EXTENDED TO MAY 17, 2021

(Rev. January 2020) Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

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

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

Open to Public

A	ror the	2019 calendar year, or tax year beginning JUL I, ZUI9 and	enaing J	UN 30, 2020	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	UNITED WAY OF MIFFLIN-JUNIATA			
	Name change	Doing business as		23-12520	87
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return/	13 EAST THIRD STREET		717-248-	9636
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	478,761.
Г	Amend return			H(a) Is this a group re	
F	Application			for subordinates	
_	pendin		044	H(b) Are all subordinates in	·····= =
$\overline{}$	T			1	
		mpt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) c : ► WWW.MJUNITEDWAY.ORG	or 527	1	list. (see instructions)
_		· ·	1	H(c) Group exemptio	
		organization: X Corporation	L Year	of formation: 1935 N	1 State of legal domicile; PA
		-	אנא כב	OF MIPPITM	
ė	1 1	Briefly describe the organization's mission or most significant activities: ${\hbox{\tt UNITE}}\ {\hbox{\tt WORKS}}\ {\hbox{\tt TO}}\ {\hbox{\tt IMPROVE}}\ {\hbox{\tt PEOPLE'S}}\ {\hbox{\tt LIVES}}\ {\hbox{\tt BY MOBILI}}$			
Activities & Governance	3				
err	2 (Check this box if the organization discontinued its operations or dispos		1 1	19
ò	3			3	17
ø	4	Number of independent voting members of the governing body (Part VI, line 1b)			
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			4
Ĭ	6	Total number of volunteers (estimate if necessary)			545
Ç	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	bl	Net unrelated business taxable income from Form 990-T, line 39	<u></u>	7b	0.
Revenue				Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)		444,043.	444,230.
	9 1	Program service revenue (Part VIII, line 2g)		0.	0.
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		955.	270.
ď	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,661.	33,794.
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		470,659.	478,294.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		237,287.	220,074.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45 6	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		137,027.	147,137.
Ses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	loa	Fotal fundraising expenses (Part IX, column (D), line 25)	73.	• •	
X	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		87,725.	83,724.
	'' \	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		462,039.	450,935.
	1			8,620.	27,359.
	19 I	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or	ii	5 1 1 (D 1) (E 1)	Ве	ginning of Current Year	End of Year
SSE	20	Fotal assets (Part X, line 16)		739,990.	799,917.
etA	21	Fotal liabilities (Part X, line 26)		23,798.	52,450.
<u>S</u>	22 I	Net assets or fund balances. Subtract line 21 from line 20		716,192.	747,467.
	art II				
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Signature of officer		Data	
Sig		,		Date	
Here		OKSANA DEARMENT, EXECUTIVE DIRECTOR			
		Type or print name and title).i.	
		Print/Type preparer's name Preparer's signature	24.	Date Check	PTIN
Pai	d [Lisa A. Ritter — Oyan 47-	11/1er_	12/2/20 self-employ	
Pre	parer	Firm's name MAHER DUESSEL, CPA'S		Firm's EIN ▶	25-1622758
Use	Only	Firm's address 3003 NORTH FRONT STREET, SUITE 1	01		
_		HARRISBURG, PA 17110		Phone no. 71	7-232-1230
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: UNITED WAY OF MIFFLIN-JUNIATA WORKS TO IMPROVE PEOPLE'S LIVES BY
	MOBILIZING THE CARING POWER OF THE COMMUNITY THROUGH PROGRAM AND
	INITIATIVES THAT ADDRESS LOCAL NEEDS CONCERNING EDUCATION, HEALTH, AND INCOME.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 239,201. including grants of \$ 220,074.) (Revenue \$)
	COMMUNITY INVESTMENT IS THE PROCESS OF INVOLVING A DIVERSE GROUP OF CITIZENS WHO VOLUNTEER THEIR TIME TO DETERMINE HOW TO INVEST DONATIONS
	AND RESOURCES TO MEET THE MOST CRITICAL NEEDS IN THE COMMUNITY.
	VOLUNTEERS REVIEW AGENCY APPLICATIONS AND CONSIDER THE NEEDS OF THE
	COMMUNITY BASED ON A COMPREHENSIVE ASSESSMENT, AS WELL AS THE RESOURCES
	AVAILABLE AND WHICH AGENCIES PROVIDE QUALITY SERVICES THAT MEET
	COMMUNITY NEEDS. BASED ON THIS EVALUATION, FUNDING IS PROVIDED TO
	PARTNER AGENCIES. THROUGH THIS PROCESS, THE UNITED WAY OF
	MIFFLIN-JUNIATA ALSO PROVIDES LEADERSHIP ENSURING THAT CRITICAL ISSUES
	ARE BEING ADDRESSED AND EMERGING NEEDS ARE MET THROUGH CONVENING
	AGENCIES, INDIVIDUALS AND BUSINESSES.
4b	(Code:) (Expenses \$69,615. including grants of \$) (Revenue \$) SUCCESS BY SIX IS THE EARLY CHILDHOOD INITIATIVE IN MIFFLIN AND JUNIATA
	COUNTIES PROVIDING LEADERSHIP, SOLUTIONS AND PARTNERSHIPS THAT STRIVE
	TO CREATE A UNIFIED, COORDINATED AND COMPREHENSIVE QUALITY EARLY CHILD
	CARE AND EDUCATION SYSTEM THAT IS ACCESSIBLE AND AFFORDABLE. THE
	INITIATIVE ENGAGES CHILDREN, FAMILIES, COMMUNITY LEADERS, SERVICES,
	SCHOOLS, AND BUSINESSES.
4c	(Code:) (Expenses \$
	COMMUNITY IMPACT IS A COLLABORATION WITH OTHER PARTNERS/AGENCIES IN THE
	COMMUNITY ON ISSUES ABOVE AND BEYOND FUND DISTRIBUTION. MC PARKS &
	RECREATION, M/J HOUSING COALITION, MIFFLIN COUNTY COMMUNITIES THAT
	CARE, AND JUNIATA COUNTY PREVENTION BOARD ARE ALL EXAMPLES OF COMMUNITY
	IMPACT.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 61,816. including grants of \$) (Revenue \$)
4e	Total program service expenses ► 397,646.
	r 990 (0010)

