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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2007

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service(77)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☒ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instruc-
tions.UNITED WAY OF MONTGOMERY, RADFORD
AND FLOYD, INC.
PO BOX 6202
CHRISTIANSBURG, VA 24068

D Employer Identification Number

54-0739250

E Telephone number

540-381-2066

F Accounting method:

☐ Cash ☒ Accrual☐ Other (specify) ▶Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ).

G Web site: WWW.UNITEDWAYNRV.ORG

J Organization type
(check only one)☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its
gross receipts are normally not more than \$25,000. A return is not required, but if the
organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 954,007.

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates ▶

H (c) Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☒ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:

a Contributions to donor advised funds

1a

b Direct public support (not included on line 1a)

1b

939,707.

c Indirect public support (not included on line 1a)

1c

d Government contributions (grants) (not included on line 1a)

1d

e Total (add lines 1a through 1d) (cash \$ 910,045. noncash \$ 29,662.)

1e

939,707.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4

14,300.

5 Dividends and interest from securities

5

6a Gross rents.

6a

b Less: rental expenses

6b

c Net rental income or (loss). Subtract line 6b from line 6a

6c

7 Other investment income (describe)

7

8a Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

8a

b Less: cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) Combine line 8c, columns (A) and (B)

8d

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐a Gross revenue (not including \$ of contributions
reported on line 1b)

9a

b Less: direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events. Subtract line 9b from line 9a

9c

10a Gross sales of inventory, less returns and allowances

10a

b Less: cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a

10c

11 Other revenue (from Part VII, line 103)

11

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

12

954,007.

13 Program services (from line 44, column (B))

13

969,149.

14 Management and general (from line 44, column (C))

14

42,361.

15 Fundraising (from line 44, column (D))

15

94,509.

16 Payments to affiliates (attach schedule)

See Statement 1

16

9,262.

17 Total expenses. Add lines 16 and 44, column (A)

17

1,115,281.

18 Excess or (deficit) for the year. Subtract line 17 from line 12

18

-161,274.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19

456,643.

20 Other changes in net assets or fund balances (attach explanation)

20

21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20

21

295,369.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here ☐	22a			
22b Other grants and allocations (att sch) See Stmt 2 (cash \$ 785,371. non-cash \$ _____) If this amount includes foreign grants, check here ☐	22b 785,371.	785,371.		
23 Specific assistance to individuals (attach schedule) St 3	23 79,140.	79,140.		
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 86,074.	47,341.	12,911.	25,822.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26 54,846.	29,650.	7,705.	17,491.
27 Pension plan contributions not included on lines 25a, b, and c	27 13,584.	4,754.	2,038.	6,792.
28 Employee benefits not included on lines 25a - 27	28 14,292.	4,938.	2,207.	7,147.
29 Payroll taxes	29 10,756.	3,783.	1,577.	5,396.
30 Professional fundraising fees	30			
31 Accounting fees	31 8,300.		8,300.	
32 Legal fees	32			
33 Supplies	33 6,709.	708.	552.	5,449.
34 Telephone	34 2,735.	896.	525.	1,314.
35 Postage and shipping	35 2,881.	919.	246.	1,716.
36 Occupancy	36 9,000.	3,150.	1,350.	4,500.
37 Equipment rental and maintenance	37			
38 Printing and publications	38 7,786.	1,172.	233.	6,381.
39 Travel	39 1,943.	504.	187.	1,252.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 6,667.	3,089.	1,917.	1,661.
43 Other expenses not covered above (itemize):				
a See Statement 4	43a 15,935.	3,734.	2,613.	9,588.
b -----	43b			
c -----	43c			
d -----	43d			
e -----	43e			
f -----	43f			
g -----	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 1,106,019.	969,149.	42,361.	94,509.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ See Statement 5

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

a See Statement 6

(Grants and allocations \$) If this amount includes foreign grants, check here. ▶ ☐

969,149.

b

(Grants and allocations \$) If this amount includes foreign grants, check here. ▶ ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here. ▶ ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here. ▶ ☐

e

Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here. ▶ ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ 969,149.

