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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type
See Specific Instructions**C Name of organization****UNITED WAY OF NORTHERN SHENANDOAH VALLEY, INC.****Doing Business As**

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

329 N CAMERON STREET

Room/suite

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

WINCHESTER, VA 22604**F Name and address of principal officer****JOSEPH SHTULMAN****SAME AS C ABOVE****D Employer identification number****54-0525106****E Telephone number****540-536-1610****G Gross receipts \$****1,116,518.****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)

H(c) Group exemption number ▶**I Tax-exempt status.** ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** **WWW.UNITEDWAYNSV.COM****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation:** **1946** **M State of legal domicile:** **VA****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities: TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHER						
2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets						
3	Number of voting members of the governing body (Part VI, line 1a)	3					
4	Number of independent voting members of the governing body (Part VI, line 1b)	4					
5	Total number of employees (Part V, line 2a)	5					
6	Total number of volunteers (estimate if necessary)	6					
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a					
b	Net unrelated business taxable income from Form 990-T, line 34	7b					
8	Contributions and grants (Part VIII, line 1h)		Prior Year		Current Year		
9	Program service revenue (Part VIII, line 2g)		979,060.		1,088,169.		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,741.		13,735.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,915.		6,962.		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		100.		1,101.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,002,816.		1,109,967.		
14	Benefits paid to or for members (Part IX, column (A), line 4)		832,774.		740,533.		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
16a	Professional fundraising fees (Part IX, column (A), line 11e)		220,594.		217,377.		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 57,220.						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		101,180.		69,761.		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,154,548.		1,027,671.		
19	Revenue less expenses. Subtract line 18 from line 12		<151,732.>		82,296.		
20	Total assets (Part X, line 16)		Beginning of Current Year		End of Year		
21	Total liabilities (Part X, line 26)		1,434,374.		1,492,477.		
22	Net assets or fund balances. Subtract line 21 from line 20		273,415.		297,930.		
			1,160,959.		1,194,547.		

Part II Signature Block

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.

Sign
Here

Signature of officer

Date

JOSEPH SHTULMAN, PRESIDENT AND CPO

Type or print name and title

Paid
Preparer's
Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Phone no. ▶ **540-662-7070**

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

☒ Yes ☐ No

932001 02-04-10

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

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE ORGANIZATION WORKS TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHER. IT CONDUCTS AN ANNUAL CAMPAIGN IN THE FALL OF EACH YEAR TO RAISE SUPPORT FOR ALLOCATION TO PARTICIPATING AGENCIES IN THE SUBSEQUENT FISCAL YEAR.

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 \$ 871,397. including grants of \$ 740,533.) (Revenue \$ 1,109,967.)

THE ORGANIZATION CONDUCTS AN ANNUAL CAMPAIGN TO BENEFIT ITS NONPROFIT MEMBER AGENCIES. ALLOCATIONS ARE PAID DIRECTLY TO THE NONPROFIT AGENCIES AND OTHER NONPROFIT ORGANIZATIONS. IT ALSO CONDUCTS COMMUNITY SERVICES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ \$ 871,397.

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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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</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 United States?		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 United States? <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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities 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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	22	
1b Enter the number of voting members that are independent	22	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b 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?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	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	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b 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?	16b	

Section C. Disclosure

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 - 540-536-1610
329 N CAMERON STREET, WINCHESTER, VA 22601

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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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 current officer, director, or trustee

(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			
JIM GAYNOR CHAIR	2.00	X						0.	0.	0.
PATTY TAYLOR 1ST VICE CHAIR	2.00	X						0.	0.	0.
KIM CRAIG SECRETARY	2.00	X						0.	0.	0.
RICK BROWN TREASURER	2.00	X						0.	0.	0.
KURT BEYREIS BOARD MEMBER	2.00	X						0.	0.	0.
BRYON GRIGSBY BOARD MEMBER	2.00	X						0.	0.	0.
SHAREN GROMLING BOARD MEMBER	2.00	X						0.	0.	0.
MAE R. JACKSON BOARD MEMBER	2.00	X						0.	0.	0.
RON JONES BOARD MEMBER	2.00	X						0.	0.	0.
RON KAPLAN BOARD MEMBER	2.00	X						0.	0.	0.
JOSE LARIOS BOARD MEMBER	2.00	X						0.	0.	0.
TERI LLOYD BOARD MEMBER	2.00	X						0.	0.	0.
JOHN MILLESON BOARD MEMBER	2.00	X						0.	0.	0.
MARY NORDMAN FUND DISTRIBUTION CHAIR	2.00	X						0.	0.	0.
CHUCK PETERSON MARKETING CHAIR	2.00	X						0.	0.	0.
AL PILONG BOARD MEMBER	2.00	X						0.	0.	0.
JOAN ROSCOE PERSONNEL CHAIR	2.00	X						0.	0.	0.