Form 990 (2019) UNITED WAY OF MIFFLIN-JUNIATA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		,,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		, v
_	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 have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			, v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		, v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	l	37	
_	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	l		, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		Х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Λ	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_
f	3			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		X
	Schedule D, Parts XI and XII	12a		Α.
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		X
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
13		13 14a		X
		144		125
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
10	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 assistance to	_ 		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_ 		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<i>'''</i>		<u> </u>
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u>. </u>		
	,	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-'	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Form 990 (2019) UNITED WAY OF MIFFLIN-JUNIATA

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,,
	Schedule K. If "No," go to line 25a	24a		X
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		21
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included 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	000	

Form 990 (2019) UNITED WAY OF MIFFLIN-JUNIATA

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

				Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a 4					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X		
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (FBAR).					
5a			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		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v		
	any contributions that were not tax deductible as charitable contributions?		6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		۵.				
_	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the poverO	7-		Х		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 7b		Λ		
D	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	e roquirod	76				
C	to file Form 8282?	•	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-/-				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	•	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х		
g							
h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained						
			8				
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	l I					
		11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		120				
а	Note: See the instructions for additional information the organization must report on Schedule O.		13a				
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
c	Enter the amount of reserves on hand	13c					
	Did the second in the second of the description of the second of the sec	100	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner						
	excess parachute payment(s) during the year?		15		Х		
	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?	16		Х		
	If "Yes," complete Form 4720, Schedule O.						

Form 990 (2019) UNITED WAY OF MIFFLIN-JUNIATA 23-125208 / Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 1b below Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

<u> </u>						X
Sec	tion A. Governing Body and Management					
		1 1	10		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19			
	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 on line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form		l l	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
, ,	more members of the governing body?			7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			74		
b				7b		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year.			70		21
8		•		0-	Х	
	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-			_		37
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)				
			ı		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the for	m?	11a	X	
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	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			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	X	
13	Did the organization have a written whistleblower policy?		l l	13	Х	
14			l l	14	X	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	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).					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
104	taxable entity during the year?			16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			IUa		
b						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with respect to such arrangements?			16h		
800	exempt status with respect to such arrangements? tion C. Disclosure			16b		
17	List the states with which a copy of this Form 990 is required to be filed PA	1000 T /C :: ==	4 () (2)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-1 (Section 50	1(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	• •	in on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest poli	cy, and	financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records				
	OKSANA DEARMENT - 717-248-9636					
	13 EAST THIRD STREET, LEWISTOWN, PA 17044					

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

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

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

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

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

See instructions for the order in which to list the persons above.

(A)	(B)	l	IIIZA)	ірсі	isan	(D)	(E)	(F)
Name and title	Average	Position (do not check more than				one	Reportable	Reportable	Estimated	
	hours per week	box, unless person is both an officer and a director/trustee)		compensation from	compensation from related	amount of other				
	(list any	stor		the	organizations	compensation				
	hours for	Individual trustee or director	92			ated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	l truste		99	npens		(W-2/1099-MISC)		organization and related
	below	idual t	Institutional trustee	<u>™</u>	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) SUZANNE WHITE	0.50	l								
PRESIDENT	2 - 2	Х		Х				0.	0.	0.
(2) TOM KINSEY	0.50								•	•
VICE PRESIDENT	0.50	Х		Х				0.	0.	0.
(3) KEVIN O'DONNELL, JR.	0.50	3,7		,,					0	0
SECRETARY (A) DOR DOGGE	0.50	Х		Х				0.	0.	0.
(4) ROB POSTAL ASSISTANT SECRETARY	0.50	Х		х				0.	0.	0.
(5) PAUL GREGO	0.50	^		^				1	0.	U •
TREASURER	0.50	Х		х				0.	0.	0.
(6) RUTH FISHER	0.50	Λ		^				· ·	0.	0.
ASSISTANT TREASURER	0.50	х		х				0.	0.	0.
(7) MIKE MCCURDY	0.50	21						<u> </u>	•	
PAST PRESIDENT		Х						0.	0.	0.
(8) WILLIAM BURMEISTER	0.50								-	
DIRECTOR		Х						0.	0.	0.
(9) JERRI CARLIN	0.50									
DIRECTOR		Х						0.	0.	0.
(10) DEBORA DEMERS	0.50									
DIRECTOR		Х						0.	0.	0.
(11) AMBER ELSESSER	0.50									
DIRECTOR		Х						0.	0.	0.
(12) MICHELLE FETTER	0.50	l								
DIRECTOR	0.50	Х						0.	0.	0.
(13) ALICE GRAY	0.50	ļ								•
DIRECTOR	0 50	Х						0.	0.	0.
(14) CANDY HOFFMAN	0.50	3,7							0	0
DIRECTOR	0.50	Х						0.	0.	0.
(15) SUSAN KRATZER DIRECTOR	0.50	Х						0.	0.	0.
(16) RHONDA MOORE	0.50	Λ				\vdash		"	0.	<u> </u>
DIRECTOR	0.50	Х						0.	0.	0.
(17) MIKE PETROSKI	0.50	-22								•
DIRECTOR	3.30	х						0.	0.	0.
	<u> </u>		_			_			<u> </u>	000

