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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

Open to Public Inspection**For the 2008 calendar year, or tax year beginning** 7/01, **2008, and ending** 6/30, **2009**

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.	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
			G Gross receipts \$ 1,169,452.
			F Name and address of principal officer Same As C Above
I Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If 'No,' attach a list (see instructions)	
J Website: ▶ WWW.UNITEDWAYNRV.ORG		H(c) Group exemption number ▶	
K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of Formation 1963	M State of legal domicile VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. <u>OUR MISSION IS TO UNITE LOCAL PEOPLE AND RESOURCES TO IMPROVE LIVES IN THE NEW RIVER VALLEY. THE RESOURCES WE CONTRIBUTE TO OUR LOCAL COMMUNITY ARE FUNDING, SEVICES, IDEAS, VOLUNTEERS, INFORMATION AND REFERRAL, IN-KIND DONATIONS, COLLABORATIONS, AND MORE.</u>			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	23	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	23	
	5	Total number of employees (Part V, line 2a)	7	
	6	Total number of volunteers (estimate if necessary)	275	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		939,707.	1,162,770.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,300.	6,682.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		954,007.	1,169,452.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		864,511.	916,460.
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		168,796.	197,202.
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 115,209.			
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		72,712.	87,879.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,115,281.	1,201,541.
	19 Revenue less expenses Subtract line 18 from line 12		-161,274.	-32,089.
	20 Total assets (Part X, line 16)		Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)		852,408.	734,490.
Net Assets or Fund Balances	22 Net assets or fund balances Subtract line 21 from line 20		557,039.	471,210.
			295,369.	263,280.

Part II Signature Block

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.		
	▶ <u>Kym D. Davidson-Hamley</u> Signature of officer	3-15-10 Date	
Paid Preparer's Use Only	▶ <u>Kym D. Davidson-Hamley</u> Type or print name and title		
	Preparer's signature ▶ <u>[Signature]</u>	Date 3/15/10	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4 PHILLIP N. MARTIN CPA, LLC PO BOX 6092 CHRISTIANSBURG, VA 24068-6092		Preparer's identifying number (see instructions) 800789008
			EIN ▶ 74-3240667 Phone no ▶ (540) 381-2340

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0112L 12/22/08

Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 260,100. including grants of \$) (Revenue \$)

IMPACT PROGRAM: COMMUNITY INVESTMENT. INVESTING NON-DESIGNATED CHARITABLE DOLLARS INTO FOUR DEFINED COMMUNITY AREAS: PROVIDING BASIC NEEDS & SELF SUFFICIENCY; STRENGTHENING FAMILIES; PROMOTING HEALTH, HEALTH & CRISIS INTERVENTION; AND DEVELOPING CHILDREN & YOUTH.

4b (Code:) (Expenses \$ 188,923. including grants of \$) (Revenue \$)

IMPACT PROGRAM: PROVIDE A DESIGNATION OPTION FOR DONORS WITHIN THE COMMUNITY-WIDE CAMPAIGN AND FACILITATING INCLUSION IN OTHERS (CVC, CFC, CARILIIION, AND OTHER UNITED WAYS) THAT ALLOWS DESIGNATIONS TO PARTNER AGENCIES AND OTHER ELIGIBLE CHARITABLE ORGANIZATIONS.

4c (Code:) (Expenses \$ 459,188. including grants of \$) (Revenue \$)

IMPACT PROGRAM: COORDINATION AND FACILITATION OF LOCAL AND OTHER GIFTS-IN-KIND BENEFITING ELIGIBLE CHARITABLE ORGANIZATIONS. INCLUDES OFFICE SUPPLIES, COMPUTER EQUIPMENT, HOUSEHOLD GOODS, PRESCRIPTION MEDICATION DISCOUNT CARDS, AND OTHER DONATED GOODS.

4d Other program services (Describe in Schedule O) See Schedule O

(Expenses \$ 115,218. including grants of \$) (Revenue \$)

4e Total program service expenses ▶ \$ 1,023,429. (Must equal Part IX, Line 25, column (B).)