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

(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			
ELIZABETH SMOOT COMMUNITY SERVICE CHAIR	2.00	X						0.	0.	0.
JOHN WILLIAMS BOARD MEMBER	2.00	X						0.	0.	0.
AJAY VIRMANI BOARD MEMBER	2.00	X						0.	0.	0.
BILL WOLFE BOARD MEMBER	2.00	X						0.	0.	0.
JOSEPH SHTULMAN PRESIDENT & CPO	40.00			X				111,031.	0.	0.
1b Total								111,031.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- | | | |
|--|------------|-----------|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | Yes | No |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

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 **NONE**

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	36,684.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,051,485.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			1,088,169.			
Program Service Revenue	2 a <u>SERVICE FEE REVENUE</u>	Business Code 541900		13,735.	13,735.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			13,735.			
	3 Investment income (including dividends, interest, and other similar amounts)			6,962.			6,962.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a 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)						
	8 a Gross income from fundraising events (not including \$ 36,684. of contributions reported on line 1c). See Part IV, line 18	a		6,551.			
	b Less: direct expenses	b		6,551.			
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a 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			
	11 a <u>OTHER INCOME</u>		900099	1,101.	1,101.		
	b						
c							
d All other revenue							
e Total. Add lines 11a-11d			1,101.				
12 Total revenue. See instructions.			1,109,967.	14,836.	0.	6,962.	

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	740,533.	740,533.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	111,031.	68,389.	20,088.	22,554.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	71,328.	28,433.	26,976.	15,919.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,947.	3,688.	1,793.	1,466.
9 Other employee benefits	16,503.	8,762.	4,259.	3,482.
10 Payroll taxes	11,568.	6,142.	2,985.	2,441.
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	21,875.		21,875.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	2,412.	508.	1,904.	
12 Advertising and promotion				
13 Office expenses	11,012.	5,847.	2,841.	2,324.
14 Information technology				
15 Royalties				
16 Occupancy	8,930.	4,741.	2,305.	1,884.
17 Travel				
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	11,912.		11,912.	
22 Depreciation, depletion, and amortization	2,889.	1,534.	746.	609.
23 Insurance	2,198.	1,167.	567.	464.
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 CAMPAIGN EXPENSES	5,420.			5,420.
b AUTO EXPENSE	1,589.	844.	410.	335.
c MISCELLANEOUS	1,222.	649.	315.	258.
d DUES & SUBSCRIPTIONS	302.	160.	78.	64.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,027,671.	871,397.	99,054.	57,220.
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.				

**UNITED WAY OF NORTHERN SHENANDOAH
VALLEY, INC.**

Form 990 (2009)

54-0525106 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	428,878.	1	345,319.
	2 Savings and temporary cash investments	347,159.	2	506,814.
	3 Pledges and grants receivable, net	640,899.	3	582,294.
	4 Accounts receivable, net		4	1,299.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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		8	
	9 Prepaid expenses and deferred charges	3,558.	9	3,306.
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 52,659.		
	b Less: accumulated depreciation	10b 41,668.	13,880.	10c 10,991.
	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	0.	15	42,454.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,434,374.	16	1,492,477.	
Liabilities	17 Accounts payable and accrued expenses	1,530.	17	1,536.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	271,885.	25	296,394.
	26 Total liabilities. Add lines 17 through 25	273,415.	26	297,930.
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	467,888.	27	558,646.
	28 Temporarily restricted net assets	693,071.	28	635,901.
	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, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,160,959.	33	1,194,547.
	34 Total liabilities and net assets/fund balances	1,434,374.	34	1,492,477.

Form 990 (2009)

UNITED WAY OF NORTHERN SHENANDOAH
VALLEY, INC.

Form 990 (2009)

54-0525106 Page 12

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	UNITED WAY OF NORTHERN SHENANDOAH VALLEY, INC.
--------------------------	--

Employer identification number
54-0525106

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. (For lines 1 through 11, check only one box.)