932007 01-20-20 Form **990** (2019)

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,			ghe	st C	compensated Employee	s (continued)				
(A)	(B)				C)	_		(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable			timate	
	hours per week		box, unless pers officer and a dire					compensation	compensatio		l .	nount c	of
	(list any	_	Π				Ť	from the	from related organizations		l .	other pensat	tion
	hours for	direct				l,		organization	(W-2/1099-MIS			om the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 11110	,0,	1	anizati	
	organizations	trust	al tru		yee	om pe					_	d relate	
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	lest co	ner				orga	anizatio	วทร
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former						
(18) SUE REINKE	0.50												
DIRECTOR		Х						0.		0.			0.
(19) JAMES SPENDIFF	0.50												_
DIRECTOR	 	Х	_					0.		0.			0.
(20) CORRINNE PIERCE	0.50	l											_
DIRECTOR	<u> </u>	Х	_					0.		0.			0.
(21) OKSANA DEARMENT	40.00												_
EXECUTIVE DIRECTOR			_	Х			_	56,260.		0.			0.
	1		_										
	-					-							
		-											
	-		_			-							
		-											
	-		┝			-							
		-											
							Ļ	FC 260		$\overline{}$			
1b Subtotal								56,260.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	56,260.			<u> </u>		<u> </u>
2 Total number of individuals (including but r	not limited to th	iose	liste	ed at	oove	e) wr	no re	eceived more than \$100,	000 of reportable)			0
compensation from the organization												Yes	No
2 Did the examination list any former officer	director truct	ا ۵۵					. bio	wheat campanacted amp	layaa an	ſ		163	140
3 Did the organization list any former officer		,	,		,	,	_	, , ,	,				Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si											3		
•	•								•		4		Х
and related organizations greater than \$15Did any person listed on line 1a receive or											4		-25
					•			•			5		Х
rendered to the organization? f "Yes," con	n <u>piete Scheaui</u>	e J T	or si	icn į	oers	son							
Complete this table for your five highest co	mnensated inc	dene	nde	nt co	ntr	acto	re tl	hat received more than \$	100 000 of com		tion fro		
the organization. Report compensation for										7011041		****	
(A)	trio outoridar y	oui c	<u>Jiriuii</u>	<u>.g</u>		<u> </u>		(B)	our.		(C		
Name and business	address	N	INC	3				Description of s	ervices	С	comper		ı
2 Total number of independent contractors (ncluding but n	ot lir	nite	d to	thos	se lis	sted	above) who received me	ore than				
\$100,000 of compensation from the organi	zation 🕨				()							
												aan 👝	2010

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
		Oricon il dericadio o containo a response	or note to any line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
			122 776				Sections 512 - 514
nts		Federated campaigns 1a	432,776.				
ira ou		Membership dues 1b					
s, (Am	С	Fundraising events 1c					
iift ar	d	Related organizations 1d					
s, (mil	е	Government grants (contributions) 1e	11,454.				
io Si	f	All other contributions, gifts, grants, and					
out the		similar amounts not included above 1f					
ÖĘ	g						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	•	444,230.			
<u> </u>			Business Code	<u>, </u>			
	2 a						
/ice							
er ue	b						
n S	С						
Jrar Se	d						
Program Service Revenue	е	·					
Д.		All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere		270			270
		other similar amounts)		270.			270.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	h	Less: cost or other basis					
Ð	~	and sales expenses 7b					
nu	_	Gain or (loss) 7c					
Revenue							
er B		Net gain or (loss)					
	8 a	Gross income from fundraising events (not					
ð		including \$ of					
		contributions reported on line 1c). See	26 210				
	_	Part IV, line 18					
		Less: direct expenses 8b	467.	25 742			25 742
		Net income or (loss) from fundraising events	_	25,743.			25,743.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10k					
	С	Net income or (loss) from sales of inventory					
S			Business Code				
on e	11 a	MISCELLANEOUS	900099	8,051.			8,051.
Miscellaneous Revenue	b						
eve	С						
Mis	d	All other revenue					
	е	Total. Add lines 11a-11d	>	8,051.			
	12	Total revenue See instructions	▶	478 294	0.	1 0.	34.064.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 220,074. 220,074. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 4,039. 56,260. 48,772. 3,449. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 78,650. 55,901. 10,497. 12,252. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,876. 1,698. 86. Other employee benefits 92. 9 1,562. 10,351. 7,344. 1,445. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 2,931. 21,224. 15,127. 3,166. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) $1,\overline{478}$ 1,049. 206. 223. Advertising and promotion 12 24,319. 19,512. 2,311. 2,496. 13 Office expenses 4,811. 3,412. 673. 726. Information technology 14 Royalties 15 5,794. 4,180. 776. 838. 16 Occupancy 1,512. 1,161. 168. 183. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 6,787. 6,787. 21 6,438. 4,566. 901. 971. Depreciation, depletion, and amortization 22 5,844. 4,148. 814. 882. 23 Other expenses. Itemize expenses not covered 24 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.) 2,862. 398. 2,032. 432. MISCELLANEOUS REPAIRS AND MAINTENANCE 2,655. 1,883. 371. 401. С d All other expenses 450,935. 397,646. 25,616. 27,673. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X Balance Sheet