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)? <i>If 'Yes,' complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If 'Yes,' complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If 'Yes,' complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? <i>If 'Yes,' complete Schedule J</i>		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, and that was issued after December 31, 2002? <i>If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		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? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.	1 a	0
1 b	Enter the number of Forms W-2G included in line 1 a. Enter -0- if not applicable.	1 b	0
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	
2 a	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.	2 a	7
2 b	If at least one is reported on line 2 a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2 a is greater than 250, you may be required to e-file this return (see instructions).	2 b	X
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3 a	X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3 b	
4 a	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)?	4 a	X
4 b	If 'Yes,' enter the name of the foreign country. ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	4 b	
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
5 c	If 'Yes,' to question 5 a or 5 b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c	
6 a	Did the organization solicit any contributions that were not tax deductible?	6 a	X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b	
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7 a	X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d	
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g	X
7 h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?	9 a	
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?	9 b	
10	Section 501(c)(7) organizations. Enter		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.	10 a	
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b	
11	Section 501(c)(12) organizations. Enter		
11 a	Gross income from other members or shareholders.	11 a	
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11 b	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b	

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Form 990 (2008)

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

		Yes	No
For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	23	
1b	Enter the number of voting members that are independent	23	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. See Schedule O.	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. See Schedule O.	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers of key employees of the organization? See Schedule O. Describe the process in Schedule O (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

▶ THE ORGANIZATION 111 WEST MAIN STREET CHRISTIANSBURG VA 24073 540-381-2066

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KYMN DAVIDSON-HAMLEY Executive Direc	48			X				53,159.	0.	0.
JOHN PEEPLES CFO	37.5				X			33,377.	0.	0.
STEPHANIE GRAHAM Director	37.5				X			28,946.	0.	0.
MARY TABOR President	5			X				0.	0.	0.
JAY JOHNSON President	5			X				0.	0.	0.
ZACK KYLE Vice President	3			X				0.	0.	0.
ERIN KEISTER Secretary	2.5			X				0.	0.	0.
TOM DUETSCH, JR Treasurer	7.5			X				0.	0.	0.
NACI HARDWICK Trustee	5	X						0.	0.	0.
KEVIN BRENNER Trustee	2.5	X						0.	0.	0.
VINOD CHACHRA Trustee	2.5	X						0.	0.	0.
DR J STEPHEN CHILDERS, JR Trustee	2.5	X						0.	0.	0.
WILLIAM GARDNER JR Trustee	2.5	X						0.	0.	0.
DIXON HANNA Trustee	5	X						0.	0.	0.
STEVE MOURAS Trustee	5	X						0.	0.	0.
DAVID POTEET, II Trustee	2.5	X						0.	0.	0.
LARA RAMSEY Trustee	5	X						0.	0.	0.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR JEFFREY STEWART Trustee	1	X						0.	0.	0.
BRIAN TICKLE Trustee	1	X						0.	0.	0.
CORNELIA UNDERWOOD Trustee	2.5	X						0.	0.	0.
WENDELL VEST Trustee	2.5	X						0.	0.	0.
ADAM ALEXANDER Trustee	5	X						0.	0.	0.
ANITA LILLY Trustee	5	X						0.	0.	0.
DAWN MYERS CRIGGER Trustee	5	X						0.	0.	0.
KAREN CRONIN Trustee	5	X						0.	0.	0.
ELAINE GILL Trustee	5	X						0.	0.	0.
1 b Total								115,482.	0.	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **0**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,162,770.				
	g Noncash contribns included in lns 1a-1f	\$ 495,366.				
h Total. Add lines 1a-1f			1,162,770.			
PROGRAM SERVICE REVENUE	2a _____		Business Code			
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)			6,682.	6,682.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real	(ii) Personal			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			1,169,452.	6,682.	0.	0.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	913,211.	913,211.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,249.	3,249.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	115,482.	50,812.	16,167.	48,503.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	39,487.	17,374.	5,529.	16,584.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,415.	6,937.	2,312.	6,166.
9 Other employee benefits	15,043.	6,644.	2,256.	6,143.
10 Payroll taxes	11,775.	5,299.	1,766.	4,710.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	5,700.		5,700.	
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion	69.		69.	
13 Office expenses	3,209.	855.	654.	1,700.
14 Information technology				
15 Royalties				
16 Occupancy	9,751.	4,388.	1,463.	3,900.
17 Travel	868.	129.	196.	543.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	8,114.	2,029.	1,217.	4,868.
22 Depreciation, depletion, and amortization	2,329.		2,329.	
23 Insurance	2,323.	1,143.	354.	826.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a COMMUNITY EVENTS	12,306.		12,306.	
b Printing and Publications	7,525.	55.	11.	7,459.
c COMMUNICATION EXPENSE	6,375.	894.	4,155.	1,326.
d SERVICE CONTRACT	6,361.	826.	3,503.	2,032.
e UTILITIES	4,735.	2,131.	710.	1,894.
f All other expenses	18,214.	7,453.	2,206.	8,555.
25 Total functional expenses. Add lines 1 through 24f	1,201,541.	1,023,429.	62,903.	115,209.
26 Joint Costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	342,696.	1	205,972.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	322,939.	3	302,414.
	4 Accounts receivable, net	3,486.	4	4,450.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	166,792.	8	202,970.
	9 Prepaid expenses and deferred charges	4,913.	9	3,071.
	10a Land, buildings, and equipment: cost basis	40,722.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	25,109.	10c	15,613.
	11 Investments — publicly-traded securities		11.	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34).	852,408.	16	734,490.	
LIABILITIES	17 Accounts payable and accrued expenses	10,796.	17	10,578.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	3,893.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	546,243.	25	456,739.
	26 Total liabilities. Add lines 17 through 25	557,039.	26	471,210.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	182,734.	27	156,729.
	28 Temporarily restricted net assets	112,635.	28	106,551.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	295,369.	33	263,280.
	34 Total liabilities and net assets/fund balances.	852,408.	34	734,490.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If 'Yes,' did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

