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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2008**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A** For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09****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 Instructions.

C Name of organization**United Way of Washington County Inc**

Number and street (or P O box, if mail is not delivered to street address)

1173 W Main Street, P.O. Box 644

Room/suite

City or town, state or country, and ZIP + 4

Abingdon**VA 24212****D** Employer identification number**54-0718860****E** Telephone number**276-628-2160****F** Group Exemption Number

▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual

Other (specify) ▶

I Website: ▶ **www.washingtoncountyunitedway.com****J** Organization type (check only one) ☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 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** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **956,801****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	938,887
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	13,083
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b	Less direct expenses other than fundraising expenses	6b	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ See Statement 1)	8	4,831
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	956,801
	Expenses	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	96,626
13		Professional fees and other payments to independent contractors	13	6,468
14		Occupancy, rent, utilities, and maintenance	14	14,637
15		Printing, publications, postage, and shipping	15	5,761
16		Other expenses (describe ▶ See Statement 3)	16	46,208
17		Total expenses. Add lines 10 through 16	17	835,226
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	121,575
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	331,994
	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 through 20	21	453,569

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	416,138	481,321
23 Land and buildings	3,620	2,952
24 Other assets (describe ▶ See Statement 4)	214,033	237,773
25 Total assets	633,791	722,046
26 Total liabilities (describe ▶ See Statement 5)	301,797	268,477
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	331,994	453,569

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

Form 990-EZ (2008)

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 See Statement 6

▶

28a

790,388

29

(Grants \$) If this amount includes foreign grants, check here

▶ ☐

29a

30

(Grants \$) If this amount includes foreign grants, check here

▶ **Table 1**

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

▶

31a

32 Total program service expenses (add lines 28a through 31a)

▶

790,388

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a ; section 4955 40a		
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed 41 None		
42a The books are in care of 42a TRAVIS W. STATON Telephone no 42a 276-628-2160 1173 W MAIN STREET Located at 42a ABINGDON, VA ZIP + 4 42a 24212		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country: 42b		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country 42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 43 <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

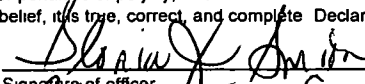
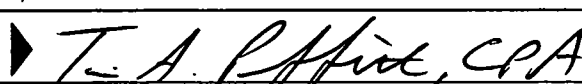
	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 ▶		

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		12-17-09 Date	
	Treva K Smith Treasurer Type or print name and title			
Paid Preparer's Use Only	Preparer's signature 	Date 12/17/09	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.) P00824433
	Firm's name (or yours if self-employed) Keen, Proffitt & Co., P.C.			EIN ▶ 26-1508076
	address, and ZIP + 4 468 Main St E # 317a Abingdon, VA 24210-3497			Phone no ▶ 276-676-3004
May the IRS discuss this return with the preparer shown above? See instructions ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE A
(Form 990 or 990-EZ)**Public Charity Status and Public Support**

OMB No 1545-0047

2008Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceTo be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

United Way of Washington County IncEmployer identification number
54-0718860**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)The organization is not a private foundation because it is. (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally Integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	358,770	268,910	363,955	459,777	938,887	2,390,299
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	358,770	268,910	363,955	459,777	938,887	2,390,299
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						38,313
6 Public support. Subtract line 5 from line 4						2,351,986

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	358,770	268,910	363,955	459,777	938,887	2,390,299
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,083	9,525	12,486	15,250	13,083	55,427
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	317	1,194	3,277	3,991	4,831	13,610
11 Total support. Add lines 7 through 10						2,459,336
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	95.6350 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	97.4634 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Part II, Line 10 - Other Income Detail

Administrative fees	\$	13,610
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Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue**

<u>Description</u>	<u>Amount</u>
Administrative fees	\$ <u>4,831</u>
Total	\$ <u><u>4,831</u></u>

UWWC8860 United Way of Washington County Inc
54-0718860
FYE: 6/30/2009

Federal Statements

12/17/2009 11:10 AM

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Description of Property	Cash Contribution	Relationship to Organization	Noncash Contribution	Book Value	Class of Activity	Book Value Explanation	FMV Explanation	Date of Gift	Purpose
PEOPLE INCORPORATED OF VIRGINIA 1173 West Main Street ABINGDON, VA 24210		68,305				SELF SUFFICIENCY				PROGRAM SERVICES
PEOPLE INCORPORATED OF VIRGINIA 1173 West Main Street ABINGDON, VA 24210		72,670				HELPING YOUTH				PROGRAM SERVICES
PEOPLE INCORPORATED OF VIRGINIA 1173 West Main Street ABINGDON, VA 24210		12,150				HEALTH & WELLNESS				PROGRAM SERVICES
APPALACHIAN INDEPENDANCE CENTER 230 Charwood Drive Abingdon, VA 24210		17,700				SELF SUFFICIENCY			2/17/09	PROGRAM SERVICES
DAMASCUS SENIOR CENTER P.O. Box 637 Damascus, VA 24236		20,400				SELF SUFFICIENCY			2/17/09	PROGRAM SERVICES