Par	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or	note to any	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments	403,595.	2	480,769.		
	3	Pledges and grants receivable, net	149,894.	3	137,281.		
	4	Accounts receivable, net	2,013.	4	2,646.		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ualified perso	ons (as defined			
ស		under section 4958(f)(1)), and persons descri	bed in sectio	on 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			589.	9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	185,287.			
	b	Less: accumulated depreciation		53,615.	138,110.	10c	131,672. 1,902.
	11	Investments - publicly traded securities			2,298.	11	1,902.
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	43,491.	15	45,647.		
	16	Total assets. Add lines 1 through 15 (must e			739,990.	16	799,917.
	17	Accounts payable and accrued expenses			23,798.	17	52,450.
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV of	Schedule D		21	
S	22	Loans and other payables to any current or f	ormer office	r, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial co	ntributor, or 35%			
iabi		controlled entity or family member of any of t	hese person	ıs		22	
	23	Secured mortgages and notes payable to un	related third	parties		23	
	24	Unsecured notes and loans payable to unrela	ated third pa	rties		24	
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on li	nes 17-24). (Complete Part X			
		of Schedule D				25	
	26	-			23,798.	26	52,450.
		Organizations that follow FASB ASC 958,	check here	► <u>X</u>			
ces		and complete lines 27, 28, 32, and 33.			400 050		400 000
ılan	27	Net assets without donor restrictions			408,058.	27	400,802.
Ba	28	Net assets with donor restrictions			308,134.	28	346,665.
nuo		Organizations that do not follow FASB AS	C 958, chec	k here 🕨 📖 📗			
r Fi		and complete lines 29 through 33.					
o ş	29	Capital stock or trust principal, or current fur				29	
sei	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			746 400	31	
Se	32	Total net assets or fund balances			716,192.	32	747,467.
	33	Total liabilities and net assets/fund balances			739,990.	33	799,917.

Form **990** (2019)

Form	1 990 (2019) UNITED WAY OF MIFFLIN-JUNIATA	23-1252	2087	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	478		
2	Total expenses (must equal Part IX, column (A), line 25)	2			35.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>59.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			92.
5	Net unrealized gains (losses) on investments	5	3	<u>, 9</u>	<u> 16.</u>
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	747	' , <u>4</u>	<u>67.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization UNITED WAY OF MIFFLIN-JUNIATA 23-1252087 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF MIFFLIN-JUNIATA

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

Sec	ction A. Public Support	,,		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	559,128.	485,484.	473,357.	444,043.	432,776.	2394788.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	550 100	105 101	450 055	444 040	100 556	0004500
	Total. Add lines 1 through 3	559,128.	485,484.	473,357.	444,043.	432,776.	2394788.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						001 100
	column (f)						201,138.
	Public support. Subtract line 5 from line 4.						2193650.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015 559, 128.	(b) 2016 485, 484.	(c) 2017 473, 357.	(d) 2018 444, 043.	(e) 2019 432,776.	(f) Total 2394788.
	Amounts from line 4	339,140.	405,404.	4/3,33/.	444,043.	432,770.	2334700.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2,999.	676.	2,155.	955.	270.	7,055.
_	and income from similar sources	4,333.	070.	2,155.	355.	270.	7,055.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		3,162.	3,502.	5,181.	2,985.	14,830.
44	assets (Explain in Part VI.)		3,102.	3,302.	3,101.	2,505.	2416673.
	Gross receipts from related activities,	oto (ooo inatruotia	\			12	2410073.
12	First five years. If the Form 990 is for	•	,	d fourth or fifth to			
10	organization, check this box and stop				•		ightharpoonup
Sec	tion C. Computation of Publi		centage				
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11. c	olumn (f))		14	90.77 %
15	Public support percentage from 2018					15	87.38 %
	33 1/3% support test - 2019. If the c					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ation			>
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	•
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	>
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· >

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

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

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		T		_		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	· ·		*	•	. , . ,	. —
80	check this box and stop here						>
	•			-1(6)		45	
	Public support percentage for 2019 (li		•	****		15	<u>%</u>
	Public support percentage from 2018 ction D. Computation of Inves					16	<u>%</u>
				as 10 solumn (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 2					18 2 1/20/ and line 1:	7 is not
198	33 1/3% support tests - 2019. If the						. —
	more than 33 1/3%, check this box ar						
r	33 1/3% support tests - 2018. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che Private foundation. If the organizatio						
20	r i vate i oundation. Il the organizatio	n did not check a	DUX UIT III IE 14, 198	a, or rab, crieck tr	iio dux aliu see ins		