BAA

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	390,337.	45	342,696.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 3,486.		
	b Less: allowance for doubtful accounts	47b	251.	47c 3,486.
	48a Pledges receivable	48a 400,939.		
	b Less: allowance for doubtful accounts	48b 78,000.	405,949.	48c 322,939.
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	234,855.	52	166,792.
	53 Prepaid expenses and deferred charges	3,350.	53	4,913.
	54a Investments — publicly-traded securities	☐ Cost ☐ FMV	54a	
	b Investments — other securities (attach sch)	☐ Cost ☐ FMV	54b	
55a Investments — land, buildings, & equipment: basis	55a 39,157.			
b Less: accumulated depreciation (attach schedule)	55b 27,575.	12,783.	55c 11,582.	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation (attach schedule)	57b	57c		
58 Other assets, including program-related investments (describe ►		58		
59 Total assets (must equal line 74). Add lines 45 through 58	1,047,525.	59	852,408.	
LIABILITIES	60 Accounts payable and accrued expenses	2,946.	60	10,796.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ► <u>See Statement 8</u>	587,936.	65	546,243.
	66 Total liabilities. Add lines 60 through 65	590,882.	66	557,039.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	281,254.	67	182,734.
	68 Temporarily restricted	175,389.	68	112,635.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	456,643.	73	295,369.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,047,525.	74	852,408.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	747,974.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): See Stmt 9	b4	-206,033.
	Add lines b1 through b4	b	-206,033.
c	Subtract line b from line a	c	954,007.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	954,007.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	909,248.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): See Stmt 10	b4	-206,033.
	Add lines b1 through b4	b	-206,033.
c	Subtract line b from line a	c	1,115,281.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	1,115,281.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
KYMN DAVIDSON-HAMLEY PO BOX 6202 CHRISTIANSBURG, VA 24068	Executive Direc 40.00	52,373.	5,735.	0.
JOHN PEEPLES PO BOX 6202 CHRISTIANSBURG, VA 24068	CFO 40.00	33,701.	3,839.	0.
SEE ATTACHED	0	0.	0.	0.

Yes	No
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	Yes	No

75b	X
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75c		X
-----	--	---

75d	X	
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Other

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
None				

Yes	No
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	Yes	No
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77		Υ

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50		11
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78a		X

78b	N/A
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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79		X
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80 a	X
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81 a 0

81b	X
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Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c

X

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					14,300.
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					14,300.
105 Total (add line 104, columns (B), (D), and (E))					14,300.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <i>Kym D. Davidson-Hamley</i>	Date 3/8/10
Paid Preparer's Use Only	Type or print name and title Kym D. Davidson-Hamley, Executive Director	
	Preparer's signature <i>[Signature]</i>	Date 3/4/10
	Firm's name (or yours if self-employed), address, and ZIP + 4 PHILLIP N. MARTIN CPA, LLC PO BOX 6092 CHRISTIANBURG, VA 24068-6092	Check if self-employed ☐ Preparer's SSN or PTIN (See General Instruction X) 700789008
		EIN 74-3240667 Phone no (540) 381-2340

BAA

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under**
Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),**
501(n), or 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information — (See separate instructions.)****▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545-0047

2007Name of the organization **UNITED WAY OF MONTGOMERY, RADFORD**
AND FLOYD, INC.Employer identification number
54-0739250**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	0			

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	0	

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	0	

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. **\$ N/A**
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

See Form 990, Part V

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement.

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b N/A

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c N/A

d Enter the total number of donor advised funds owned at the end of the tax year

N/A

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year.

N/A

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.

0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

0.

Part IV Reason for Non-Private Foundation Status (See instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,254,723.	1,022,173.	946,536.	734,739.	3,958,171.
16 Membership fees received.					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0.
18 Gross income from interest, dividends, ams rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	9,555.	9,674.	5,939.	5,636.	30,804.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23 Total of lines 15 through 22	1,264,278.	1,031,847.	952,475.	740,375.	3,988,975.
24 Line 23 minus line 17	1,264,278.	1,031,847.	952,475.	740,375.	3,988,975.
25 Enter 1% of line 23	12,643.	10,318.	9,525.	7,404.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test: Enter line 24, column (e)					
d Add: Amounts from column (e) for lines:					
18	30,804.	19			
22		26b			
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:					
(2006)	(2005)	(2004)	(2003)		
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2006)	(2005)	(2004)	(2003)		
c Add: Amounts from column (e) for lines:					
15	16				
17	20	21			
d Add: Line 27a total					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V**Private School Questionnaire** (See instructions.)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked 'a' and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures.	39		
40 Total exempt purpose expenditures (add lines 38 and 39).	40		
41 Lobbying nontaxable amount. Enter the amount from the following table —			
If the amount on line 40 is —	The lobbying nontaxable amount is —		
Not over \$500,000	20% of the amount on line 40.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41).	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines **c** through **h**.)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

2007

Federal Statements
UNITED WAY OF MONTGOMERY, RADFORD
AND FLOYD, INC.

