUTIVE

COMMITTEE. THE EXECUTIVE COMMITTEE APPROVES THE FINAL COMPENSATION PACKAGE.

04. Other officer or key employee compensation (Part VI, line 15b

THE PROCESS FOR DETERMINING THE COMPENSATION OF KEY EMPLOYEES FOLLOWS A PROCEDURE SIMILAR

TO THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO.

05. Governing documents, etc, available to public (Part VI, line 19)

THE UNITED WAY OF MONONGALIA AND PRESTON COUNTIES, INC. MAKES ITS GOVERNING DOCUMENTS,

| Name of the organization | Employer identification number | | | | | |
|---|---|--|--|--|--|--|
| UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC | 55-0462065 | | | | | |
| | | | | | | |
| CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC | CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS | | | | | |
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| OWN WEBSITE AND UPON REQUEST. | | | | | | |
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Page 2

| SCHEDULE R (Form 990) Related Organizations and Unrelated Partnerships Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Example to the Treasury Internal Revenue Service Service | | | | | | | | | -0047 9 blic |
|---|--|--------------------|---------------------|---|---|--|--------------------------------------|-------------------------------|------------------------------------|
| Internal Revenue Service Name of the organization UNITED WAY OF I | MONONGALIA AND PRESTON COUNTIES | - | m990 for instru | uctions and the lates | st information. | | Employer identificatio 55-0462065 | Inspectio n number | 11 |
| | cation of Disregarded Entities. Complete | | nization ans | wered "Yes" on | Form 990, Part IV | . line 33. | | | |
| | (a) me, address, and EIN (if applicable) of disregarded entity | <u></u> | | (b) hary activity | (C) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | , (f) Direct cont entit | rolling ty |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| | cation of Related Tax-Exempt Organizati more related tax-exempt organizations c | | | ganization answ | vered "Yes" on For | rm 990, Part IV, | line 34 becau | use it had | |
| | (a) ne, address, and EIN of related organization | | (b) ary activity | (C) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | | | g) 2(b)(13) ed entity? No |
| (1) MON CO FRN, IN PO BOX 324 MORGANTOWN | | ENCOURA EMPOWEI | २ | WV | 501(c)3 | 7 | UWMPC | | X |
| (2) | , | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |

UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC

55-0462065

Page2

| Part III | Identification of Rebecause it had on | | | | | | | answered | "Yes" or | n For | m 990, Part | IV, line | 34, | |
|----------|---|-------------------------|-------------------------|-------------------------------------|------------------------------------|-------------------------------------|--------------------------------|-----------------------------------|---------------------------------|---------------------------|---|--------------------------------|---------------------------|---|
| | (a) Iddress, and EIN of ed organization | (b) Primary activity | (c) | (d) Direct controlling entity | Predo income unre exclude | (e) | (f) nare of total income | (g) Share of end year asset | s ortio allo tion | nop- nate ca- s? | (i) Code V-UBI amount in box 2 of Schedule K- (Form 1065) | 20 man 1 par | eral or aging tner? | (k) Percentage ownership |
| (1) | | | | | sections | \$ 512-514) | | | Yes | No | | Yes | No | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| Part IV | Identification of Rolline 34, because it | | | | | | | | | "Yes | s" on Form s | 990, Pa | t IV, | |
| Name | (a) , address, and EIN of related o | | (b) Primary activity | (c) Legal do (state or foreig | micile | (d) Direct controlling entity | (е Туре о |) | (f) Share of total income | | (g) Share of d-of-year assets | (h) Percentage ownership | , co | (i) on512(b)(13) ontrolled entity? |
| (1) | | | | | | | | | | | | | Yes | No |
| (0) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |

UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC

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Part V Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Yes 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (iii) annuities, (iiii) royalties, or (iv) rent from a controlled entity 1a b Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 1c d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e Dividends from related organization(s) 1f Sale of assets to related organization(s) 1g g h Purchase of assets from related organization(s) 1h Exchange of assets with related organization(s)..... 1i 1i Lease of facilities. equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) 1k Performance of services or membership or fundraising solicitations for related organization(s) 11 m Performance of services or membership or fundraising solicitations by related organization(s) 1m n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n o Sharing of paid employees with related organization(s) 10 p Reimbursement paid to related organization(s) for expenses 1p Reimbursement paid by related organization(s) for expenses 1q r Other transfer of cash or property to related organization(s) 1r s Other transfer of cash or property from related organization(s) 1s 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (d) (a) (b) (c) Name of related organization Transaction Amount involved Method of determining amount involved type (a-s) (1) (2) (3) (4) (5)

<u>(6)</u> EEA

UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC

55-0462065

Page4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| | (a) | (b) | (C) | (d) | (e) | (f) | (g) | (h |) | (i) | (j) | | (k) |
|-----|----------------------------------|------------------|---|---|---|-----------------------|-----------------------------------|-------------------|---------------------|--|-----|---------------------------|-------------------------|
| | Name, address, and EIN of entity | Primary activity | Legal domicile (state or foreign country) | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners section 501(c)(3) organizations | Share of total income | Share of end-of-year assets | Disprop alloca | oortionat ations | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | man | eral or aging tner? | Percentago ownership |
| | | | | Sections 512-514) | Yes No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| 2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| 10) | | | | | | | | | | | | | |
| 11) | | | | | | | | | | | | | |
| 12) | | | | | | | | | | | | | |

| tion Return |
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| n for each return. or the latest information. |
| |