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
	163	NO
4		
1		
_		
2		
3a		
3b		
3с		
4a		
4b		
4-		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
٥h		
9b		
0		
9с		
10a		
10b		

Par	Part IV Supporting Organizations (continued)			
			Yes	No
11	11 Has the organization accepted a gift or contribution from any of the follow	owing persons?		
а	a A person who directly or indirectly controls, either alone or together with	n persons described in (b) and (c)		
	below, the governing body of a supported organization?	<u>11a</u>		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If "Ye	s" to a, b, or c, provide detail in Part VI. 11c		
Sect	Section B. Type I Supporting Organizations		1	Ι
	4 6:11		Yes	No
	regularly appoint or elect at least a majority of the organization's director	· ·		
	tax year? If "No," describe in Part VI how the supported organization(s)			
	controlled the organization's activities. If the organization had more than			
	describe how the powers to appoint and/or remove directors or trustees			
	organizations and what conditions or restrictions, if any, applied to such Did the organization operate for the benefit of any supported organization	pewere daring the tax year.		
	organization(s) that operated, supervised, or controlled the supporting of			
	Part VI how providing such benefit carried out the purposes of the supp	· ·		
	supervised, or controlled the supporting organization.	2		
	Section C. Type II Supporting Organizations	·		
			Yes	No
1	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 p	ersons that controlled or managed		
	the supported organization(s).	1		
Sect	Section D. All Type III Supporting Organizations		_	
			Yes	No
1	1 Did the organization provide to each of its supported organizations, by t	the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amou			
	year, (ii) a copy of the Form 990 that was most recently filed as of the da			
	organization's governing documents in effect on the date of notification			
	organization(s) or (ii) serving on the governing body of a supported orga	· ·		
	the organization maintained a close and continuous working relationship			
	3 By reason of the relationship described in (2), did the organization's sup significant voice in the organization's investment policies and in directin			
	income or assets at all times during the tax year? If "Yes," describe in F			
	supported organizations played in this regard.	are vi the role the organization's		
Sect	Section E. Type III Functionally Integrated Supporting Orga	ınizations		
а				
b				
С	c The organization supported a governmental entity. Describe in Pa	art VI how you supported a government entity (see instruction	ns) <u>. </u>	
2			Yes	No
а	a Did substantially all of the organization's activities during the tax year di	rectly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive	? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities direc	tly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, a	and how the organization determined		
	that these activities constituted substantially all of its activities.	<u>2a</u>		
	,			
	of the organization's supported organization(s) would have been engage	· '		
	reasons for the organization's position that its supported organization(s)			
	activities but for the organization's involvement.	<u>2b</u>		
		vity of the officers divestors or		
	trustees of each of the supported organizations? <i>Provide details in</i> Part b. Did the organization exercise a substantial degree of direction over the			
	b Did the organization exercise a substantial degree of direction over the of its supported organizations? If "Yes." describe in Part VI the role pla			
	5 Supported organizations. II Tes. Describe III I die VI [He Tole Dia	Ved by the Ordanization in this redaid.		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Section	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 .	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b .	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	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		
	Multiply line 5 by .035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1 .	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	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-functional	ly integrated	d Type III supporting orga	nization (see
	instructions).	. •		,

Schedule A (Form 990 or 990-EZ) 2019

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.	·		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	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.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
_	Excess from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-	·EZ) 2019	итлер м	AY OF	WILLETI	ALYTMO C-N		Z3-1Z3ZU8/	Page 8
Part VI	line 1; Part IV, Section	A, lines 1, 2, ection D, line 5, 6, and 8; a	3b, 3c, 4b, 4c s 2 and 3; Par	, 5a, 6, 9a, 9 t IV, Section	9b, 9c, 11a, 1 i E, lines 1c, 2	1b, and 11c; Part a, 2b, 3a, and 3b	IV, Section B, lines 1	17b; Part III, line 12; and 2; Part IV, Section C /, Section B, line 1e; Part nal information.	C, V,
		,							

Schedule B

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

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

OMB No. 1545-0047

2019

Name of the organization

UNITED WAY OF MIFFLIN-JUNIATA

Employer identification number

23-1252087

Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 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 X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the

year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the

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

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).

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 ______ > \$

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

prevention of cruelty to children or animals. Complete Parts I, II, and III.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

UNITED WAY OF MIFFLIN-JUNIATA

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEBORAH HOPKINS 1325 CHARLES STREET STATE COLLEGE, PA 16801	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE HAMER FOUNDATION 2470 FOX HILL ROAD STATE COLLEGE, PA 16803	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	KISH BANK 4255 E MAIN STREET, P.O. BOX 917 BELLEVILLE, PA 17004	\$12,700.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 STANDARD STEEL, LLC 500 N WALNUT STREET BURNHAM, PA 17009	\$ 20,958.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JUNIATA VALLEY BANK 218 BRIDGE STREET MIFFLINTOWN, PA 17059	\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	PENELEC - A FIRST ENERGY COMPANY 12785 FERGUSON VALLEY RD LEWISTOWN, PA 17044	\$9,978.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