Page 1

54-0739250

Statement 1
Form 990, Part I, Line 16
Payments to Affiliates

<u>Name and Address</u>	<u>Purpose of Payment</u>	<u>Amount</u>
UNITED WAY OF AMERICA		\$ 9,262.

Total \$ 9,262.

Statement 2
Form 990, Part II, Line 22b
Other Grants and Allocations

Cash Grants and Allocations

Amount Given: \$ 785,371.

Total Grants and Allocations \$ 785,371.

Statement 3
Form 990, Part II, Line 23
Specific Assistance to Individuals

HOUSING & RENTAL ASSISTANCE	\$ 771.
MISCELLANEOUS	451.
TRANSPORTATION	150.
UNITED IN CARING FUND	77,000.
UTILITIES	768.
Total	\$ <u>79,140.</u>

Statement 4
Form 990, Part II, Line 43
Other Expenses

	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management & General</u>	(D) <u>Fundraising</u>
CAMPAIGN KICKOFF	410.			410.
CHAMBER OF COMMERCE	255.	51.	38.	166.
COMMUNITY EVENTS	500.		500.	
COPY EXPENSE	499.	125.	50.	324.
LIABILITY INSURANCE	379.	133.	57.	189.
MISCELLANEOUS	1,422.	106.	128.	1,188.
OFFICE EQUIPMENT	1,404.	539.	334.	531.
RECOGNITION	1,653.	316.		1,337.
SERVICE CONTRACT	2,593.	648.	259.	1,686.
SUBSCRIPTIONS	1,295.	159.	142.	994.

Federal Statements
UNITED WAY OF MONTGOMERY, RADFORD
AND FLOYD, INC.

Statement 4 (continued)
Form 990, Part II, Line 43
Other Expenses

	(A)	(B)	(C)	(D)
	<u>Total</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
UTILITIES	5,525.	1,657.	1,105.	2,763.
Total	\$ <u>15,935.</u>	\$ <u>3,734.</u>	\$ <u>2,613.</u>	\$ <u>9,588.</u>

Statement 5
Form 990, Part III
Organization's Primary Exempt Purpose

THE UNITED WAY OF MONTGOMERY, RADFORD AND FLOYD, INC. IS A LOCAL COMMUNITY-BASED, VOLUNTARY, NON-PROFIT CHARITY THAT PARTNERS WITH BUSINESSES, INDIVIDUALS, COMMUNITY VOLUNTEERS, LOCAL CHARITIES AND OTHERS TO STRENGTHEN THE LOCAL COMMUNITY THROUGH BUILDING AND SUPPORTING HEALTH AND HUMAN RESOURCES.

Statement 6
Form 990, Part III, Line a
Statement of Program Service Accomplishments

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
COMMUNITY-WIDE CHARITABLE CAMPAIGN. Includes Foreign Grants: No		57,219.
INVESTING IN SIX DEFINED HUMAN SERVICE COMMUNITY IMPACT AREAS MANAGED BY TEAMS OF LOCAL COMMUNITY VOLUNTEERS. THE SIX COMMUNITY IMPACT AREAS ARE: BASIC NEEDS (FOOD, CLOTHING, SHELTER); CHILDREN & FAMILIES IN CRISIS; EMERGENCY CARE & TRAINING; HEALTH CARE & COUNSELING FOR PERSONS IN NEED; QUALITY OF LIFE IMPROVEMENTS FOR DISABLED PERSONS; AND YOUTH DEVELOPMENT SERVICES. Includes Foreign Grants: No		308,979.
PROVIDING A DESIGNATION OPTION FOR DONORS WITHIN THE COMMUNITY-WIDE CAMPAIGN AND FACILITATING INCLUSION IN OTHERS (CVC, CFC, CARILION, AND OTHER UNITED WAYS) THAT ALLOWS DESIGNATIONS TO PARTNER AGENCIES AND OTHER CHARITABLE 501 (C) (3) ORGANIZATIONS. Includes Foreign Grants: No		232,795.
SERVING AS ADMINISTRATOR AND MANAGER OF THE FEMA EMERGENCY FOOD & SHELTER PROGRAM FOR MONTGOMERY COUNTY, FLOYD COUNTY AND RADFORD CITY. THESE FUNDS ASSISTED CITIZENS IN NEED OF FOOD AND SHELTER SERVICES. Includes Foreign Grants: No		52,757.
SERVED AS GIFTS IN-KIND COORDINATOR IN PROVIDING DONATED MERCHANDISE INCLUDING COMPUTER HARDWARE AND SOFTWARE, OFFICE FURNITURE, CLOTHING AND CHILDREN'S TOYS TO AREA NON-PROFITS AS FOLLOWS:		