Federal Statements

12/17/2009 11:10 AM

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)

Name and Address	Relationship to Organization		Class of Activity		Date of Gift	Purpose
	Description of Property	Cash Contribution	Noncash Contribution	Book Value		
HIGHLANDS EDUCATIONAL P.O. Box 2044 Abingdon, VA 24212		8,000		SELF SUFFICIENCY	2/17/09	PROGRAM SERVICES
FRONTIER HEALTH 498 Industrial Drive Bristol, TN 37620		17,190		SELF SUFFICIENCY	2/17/09	PROGRAM SERVICES
RSVP - DISTRICT 3 4453 Lee Highway Marion, VA 24354		6,000		SELF SUFFICIENCY	2/17/09	PROGRAM SERVICES
SENIOR SERVICES P.O. Box 1221 Abingdon, VA 24212		84,500		SELF SUFFICIENCY	2/17/09	PROGRAM SERVICES
APPALACHIAN GIRL SCOUT COUNCIL P.O. Box 3100 CRS Johnson City, TN 37602		10,000		HELPING YOUTH	2/17/09	PROGRAM SERVICES

Federal Statements

12/17/2009 11:10 AM

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)

Description of Property	Name and Address	Relationship to Organization		Class of Activity		Date of Gift		Purpose
		Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	FMV Explanation	
BIG BROTHERS/BIG SISTERS 114 Court Street Abingdon, VA 24210		45,000			HELPING YOUTH	2/17/09		PROGRAM SERVICES
WASHINGTON CO 4-H PROGRAM 234 W Valley Street Abingdon, VA 24210		8,000			HELPING YOUTH	2/17/09		PROGRAM SERVICES
RIVERS WAY 889 Stoney Hollow Road Bluff City, TN 37618		6,000			HELPING YOUTH	2/17/09		PROGRAM SERVICES
BOYS & GIRLS CLUB P.O. Box 1074 Bristol, VA 24203		7,200			HELPING YOUTH	2/17/09		PROGRAM SERVICES
ABUSE ALTERNATIVES 104 Memorial Drive Bristol, TN 37620		20,850			CRISIS RECOVERY	2/17/09		PROGRAM SERVICES

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)

Description of Property	Name and Address	Relationship to Organization		Class of Activity	Date of Gift		Purpose
		Cash Contribution	Noncash Contribution		Book Value	Book Value Explanation	
AMERICAN RED CROSS 14298 Lee Highway Bristol, VA 24202		34,500		CRISIS RECOVERY	2/17/09	FMV Explanation	PROGRAM SERVICES
CHILDREN'S ADVOCACY CENTER P.O. Box 16231 Bristol, VA 24209		34,000		CRISIS RECOVERY	2/17/09		PROGRAM SERVICES
SALVATION ARMY P.O. Box 698 Abingdon, VA 24212		12,000		CRISIS RECOVERY	2/17/09		PROGRAM SERVICES
THE CRISIS CENTER P.O. Box 642 Bristol, VA 24203		8,000		CRISIS RECOVERY	2/17/09		PROGRAM SERVICES
ECUMENICAL FAITH IN ACTION P.O. Box 2419 Abingdon, VA 24212		27,000		CRISIS RECOVERY	2/17/09		PROGRAM SERVICES

Federal Statements

12/17/2009 11:10 AM

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)

Name and Address	Description of Property	Cash Contribution	Relationship to Organization		Class of Activity		Date of Gift		Purpose
			Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation			
SWVA SECOND HARVEST 1025 Electric Road Salem, VA 24153		15,300			CRISIS RECOVERY	2/17/09			PROGRAM SERVICES
BRISTOL REG SPEECH & HEARING 103 North Street, Ste B Bristol, VA 24201		6,000			HEALTH & WELLNESS	2/17/09			PROGRAM SERVICES
PHARMACY CONNECTION P.O. Box 2419 Abingdon, VA 24212		12,000			HEALTH & WELLNESS	2/17/09			PROGRAM SERVICES
CANCER OUTREACH FOUNDATION 206 Abingdon Place Abingdon, VA 24211		6,000			HEALTH & WELLNESS	2/17/09			PROGRAM SERVICES
CROSSROADS MEDICAL MISSION P.O. Box 16852 Bristol, VA 24209		9,000			HEALTH & WELLNESS	2/17/09			PROGRAM SERVICES