UNITED WAY OF MIFFLIN-JUNIATA

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number

UNITED WAY OF MIFFLIN-JUNIATA

Part III				1(c)(7), (8), or (10) that total more than \$1,000 for the year			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following	g line entry. For or	rganizations			
	Use duplicate copies of Part III if additionals	space is needed.	1,000 or less for th	te year. (Eittel tills lillo. olice.)			
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held			
Part I	(2,1 222 21 3	(-, 3-					
		-					
L							
		(e) Transfe	er of gift				
	Transferee's name, address, ar	nd ZI P + 4	Re	elationship of transferor to transferee			
				_			
(a) No. from		•					
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held			
		-	-				
		-	-				
F		(e) Transfe	r of gift				
	Transferrada nama addresa an	- J 7ID . 4	Relationship of transferor to transferee				
-	Transferee's name, address, ar	10 ZIP + 4	He	elationship of transferor to transferee			
				_			
			-				
(a) No			Т				
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held			
Part I							
		-		-			
		-					
-			nsfer of gift				
		(e) Transfe					
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee			
			-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi		(d) Description of how gift is held			
Part I	(b) i di pose di giit	(c) 0 3c of gi		(a) Description of now girt is need			
Γ		(e) Transfe	er of gift				
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee			
Γ							
		-					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITED WAY OF MIFFLIN-JUNIATA

Employer identification number 23-1252087

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor	advised funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds ca	an be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	pose conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservat	tion of a historically important land area
	Protection of natural habitat	Preservat	tion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic s	tructure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated b	by the organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handlir	ng of
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, he	andling of violations, and enforcing	g conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing con	servation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and exp	pense statement and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial st	atements that describes the
	organization's accounting for conservation easements.		
Par			or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue staten	nent and balance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or researcl	h in furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these	e 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 e	exhibition, education, or research in	n furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(m)		. .
2	If the organization received or held works of art, historical treas	sures, or other similar assets for fin	ancial gain, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assats included in Form 900 Part V		

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, o	r Other	Similar A	ssets (c	<u>continu</u>	ıed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that	t make si	gnificant use	of its		
	collection items (check all that apply):								
а	Public exhibition	d	I Loan or exc	hange progra	am				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they further th	ne organizatio	on's exen	npt purpose ii	n Part XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma							es	No
Par	t IV Escrow and Custodial Arrang		ete if the organization	n answered	"Yes" on	Form 990, Pa	art IV, line	9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other as:	sets not i	ncluded			
	on Form 990, Part X?						L Y	es	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							An	nount	
С	Beginning balance					. 1c			
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fo					ty?	L Y	es	☐ No
	If "Yes," explain the arrangement in Part XIII.								
Pai	T V Endowment Funds. Complete i			1					
	•	(a) Current year	(b) Prior year	(c) Two yea		(d) Three years	s back (e) Four y	ears back
1a	Beginning of year balance	75,186.	68,308.	 	3,603.				
b	Contributions	4,384.	6,724.		4,563.				
С	Net investment earnings, gains, and losses	560.	154.		142.				
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	22.122	== 100						
g	End of year balance	80,130.	75,186.	l .	8,308.				
2	Provide the estimated percentage of the curr)) held as:					
a	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С		%							
_	The percentages on lines 2a, 2b, and 2c show								
За	Are there endowment funds not in the posses	ssion of the organiza	ition that are held ar	nd administei	red for th	e organizatioi	n	Г.	, ,,
	by:								res No X
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							Ba(ii)	^ <u>^</u> _
	If "Yes" on line 3a(ii), are the related organiza						L	3b	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas.						
	Complete if the organization answered) Part IV line 11a 9	ee Form 990	Dort Y	line 10			
	Description of property	(a) Cost or o		or other		ccumulated	(4)	Book	volue
	Description of property	basis (investr	, , ,	(other)		oreciation	(u)	DOOK	value
10	Land	· · · · · ·	, 54010	500.	30				500.
ia b	Land Buildings	I	15	9,742.		29,735		130	,007.
C	Buildings Leasehold improvements		13	<i>-</i> , -			+		, , .
d	Equipment	I	2	5,045.		23,880			,165.
	Other	I		-,			1		<u>, </u>
	l. Add lines 1a through 1e. (Column (d) must e		Y column (P) line 1	Oc.)	1	•		131	,672.
. 5.0		uuui i Oiiii 330. Fäll	n. colullii (D). IIIIC T	vv./					,

	Y OF MIFFLIN-JU	NIATA	23-1252087 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "You have a second to be a s			
(a) Description of security or category (including name of securi		(c) Method of valuation	on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related			
Complete if the organization answered "Ye		11c See Form 990 Part X	line 13
(a) Description of investment	(b) Book value		on: Cost or end-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX Other Assets.			
Complete if the organization answered "Ye		11d. See Form 990, Part X	
	(a) Description		(b) Book value
(1) BENEFICIAL INTEREST IN I	PERPETUAL TRUST	S	45,647.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(P 45)		45,647.
Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.	line 15.)		45,047
Complete if the organization answered "Ye	es" on Form 990 Part IV line	11e or 11f See Form 990	Part X line 25
1. (a) Description of liability	os on on one obo, rare iv, mie	110 01 111. 000 1 0111 000,	(b) Book value
(1) Federal income taxes			(2) 2 2 3 3 4 3 4 3 4 3
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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

Sched	ulle D (Form 990) 2019 UNITED WAY OF MIFFLIN-	JUNIATA	23-1252087	Page '
Par	XI Reconciliation of Revenue per Audited Financial Sta	atements With Reveni	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	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		
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1:	2.)	5	
Par	XII Reconciliation of Expenses per Audited Financial S	atements With Exper	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.		
1	Total expenses and losses per audited financial statements		1	
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		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	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	Add lines 4a and 4b		4c	

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) | Part XIII | Supplemental Information.