Statement 6 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
DELL PRINTERS \$3,267 SANTA BEACONS \$5,766 PRESCRIPTION CARDS \$54,629 OFFICE SUPPLIES \$4,401 BED BATH & BEYOND \$24,196		92,259.
Includes Foreign Grants: No		
UNITED IN CARING FUND (UICF) WAS ESTABLISHED IN RESPONSE TO THE APRIL 16 VIRGINIA TECH TRAGEDY. ANTICIPATED TO BE DISPERSED IN MULTIPLE PHASES, THE FUND'S PRUPOSE IS TO SUPPORT THE IMMEDIATE NEEDS OF VICTIMS AND THEIR FAMILIES AND COMMUNITY-WIDE HEALING EFFORTS THROUGHOUT THE NEW RIVER VALLEY. UICF IS INTENDED TO FILL IN THE GAPS LEFT BY OTHER TRADITIONAL SOURCES OVER TIME.		225,140.
Includes Foreign Grants: No		
	\$ 0.	\$ 969,149.

Statement 7
Form 990, Part IV, Line 55b
Investments - Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	\$ 39,157.	\$ 27,575.	\$ 11,582.
Total	\$ 39,157.	\$ 27,575.	\$ 11,582.

Statement 8
Form 990, Part IV, Line 65
Other Liabilities

ALLOCATIONS AND DESIGNATIONS	\$ 546,243.
Total	\$ 546,243.

Statement 9
Form 990, Part IV-A, Line b(4)
Other Amounts

DONOR DESIGNATIONS	\$ -206,033.
Total	\$ -206,033.

2007

Federal Statements
UNITED WAY OF MONTGOMERY, RADFORD
AND FLOYD, INC.

Page 4

54-0739250

Statement 10
Form 990, Part IV-B, Line b(4)
Other Amounts

DONOR DESIGNATIONS	Total	\$ -206,033.
		<u>\$ -206,033.</u>

United Way of Montgomery, Radford & Floyd
Board of Directors, FY 2007-2008

Name, Address, and Title	Hours Per Week	Compensation	Contributions To Employee Benefit Plans	Expense Account/ Allowance
Mary D. Tabor 105 Arbor Drive Christiansburg, VA 24073	President As Needed	None	None	None
Erin Keister 2122 Kinser Court Christiansburg, VA 24073	Secretary As Needed	None	None	None
Tom Duetsch, Jr. 1064 Clubhouse Road Blacksburg, VA 24060	Treas./Finance Chair As Needed	None	None	None
Dixon Hanna 330 Burruss Hall -- MS 0132 Blacksburg, VA 24061	Immediate Past President As Needed	None	None	None
Anita Lilly 1750 Kraft Drive, Suite 2000 Blacksburg, VA 24060	Resource Development Chair As Needed	None	None	None
Adam Alexander 15 Spradlin Farms Dr. Christiansburg, VA 24073	Resource Development Vice Chair As Needed	None	None	None
Dawn Myers Crigger 1872 Pratt Dr., Suite 1000 Blacksburg, VA 24060	Community Investment Chair As Needed	None	None	None
Karen Cronin P.O. Box 271 Elliston, VA 24087	Communications/PR Chair As Needed	None	None	None
Elaine B. Gill 375 Hunters Path Christiansburg, VA 24073	Personnel Advisor As Needed	None	None	None
Nanci Hardwick 2200 Kraft Dr., Suite 1400 Blacksburg, VA 24060	Community Building Programs Chair As Needed	None	None	None

Statement

Form 990, Part III Organization's Primary Exempt Purpose

United Way of Montgomery, Radford & Floyd's community building efforts are focused on generating and providing our community with resources to build local support for human needs. The resources we contribute to our local community are funding, services, ideas, volunteers, information and referral, in-kind donations, collaborations, and more.