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)

Description of Property	Name and Address	Cash Contribution	Relationship to Organization	Class of Activity		Date of Gift	Purpose
				Noncash Contribution	Book Value	FMV Explanation	
UNITED WAY OF BRISTOL P.O. Box 696 Bristol, TN 37621		10,900		COMMUNITY SUPPORT			PROGRAM SERVICES
Total		578,665					

Federal Statements**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
Expenses	\$
	1,370
Campaign expense	29,417
Office expense	5,791
Dues	3,908
Insurance	2,611
Depreciation	1,517
Software support	1,394
State registration	200
Total	\$ 46,208

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Pledges Receivable	\$ 237,060	\$ 268,387
Less Allowance	26,000	35,000
Prepaid Expenses and Deferred Charges	2,973	2,982
Accrued interest receivable		1,404
	<u>214,033</u>	<u>237,773</u>

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	\$ 2,838	\$ 5,445
Grants Payable	251,187	241,294
Designations payable	47,772	21,738
	<u>301,797</u>	<u>268,477</u>

Federal Statements**Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description

VOLUNTARY HEALTH AND WELFARE AGENCY ESTABLISHED TO IMPROVE THE QUALITY OF LIFE FOR THOSE IN WASHINGTON COUNTY, VIRGINIA AND SURROUNDING AREA. FUNDRAISING CAMPAIGN FOR JUNE 30, 2009, GROSSED \$938,887 TO BE DISTRIBUTED AMONG 81 AGENCIES.

Federal Statements

Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key

Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Travis W. Staton 1173 W Main Street, P.O. Box 644 Abingdon, VA 24212	Executive Di	40	53,383	647	0
Tina M. Camper 1173 W Main Street, P.O. Box 644 Abingdon, VA 24212	Office Manag	40	29,942	1,823	0
Sam Cassell 13160 Monroe Road, P.O. Box 1063 Glade Spring, VA 24340	Director	1	0	0	0
Christianne E Parker 205 Academy Drive Abingdon, VA 24210	Director	1	0	0	0
Howard Bartholomay 14401 Industrial Park Road Bristol, VA 24202	Director	1	0	0	0
Garrett Jackson P.O. Box 789 Abingdon, VA 24212	Director	1	0	0	0
Suzanne G. Lay 179 East Main Street Abingdon, VA 24210	Director	1	0	0	0
Angie Wilson One Alpha Place, P.O. Box 1063 Abingdon, VA 24212	Director	1	0	0	0
Gloria J. Smith 667 West Main Street Abingdon, VA 24212	Treasurer	1	0	0	0

Federal Statements

Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Dr. Berkley Clear 19383 Stirrup Drive Abingdon, VA 24211	Director	1	0	0	0
George A. Owens, Jr. P.O. Box 2345 Abingdon, VA 24212	Director	1	0	0	0
Dr. Rosalind Reichard P.O. Box 947 Emory, VA 24327	President	1	0	0	0
Tammy Baumgardner P.O. Box 1158 Abingdon, VA 24212	Secretary	1	0	0	0
John W. Snodgrass P.O. Box 249 Abingdon, VA 24210	Asst Treasur	1	0	0	0
David Matlock P.O. Box 828 Abingdon, VA 24212	Director	1	0	0	0
Wayne Austin 189 East Valley Street Abingdon, VA 24210	Vice Preside	1	0	0	0
Linda Garnett Abingdon Elementary School Abingdon, VA 24210	Director	1	0	0	0
Sean McMurray Johnston Memorial Hospital Abingdon, VA 24210	Director	1	0	0	0

Federal Statements

Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Richard S. Buddington, Jr. Watson & Buddington P.C. Abingdon, VA 24210	Director	1	0	0	0
Kenneth Shuman Wells Fargo Insurance Services Abingdon, VA 24210	Director	1	0	0	0
Dr. Tom Graves Washington County Schools Abingdon, VA 24210	Director	1	0	0	0
Eva Beaulé 18370 Oak Park Drive Abingdon, VA 24210	Director	1	0	0	0
Sara R. Williams P.O. Box 1987 Abingdon, VA 24212	Director	1	0	0	0