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

PART V, LINE 4:

THE PURPOSE OF THE FUND IS TO ADD FINANCIAL STABILITY TO UWMJ AND HELP ENSURE ITS ABILITY TO MEET COMMUNITY NEEDS FOR HEALTH AND HUMAN SERVICES. THE INCOME FROM THE FUND, AS HEREIN DEFINED, SHALL PROVIDE PERIODIC INCOME TO UWMJ FOR THE PURPOSES HEREIN DESCRIBED. THE BOARD SHALL MAKE DISTRIBUTIONS FROM FUND INCOME AND SHALL CONSIDER THE RECOMMENDATIONS OF THE PLANNED GIVING COMMITTEE. ANY ORGANIZATION OR AGENCY PROVIDING HEALTH AND/OR HUMAN SERVICE PROGRAMS IN THE MIFFLIN-JUNIATA AREA AND CURRENTLY CLASSIFIED AS A 501 (C)(3) ORGANIZATION BY THE INTERNAL REVENUE SERVICE IS A POTENTIAL BENEFICIARY. GRANTS FROM FUND INCOME MAY BE MADE FOR, BUT ARE NOT LIMITED TO, THE FOLLOWING PURPOSES: PROVIDING A SOURCE OF INCOME TO STABILIZE COMMUNITY SERVICES OF UWMJ OPERATIONS AGAINST FLUCTUATION IN

Part XIII Supplemental Information (continued)
ANNUAL CAMPAIGN REVENUES; PROVIDING A SOURCE OF INCOME TO FUND AGENCY
SERVICES BEYOND ANNUAL CAMPAIGN CAPABILITY; PROVIDING FUNDING FOR
COMMUNITY SERVICES IN TIMES OF NATURAL DISASTER OR EMERGENCY; AND
PROVIDING FLEXIBILITY TO FUND PROGRAMS NOT POSSIBLE THROUGH ANNUAL
CAMPAIGN REVENUE INCLUDING, BUT NOT LIMITED TO EQUIPMENT AND BUILDING
NEEDS (CAPITAL EXPENDITURES, VENTURE GRANTS, COVER COSTS/DEFRAY
ADMINISTRATIVE COSTS, CHALLENGE GRANTS, AND OTHER SPECIAL PROJECTS.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	WAY OF MIREITH TIME	T 7 M 7					ntification number
	WAY OF MIFFLIN-JUN Complete if the organization answer			Form COO Dort IV I	ina 1	23-1252	
required to complete this par	• Complete il the organization answe t.	rea r	es or	i Form 990, Part IV, i	ine i	7. FOIIII 990-EZ	mers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) pursuit	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration
		_					

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events DANCING WITH NONE (add col. (a) through THE STARS col. (c)) (event type) (event type) (total number) 26,210. 26,210. Gross receipts 2 Less: Contributions 26,210. 26,210. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 467. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 467 11 Net income summary. Subtract line 10 from line 3, column (d) 743 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	ledule G (Form 990 or 990-EZ) 2019 UNITED WAY OF MIFFLIN-JUNIATA 23-1	. 454067	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
		13a	0.4
	a The organization's facility		<u>%</u>
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$		
,	If "Yes," enter name and address of the third party:		
•	7 in Tes, enter name and address of the tillid party.		
	Name		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	, , ,
	100, 100, 10, and 110, an approach. The provide any additional information.		
_			

Schedule G	G (Form 990 or 990-EZ)	UNITED WAY	OF MIFFLIN-JU	NIATA	23-1252087	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2019

Open to Public Inspection

Name of the organization UNITED WAY OF MIFFLIN-JUNIATA							Employer identification number 23-1252087	
Part I General Information on Grants a	and Assistance							
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?				-			
Part II Grants and Other Assistance to	=				anization answered "\	res" on Form 990, Part	t IV, line 21, for any	
recipient that received more than 1 (a) Name and address of organization or government	\$5,000. Part II car (b) EIN	(c) IRC section (if applicable)	ional space is need (d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
ABUSE NETWORK PO BOX 268								
LEWISTOWN, PA 17044	25-1459922	501(C)3	23,800.	0.			DOMESTIC VIOLENCE SHELTER	
AMERICAN RED CROSS 1804 NORTH 6TH STREET HARRISBURG, PA 17110	23-1352018	501(C)3	16,000.	0.			EMERGENCY SERVICES (FIRE, FLOOD, ETC)	
DELAUTER YOUTH CENTER 335 WASHINGTON AVENUE MIFFLINTOWN, PA 17059	25-1220005	501(C)3	5,000.	0.			COMPREHENSIVE YOUTH DEVELOPMENT	
JUNIATA COUNCIL-BOY SCOUTS OF AMERICA - 9 TAYLOR DRIVE - REEDSVILLE, PA 17804	23-1352049	501(C)3	13,000.	0.			COMPREHENSIVE YOUTH DEVELOPMENT	
JUNIATA COUNTY LIBRARY 498 JEFFERSON STREET MIFFLINTOWN, PA 17059	23-2377267	501(C)3	16,700.	0.			CHILDREN'S READING PROGRAM	
LUMINA CENTER 18 EAST THIRD STREET LEWISTOWN, PA 17044	25-1741032	501(C)3	28,500.	0.			SUPERVISED, SAFE, DRUG FREE FACILITY OFFERING ACTIVITIES FOR CHILDREN	
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization	· ·	•	ne line 1 table				>	