Statement

Form 990, Part III Statement of Program Service Accomplishments

In accordance with our stated primary exempt purpose, community building is accomplished in many ways. Highlights for the fiscal year ending June 30, 2008 include:

1. Conducting a community-wide charitable campaign that raised \$767,844.
2. Investing \$308,979 of non-designated charitable dollars into six defined human service community impact areas managed by teams of local community volunteers. The six community impact areas are: Basic Needs (Food, Clothing, Shelter); Children & Families In Crisis; Emergency Care & Training; Health Care & Counseling for Persons in Need; Quality of Life Improvements for Disabled Persons; and Youth Development Services.
3. Providing a designation option for donors within the community-wide campaign and facilitating inclusion in others (CVC, CFC, Carilion, other United Ways) that allows designations to partner agencies and other charitable 501(c)(3) organizations which resulted in the following:
 Partner Agency/program designations: \$188,920
 Designations to other United Ways and all other charities: \$43,875
4. Serves as the administrator and manager of the FEMA Emergency Food & Shelter Program for Montgomery County, Floyd County, and Radford City. The funds for local food and shelter programs totaled \$52,757 in FY 2007-2008 further helping citizens in need of food and shelter services in the three jurisdictions.
5. Our efforts as the local Gifts In Kind Coordinator provided donated merchandise including computer hardware and software, office furniture, clothing, and children's toys to area non-profits valued at thousands of dollars. For example, \$4,401 of office supplies was distributed to local charities, helping some of them trim the need to expend valuable dollars on items like pens and markers.

UWMRF began participation in the national Gifts In Kind Retail Donation Partnership with Bed, Bath & Beyond in FY 2007-2008. This investment of \$400 resulted in a ROI of \$24,196 of valuable household goods inventory for partner agencies to help meet the needs of families and individuals on their way to self-sufficiency working with six different local agencies.

Our United Way became an official charitable Dell Printer Distributor in 2005-2006 in the national program receiving 657 Dell printers to distribute to charities and Title I.

schools in Southwestern Virginia and the surrounding regional area. As of June 30, 2008, a total of 501 of the printers had been distributed to such organizations with a small inventory being maintained as required to replace printers as they expire or malfunction.

A new gifts in kind program was launched in 06-07 with the agreement to become a distributor for Familywise Prescription Medication Discount Cards. 6,000 cards were provided by Membership Services Corporation at no cost to UWMRF, which otherwise cost \$29.95 to purchase. Approximately 1,824 cards were distributed to families and individuals, physicians, and human service organizations by in FY 2007-2008. The results of just 729 claims were savings of \$22,499 for these families and individuals for an average of 45% per claim or an average savings of \$21.31 per claim. This gives families and individuals resources to put towards other basic needs such as food, utilities, and clothing.

6. Our United Way provides Information and Referral services as well as case management services when it is clear an individual or family is in need of one and no other agency can serve them in that capacity. Typically handling 3-5 contacts a day, our office manages calls, emails, walk-ins, and other requests from individuals, families, organizations, and businesses seeking information on where to find help, who to call for services or other information, and coordinate or arrange service delivery (*An average of about 800 such contacts a year.*)

2007-2008 marked the third operational year for our local **Volunteer Solutions**, an online volunteer and donation matching program. By June 30, 2008 62 charities were registered listing more than 100 volunteer opportunities in the New River Valley. The program began it's partnership with the local university (Virginia Tech) volunteering initiative, VT Engage, and more community members accessed the service. By June 30, 2008 active referrals had increased to 1,023, and UWMRF was using Volunteer Solutions as a more sophisticated means of communications to involve local charities in more local opportunities to attract and recruit volunteers.

7. UWMRF utilized approximately 300 volunteers across the community in 2007-2008 who volunteered their time with company campaigns, the community campaign, community investment, Days of Caring, other volunteer projects, serving on the board and committees, and with other special activities involving United Way.
8. Some examples of UWMRF's community partner collaborations are: Co-sponsor of the National Association of Letter Carriers Spring Food Drive helping to bring in more than 10 tons of food in 2007-2008 for local food pantries; An anchor partner in the collaborative Emergency Christmas Assistance Program for local area resident children, which includes partnering with Target and local Christmas Tree farmers to provide donated Christmas trees to families in need; 3,834 Santa Beacons were distributed to Children's Christmas/Holiday programs; Helping local celebrity, Bill Roth hold a "Bill Roth United Way Kid's Day" program; and grant support to the Radford University Non-Profit Certification Program.