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Form 990 (2008)

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 'unusual grants'.)	946,536.	1,022,173.	1,254,723.	939,707.	1,162,770.	5,325,909.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 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.
4 Total. Add lines 1-3	946,536.	1,022,173.	1,254,723.	939,707.	1,162,770.	5,325,909.
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)						0.
6 Public support. Subtract line 5 from line 4						5,325,909.

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	946,536.	1,022,173.	1,254,723.	939,707.	1,162,770.	5,325,909.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,939.	9,674.	9,555.	14,300.	6,682.	46,150.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10						5,372,059.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

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 ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.1 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	99.2 %

16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☒

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 ☐

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 ☐

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 ☐

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. ☐

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Schedule A (Form 990 or 990-EZ) 2008

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 yr 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 "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 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 yr 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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 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 ☐						

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 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)

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF MONTGOMERY, RADFORD
AND FLOYD, INC.**

Employer identification number
54-0739250

Form 990, Part III, Line 1 - Organization Mission

OUR MISSION IS TO UNITE LOCAL PEOPLE AND RESOURCES TO IMPROVE LIVES IN THE NEW RIVER VALLEY. THE RESOURCES WE CONTRIBUTE TO OUR LOCAL COMMUNITY ARE FUNDING, SERVICES, IDEAS, VOLUNTEERS, INFORMATION AND REFERRAL, IN-KIND DONATIONS, COLLABORATIONS, AND MORE.

Form 990, Part III, Line 4d - Other Program Services Description

THE ORGANIZATION SERVES AS THE ADMINISTRATOR AND MANAGER OF THE EMERGENCY FOOD & SHELTER PROGRAM FOR MONTGOMERY COUNTY, FLOYD COUNTY, AND RADFORD CITY. THE FUNDS ADMINISTERED AND MANAGED FOR LOCAL FOOD AND SHELTER PROGRAMS TOTALED \$114,041 IN FISCAL YEAR 2008-2009 FURTHER HELPING CITIZENS IN NEED OF FOOD AND SHELTER SERVICES IN THESE THREE JURISDICTIONS.

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements**Attach to Form 990. To be completed by organizations that
answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545 0047

2008**Open to Public
Inspection**

UNITED WAY OF MONTGOMERY, RADFORD

Employer identification number

54-0739250

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if
the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations

- d** ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- c** Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	40,722.		25,109.	15,613.
e Other				

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ▶ 15,613.

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Schedule D (Form 990) 2008

Part VII	Investments—Other Securities See Form 990, Part X, line 12.	N/A
-----------------	--	-----

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990 Part X, col (B) line 12) ▶		

Part VIII	Investments—Program Related (See Form 990, Part X, line 13)	N/A
------------------	--	-----

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total Column (b)(should equal Form 990, Part X, Col (B) line 13)		

Part IX	Other Assets (See Form 990, Part X, line 15)	N/A
----------------	---	-----

[illegible]

Part X	Other Liabilities (See Form 990, Part X, line 25)
---------------	--

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ALLOCATIONS AND DESIGNATIONS	456,739.
Total. Column (b) Total (should equal Form 990, Part X, col (B) line 25)	456,739.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,169,452.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,201,541.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-32,089.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4-8	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	-32,089.