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

OMB No. 1545-0047

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or | Name of exempt organization or other filer, see instructions. | Taxpayer identification number (TIN) |
|----------------------------|--|--------------------------------------|
| print | UNITED WAY OF MONONGALIA AND PRESTON COUNTIES INC | 55-0462065 |
| File by the | Number, street, and room or suite no. If a P.O. box, see instructions. | |
| due date for | 278 C SPRUCE ST | |
| filing your return. See | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| instructions. | MORGANTOWN, WV 26505 | |

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

| Application | Return | Application | Return |
|--|--------|-----------------------------------|--------|
| Is For | Code | Is For | Code |
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

• The books are in the care of > BRANDI POTOCK HELMS, 278 C SPRUCE ST, MORGANTOWN, WV 26505

| Telephone No.▶ 304-296-7525 FAX No.▶ | | |
|--|------------|----------------------|
| If the organization does not have an office or place of business in the United States, check this box | | ▶ 🗌 |
| If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . | If this is | |
| for the whole group, check this box 🕨 🗌 . If it is for part of the group, check this box 🕨 🗌 and atta | ich | |
| a list with the names and TINs of all members the extension is for. | | |
| I request an automatic 6-month extension of time until | etum fo | r |
| ► X tax year beginning 07-01 , 20 19 , and ending 06-30 | , 20 | 2 <u>0</u> . |
| If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period | | |
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less | | |
| any nonrefundable credits. See instructions. | 3a | \$ |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | | |
| estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by | | |
| using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ |
| Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and F | orm 88 | 79-EO for payment |
| instructions. | | |
| For Privacy Act and Paperwork Reduction Act Notice, see instructions. | Forr | m 8868 (Rev. 1-2020) |

EEA

| Neme(e) as at a set of | Statement of Program Service Acco | | 2019 PG01 |
|--|---|---|--|
| Name(s) as shown on return | | | Your Social Security Number |
| UNITED WAY OF I | IONONGALIA AND PRESTON COUNTIES INC | | 55-0462065 |
| | Form 990-Part III(a) Statement of Service Accomplis | hment | Statement #4 |
| Program Service C | | ¢4007750 | |
| Program Service E | ons included in above expense | \$1287756 \$0 | |
| Program Services I | • | \$0 \$0 | |
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| WORKPLACE CAN ALLOCATES MON PROCESS ALSO E UNITED WAY FAM MONONGALIA CO OR MAINTAIN STA COMMUNITY BY C ASSISTED OUR N NECESSITIES TO OF CARING, MAR | OF MONONGALIA AND PRESTON COUNTIES RA IPAIGN. THE DOLLARS RAISED ARE DISTRIBUT IES BASED ON CURRENT NEEDS IN THE AREAS VALUATES AGENCIES AND PROGRAMS FOR EN ILY RESOURCE NETWORK USES VARIOUS PRO UNTY CHILDREN AND FAMILIES HAVE THE NEC BILITY. THE UNITED WAY VOLUNTEER MPC HE CONTINUING OUR COMMITMENT TO LIVE UNITE EIGHBORS BY PARTICIPATING IN PROJECTS TO THOSE IN NEED THROUGH PARTICIPATION IN O TIN LUTHER KING DAY OF SERVICE, BLUE AND OVIDED MANY HOURS OF SERVICE TO OUR CO | ED THROUGH A CITIZEN S OF EDUCATION, INCOM FFECTIVENESS AND RET OGRAMS AND EVENTS TH ESSARY KNOWLEDGE A ELPED PROVIDE ESSENT D THROUGH VOLUNTEE D FEED, CLOTHE, AND PH COMMUNITY-WIDE EVEN GOLD MINE SALE, AND I | I'S REVIEW PROCESS, WHICH IE, AND HEALTH. THIS FURN ON INVESTMENT. THE HROUGHOUT THE YEAR TO EN ND RESOURCES TO BECOME IAL SERVICES TO THE RISM. MANY AREA VOLUNTEE ROVIDE OTHER BASIC ITS INCLUDING YOUTH DAY |

| 990 | Overflow Statement | Page 1 |
|--|---|--|
| Name(s) as shown on return UNITED WAY | OF MONONGALIA AND PRESTON COUNTIES INC | 55-0462065 |
| | UNREALIZED GAIN | |
| | ON ADJUSTMENT ZED INVESTMENT GAINS Total: | Amount \$ 3,076 5,083 \$ 8,159 |
| | UNREALIZED GAIN | |
| Description YCF VALUATIO NET UNREALI | ON ADJUSTMENT ZED INVESTMENT GAINS Total: | Amount <u>\$3,076</u> <u>5,083</u> \$8,159 |
| | OTHER RECONCILING ITEMS | |
| Description RENTAL EXPE | NSE PRESENTED W/FUNCTIONAL EXPENSES PER AU Total: | Amount JDIT <u>\$ </u> |
| 0 | OTHER RECONCILING ITEMS | |
| Description RENTAL EXPE | INSE PRESENTED W/FUNCTIONAL EXPENSES PER AU Total: | Amount JDIT <u>\$ </u> |
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