9. The United In Caring Fund was established in response to the April 16 Virginia Tech Tragedy. Anticipated to be dispersed in multiple phases, the fund's purpose is to support the immediate needs of victims and their families and community-wide healing efforts throughout the New River Valley. UICF is intended to fill in the gaps left by other traditional sources over time. Through generous donations from across the country a total of \$330,516 had been received into the UICF by June 30, 2008. By June 30, 2008 \$77,000 had been disbursed in assistance to victims and their families; and \$148,140 distributed in community-wide healing efforts (grants to community agencies helping in the local community). One more distribution phase will take place following analysis of a contracted survey.

The United in Caring Fund is guided by a volunteer committee of community leaders inclusive of the Blacksburg Ministerial Association, Virginia Tech Administration, a Virginia Tech student leader, the Commonwealth Attorney's office, American Red Cross, the Mental Health Association, United Way, and an advising attorney. The committee met regularly to review information and develop strategies to address the needs of victims, their families and community needs.

UWMRF worked with its community partners to implement an effective strategy for ongoing community healing. It became a part of the CHAT network – Community Healing After Tragedy, became a volunteer resource to recruit/supply specialized volunteers to emergency mental health responders, and provided information and support as necessary to victims and their families, other organizations, and the community at large as requested.

United Way of Montgomery, Radford & Floyd, Inc.

#54-0739250

June 30, 2008

Form 990 Part II, Line 22b - Non-Cash Distributions

Noncash distributions (Gifts in Kind)	Amount
Prescription Drug Discount Cards	\$ 54,629
Office Supplies	4,401
Dell Computer Printers	3,267
Santa Beacons	5,766
Bed Bath & Beyond - merchandise	24,196
Total Noncash Distributions	\$ 92,259

United Way of Montgomery, Radford & Floyd, Inc.

#54-0739250

June 30, 2008

Form 990 Part II, Line 22a & 22b - Grants & Allocations (Cash)

Allocations & Designations to Partner Agencies	Allocations	Designations	Total
American Red Cross - Montgomery / Floyd Chapter	\$ 16,250	\$ 5,309	\$ 21,559
American Red Cross Greater NRV Chapter	14,250	4,366	18,616
Beans & Rice	3,450	1,160	4,610
Big Brothers / Big Sisters of NRV	25,309	3,839	29,148
Blacksburg Volunteer Rescue Squad	0	10,366	10,366
Boy Scouts of America - Blue Ridge Mountains Council	3,226	7,855	11,081
Child Care Scholarship Fund	0	47	47
Children's Home Society of Virginia	8,563	1,200	9,763
CHIP of NRV	8,962	1,940	10,901
Community Housing Partners	10,184	2,790	12,974
Floyd County Emergency Assistance Program	5,200	3,988	9,188
Floyd County Fire Department	8,500	4,927	13,427
Floyd Recreation Youth Assistance Program	0	416	416
Free Clinic of the NRV	65,992	17,177	83,169
Girl Scouts of VA Skyline Council	509	1,294	1,802
Goodwill Industries of the Valleys	0	3,842	3,842
Habitat for Humanity	0	15,544	15,544
Homeless Intervention Program	4,785	1,646	6,431
Intellectual Disabilities agency of the NRV	36,627	4,218	40,845
Literacy Volunteers of the NRV	17,387	3,232	20,619
Med-Ride of the NRV	7,464	2,536	10,000
Mental Health Association of the NRV	48,230	7,531	55,762
Montgomery County Emergency Assistance Program	538	12,818	13,356
New River Family Shelter	3,524	6,844	10,368
NRV C.A.R.E.S.	13,453	9,952	23,405
NRV Senior Services	0	4,949	4,949
Radford / Fairlawn Daily Bread	0	5,629	5,629
Radford Clothing Bank	5,777	4,382	10,159
Radford Meals on Wheels	0	3,179	3,179
Roanoke Valley Speech & Hearing	500	0	500
Women's Resource Center of the NRV	0	32,020	32,020
Total Allocations & Designations to Partner Agencies	308,678	184,997	493,676
Designations to Other Organizations	0	47,798	47,798
TOTAL Grants and Allocations	\$ 308,678	\$ 232,795	\$ 541,474

United Way of Montgomery, Radford & Floyd, Inc.

#54-0739250

June 30, 2008

Form 990 Part I, Line 16 - Payments to Affiliates

Payment to Affiliates	Amount
United Way of America	9,264
Total Payment to Affiliates	9,264