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

1	Total revenue, gains, and other support per audited financial statements	1	980,529.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) See Part XIV	2d	-188,923.
e	Add lines 2a through 2d	2e	-188,923.
3	Subtract line 2e from line 1	3	1,169,452.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,169,452.

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

1	Total expenses and losses per audited financial statements	1	1,012,618.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV) See Part XIV	2d	-188,923.
e	Add lines 2a through 2d	2e	-188,923.
3	Subtract line 2e from line 1	3	1,201,541.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,201,541.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Part XIV	Supplemental Information <i>(continued)</i>
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2008

Schedule D, Part XIV - Supplemental Information

Page 6

UNITED WAY OF MONTGOMERY, RADFORD
AND FLOYD, INC.

54-0739250

Schedule D, Part XII, Line 2d
Other Revenue Included In F/S But Not Included On Form 990

DONOR DESIGNATIONS

Total \$ -188,923.
\$ -188,923.

Schedule D, Part XIII, Line 2d
Other Expenses And Losses Per Audited F/S

DONOR DESIGNATIONS

Total \$ -188,923.
\$ -188,923.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.**

▶ Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF MONTGOMERY, RADFORD

Part I General Information on Grants and Assistance

Employer identification number

54-0739250

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS OF MONTGOMERY/FLOYD 53-0196605			6,129.	0.			
BLACKSBURG, VA 24060							
AMERICAN RED CROSS-GREATER NRV CHAPTER 54-0550300			14,821.	0.			
RADFORD, VA 24141							
BIG BROTHERS/BIG SISTERS 1999 SOUTH MAIN STREET, SUITE 304	54-0837136		26,287.	0.			
BLACKSBURG VOLUNTEER RESCUE SQUAD	54-1956533		14,107.	0.			
BOY SCOUTS OF AMERICA-BLUE RIDGE MTN	54-0912706		10,384.	0.			
CHILDREN'S HOME SOCIETY OF VA 4200 FITZHUGH AVENUE	54-0793072		6,343.	0.			
CHIP OF THE NRV 644 WEST MAIN STREET	54-0793072		8,781.	0.			
FLOYD COUNTY EMERGENCY ASSISTANCE PGRM 54-0793072			10,389.	0.			

2 Enter total number of section 501(c)(3) and government organizations

23

3 Enter total number of other organizations

1

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

TEEA3901L 12/19/08

Schedule I (Form 990) 2008

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. -
Use Schedule I-1 (Form 990) if additional space is needed.

(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 non-cash assistance
EMERGENCY REQUESTS		2,000.			
SPECIAL ASSISTANCE		1,249.			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.				

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF MONTGOMERY, RADFORD

Employer identification number

54-0739250

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FLOYD COUNTY FIRE DEPT PO BOX 33 FLOYD, VA	51-0214464		11,931.				
FREE CLINIC OF THE NEW RIVER VAL 215 ROANOKE STREET CHRISTIANSBURG, VA 24073	51-0247098		86,093.				
HOMELESS INTERVENTION PROGRAM 644 WEST MAIN STREET	54-0793072		5,084.				
INTELLECTUAL DISABILITIES AGENCY							
	54-0916058		40,000.				
LITERACY VOLUNTEERS OF THE NRV 195 WEST MAIN STREET	54-1244493		18,944.				
MED-RITE OF THE NRV 141 WEST MAIN STREET, SUITE 500	54-1022999		7,561.				
MENTAL HEALTH ASSOC OF THE NRV 303 CHURCH STREET BLACKSBURG, VA 24060	31-1579158		49,928.				
MISC							
				459,188.			
MONTGOMERY COUNTY EMERGENCY ASSI			19,005.				
	51-0163667		18,063.				

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

Employer identification number

54-0739250

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)
---------------	---

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NEW RIVER FAMILY SHELTER 110 ROANOKE STREET CHRISTIANSBURG, VA 24073	54-1506647		10,651.				
NRV CARES 205 WEST MAIN STREET, SUITE 4	54-1773419		21,537.				
NRV SENIOR SERVICES 141 EAST MAIN ST, SUITE 500	54-1022999		5,897.				
RADFORD CLOTHING BANK PO BOX 994 RADFORD, VA 24141	54-1485618		9,683.				
UNITED FUND OF GILES COUNTY 1320 WENONAH AVENUE	54-6060468		5,080.				
UNITED WAY OF PULASKI PO BOX 2189 PULAKSI, VA	54-6054898		11,895.				
WOMEN'S RESOURCE CENTER OF THE N RADFORD, VA 24141	54-1121334		35,430.				
2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

► To be completed by organizations that answered 'Yes'
on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF MONTGOMERY, RADFORD
AND FLOYD, INC.**

Employer identification number
54-0739250

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		46,116.	RETAIL VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (MED DISC CARDS)	X	15000	449,250.	RETAIL VALUE
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29 22

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a		X
33		

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Schedule M (Form 990) 2008

This image shows a full page of handwriting practice paper. It features 20 evenly spaced horizontal dashed lines across the entire width of the page, providing a guide for letter height and placement. The background is plain white, and there are no margins or additional markings.