Part II Continuation of Grants and Othe	r Assistance to Go	vernments and Organ	izations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDPENN LEGAL SERVICES							
213-A NORTH FRONT STREET							LEGAL ADVICE TO INCOME
HARRISBURG, PA 17101	23-7101191	501(C)3	7,300.	0.			ELIGIBLE CITIZENS
MIFFLIN COUNTY LIBRARY							
123 WAYNE STREET							CHILDREN'S READING
LEWISTOWN, PA 17044	23-1352229	501(C)3	21,000.	0.			PROGRAM
							SOCIAL, RECREATIONAL AND
COMPASS COMMUNITY CONNECTIONS							TRAINING OPPORTUNTIES FOR
31 S. DORCAS STREET, SUITE A							INTELECTUALLY CHALLENGED
LEWISTOWN, PA 17044	23-1494790	501(C)3	45,000.	0.			INDIVIDUALS OF ALL AGES
NUVISIONS							SUBSIDIZED EYE CARE FOR
658 VALLEY STREET							THOSE UNABLE TO AFFORD
LEWISTOWN, PA 17044	23-1352344	501(C)3	6,000.	0.			CARE
,			, ·				
CROSSROADS PREGNANCY CENTER							MENTORING PROGRAM
1130 W. 4TH STREET, SUITE 1							CONCERNING PREGNANCY AND
LEWISTOWN, PA 17044	22-1220005	501(C)3	6,500.	0.			PARENTING
,			,				

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
GRANT FUNDING IS REVIEWED BY THE CO	YTINUMMC	IMPACT COM	MITTEE AND	EXECUTIVE	
COMMITTEE AND THEN RATIFIED BY THE	BOARD OF	DIRECTORS	. THE COMP	ETITIVE	
GRANT PROCESS AND AUTHORIZATION REV	VIEW TAKE	S PLACE EA	CH YEAR. T	нЕ	
ORGANIZATION PROVIDES OVERSIGHT FOR	R ITS GRA	NTS THROUG	H STAFF AN	D VOLUNTEERS	
TO ENSURE GRANTEES MEET THE ORGANIZ	ZATION'S	GRANT GUIL	ELINES.		

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

UNITED WAY OF MIFFLIN-JUNIATA

Employer identification number 23-1252087

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE COMMUNITY THROUGH PROGRAMS AND INITIATIVES THAT ADDRESS LOCAL NEEDS CONCERNING EDUCATION, HEALTH AND INCOME. FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE COMMITTEE REVIEWS THE COMPLETED DRAFT OF THE AUDIT AND FORM 990 WITH THE EXECUTIVE COMMITTEE. THE COMPLETED AUDIT AND FORM 990 ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS PRIOR TO ITS SUBMISSION TO FOLLOWING SUBMISSION, THE DOCUMENTS ARE MADE THE INTERNAL REVENUE SERVICE. AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL BOARD DISCLOSURE AND SELF DISCLOSURE THROUGHOUT THE YEAR ARE CONDUCTED. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS COMPARABILITY DATA FROM OTHER UNITED WAY ORGANIZATIONS THAT ARE OF A SIMILAR SIZE, AS WELL AS OTHER NON-PROFITS, AND THEN DETERMINES AND APPROVES THE ANNUAL COMPENSATION OF THE EXECUTIVE DIRECTOR. THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS THEN MADE AVAILABLE ON THE ORGANIZATION'S COMPLETED FORM 990. FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CODES OF CONDUCT FORMS, AND FINANCIAL DOCUMENTS

AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE AND BY REQUEST.

ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FINANCIAL DOCUMENTS ARE MADE

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

OMB No. 1545-0047

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. 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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 23-1252087 UNITED WAY OF MIFFLIN-JUNIATA File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 13 EAST THIRD STREET return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 17044 LEWISTOWN, PA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Code Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 OKSANA DEARMENT The books are in the care of ► 13 EAST THIRD STREET - LEWISTOWN, PA 17044 Telephone No. ► 717-248-9636 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 \blacktriangleright . If it is for part of the group, check this box \blacktriangleright and attach a list with the names and TINs of all members the extension is for. MAY 17, 2021 ____, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ▶ X tax year beginning JUL 1, 2019 ____, and ending JUN 30, 2020 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 0. any nonrefundable credits. See instructions. За 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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form **8868** (Rev. 1-2020)

instructions