Name of the organization UNITED WAY OF MONTGOMERY, RADFORD
AND FLOYD, INC.

Employer identification number
54-0739250

Form 990, Part III, Line 4d - Other Program Services Description (continued)

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 (THE ORGANIZATION ESTIMATES ABOUT 750 CONTACTS FOR 2008-2009).

COMMUNITY COLLABORATION: SOME EXAMPLES OF THE ORGANIZATION'S COMMUNITY PARTNER COLLABORATIONS ARE: CO-SPONSOR OF THE NATIONAL ASSOCIATION OF LETTER CARRIERS SPRING FOOD DRIVE HELPING BRING IN ABOUT 9 TONS OF FOOD IN 2008-2009 FOR LOCAL FOOD PANTRIES; 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 TREES TO FAMILIES IN NEED; 3,657 SANTA BEACONS WERE DISTRIBUTED TO CHILDREN'S CHRISTMAS/HOLIDAY PROGRAMS; HELPING LOCAL CELEBRITY, BILL ROTH HOLD "BILL ROTH UNITED WAY KID'S DAY" PROGRAM; AND GRANT SUPPORT TO THE RADFORD UNIVERSITY NON-PROFIT CERTIFICATION PROGRAM.

THE ORGANIZATION UTILIZED APPROXIMATELY 275 VOLUNTEERS ACROSS THE COMMUNITY IN 2008-2009 WHO VOLUNTEERED THEIR TIME WITH COMPANY CAMPAIGNS, THE COMMUNITY CAMPAIGN, COMMUNITY INVESTMENT, DAYS OF CARING, AND OTHER VOLUNTEER PROJECTS, SERVING ON THE BOARD AND COMMITTEES, AND WITH OTHER SPECIAL ACTIVITIES INVOLVING THE UNITED WAY.

Form 990, Part VI, Line 10 - Form 990 Review Process

A COPY OF THE FORM 990 IS PROVIDED TO THE GOVERNING BODY BEFORE IT IS FILED. THE TREASURER AND EXECUTIVE TEAM ARE TO REVIEW AND APPROVE THE FORM 990 BEFORE IT IS

Name of the organization UNITED WAY OF MONTGOMERY, RADFORD
AND FLOYD, INC.

Employer identification number
54-0739250

Form 990, Part VI, Line 10 - Form 990 Review Process (continued)

FILED. THE APPROVAL MUST THEN BE RATIFIED BY THE FULL BOARD OF DIRECTORS.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

THE ORGANIZATION HAS POLICY REQUIRING INDIVIDUALS, WHO BELIEVE THEY HAVE A CONFLICT OF INTEREST, TO ACT FORMALLY AND WITHDRAW FROM ALL DISCUSSION, REVIEW AND FORMAL VOTES HELD IN CONNECTION WITH THE MATTER. DISCLOSURE AND WITHDRAWAL FROM ACTION SHOULD BE DOCUMENTED IN THE MINUTES, AND ARE ANNUALLY REQUIRED TO FILE A DISCLOSURE LETTER WITH THE PRESIDENT OF THE BOARD OF ALL KNOWN CONFLICTS OF INTEREST.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

PERSONNEL ADVISOR COMPILES COMPARABILITY DATA FROM UNITED WAY OF AMERICA RESOURCES AND LOCAL NON-PROFIT AND GOVERNMENTAL RESOURCES. THIS ADVISOR CONDUCTS AN EVALUATION OF THE EXECUTIVE DIRECTOR; THE EXECUTIVE DIRECTOR CONDUCTS EVALUATIONS OF OTHER KEY EMPLOYEES. COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS OF THE ORGANIZATION FOR THE EXECUTIVE DIRECTOR AND ALL KEY EMPLOYEES (SALARY). COMPENSATION IS REVIEWED ANNUALLY. THE BOARD OF DIRECTORS ARE VOLUNTEERS AND ARE NOT COMPENSATED.