- 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).**

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).**

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 supported organization(s)

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

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1187353.	1165089.	1098346.	979,060.	1088169.	5518017.
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 through 3	1187353.	1165089.	1098346.	979,060.	1088169.	5518017.
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)						
6 Public support. Subtract line 5 from line 4						5518017.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1187353.	1165089.	1098346.	979,060.	1088169.	5518017.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,572.	11,703.	13,589.	9,915.	6,962.	49,741.
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.)	5.	1,583.	3,278.	100.	1,101.	6,067.
11 Total support. Add lines 7 through 10						5573825.
12 Gross receipts from related activities, etc. (see instructions)					12	496,898.

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 2009 (line 6, column (f) divided by line 11, column (f))	14	99.00	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2009. 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 ☒			
b 33 1/3% support test - 2008. 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 - 2009. 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 - 2008. 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 ☐			

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18		%
19a 33 1/3% support tests - 2009. 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 - 2008. 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 ▶ ☐			

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **UNITED WAY OF NORTHERN SHENANDOAH
VALLEY, INC.**

Employer identification number
54-0525106

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax 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 tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 section 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.

1a 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, 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 acquisition, 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 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.

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

	Amount
1c	
1d	
1e	
1f	

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 the 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	122,786.	110,092.			
b Contributions	16,342.	10,449.			
c Net investment earnings, gains, and losses	1,541.	2,245.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	140,669.	122,786.			

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

- a Board designated or quasi-endowment ☒ 100.00 %
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)		X
3a(ii)		X
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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		52,659.	41,668.	10,991.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,991.

Schedule D (Form 990) 2009

**UNITED WAY OF NORTHERN SHENANDOAH
VALLEY, INC.**

Schedule D (Form 990) 2009

54-0525106 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,109,967.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,027,671.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	82,296.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	<48,708.>
9	Total adjustments (net). Add lines 4 through 8	9	<48,708.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	33,588.

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	846,933.
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	10,123.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	10,123.
3	Subtract line 2e from line 1	3	836,810.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	273,157.
c	Add lines 4a and 4b	4c	273,157.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,109,967.

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

1	Total expenses and losses per audited financial statements	1	813,345.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	10,123.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	10,123.
3	Subtract line 2e from line 1	3	803,222.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	224,449.
c	Add lines 4a and 4b	4c	224,449.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,027,671.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE BOARD OF DIRECTORS HAS DESIGNATED A GENERAL

ENDOWMENT FUND TO SUPPORT THE MISSION OF THE ORGANIZATION.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN DESIGNATIONS FROM PRIOR YEAR TO CURRENT YEAR: -48708.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS RECEIVED: 273157.

Schedule D (Form 990) 2009

Part XIV Supplemental Information (continued)

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS PAID: 224449.

IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PROCEDURES, THE UNITED WAY DOES NOT INCLUDE AMOUNTS DESIGNATED BY DONORS IN REVENUE OR EXPENSES IN THEIR FINANCIAL STATEMENTS. HOWEVER, ALL DONATIONS, INCLUDING AMOUNTS DESIGNATED BY DONORS, ARE INCLUDED IN THE ORGANIZATION'S INFORMATIONAL TAX RETURN. AMOUNTS DESIGNATED BY DONORS ARE PAID OUT IN THE FOLLOWING YEAR AFTER THEY ARE COLLECTED. THUS, THE DIFFERENCE IN DESIGNATED DONATIONS RECEIVED AND DESIGNATED DONATIONS PAID OUT IS AN ADJUSTING ITEM TO THE NET INCOME REPORTED ON THE ORGANIZATION'S INFORMATIONAL TAX RETURN.

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

2009

Open To Public Inspection

Employer identification number
54-0525106

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- ☐ Yes ☐ No

- [illegible]

►

- [illegible]

UNITED WAY OF NORTHERN SHENANDOAH

Schedule G (Form 990 or 990-EZ) 2009

VALLEY, INC.

54-0525106 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

	(a) Event #1 RUBBERMAID SALE	(b) Event #2	(c) Other events 2	(d) Total events (add col (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	36,394.			36,394.
2 Less. Charitable contributions	36,394.			36,394.
3 Gross income (line 1 minus line 2)				
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				()
11 Net income summary. Combine line 3, column (d), and line 10				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

UNITED WAY OF NORTHERN SHENANDOAH

Schedule G (Form 990 or 990-EZ) 2009

VALLEY, INC.

54-0525106 Page 3

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**c** If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED WAY OF NORTHERN SHENANDOAH VALLEY, INC.**

Employer identification number **54-0525106**

Part I General information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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
ADAPT 3 BATTAILE DRIVE WINCHESTER, VA 22601	30-0257538	501(C) 3 PUBLIC	8,048.	0.			
ADULT CARE CENTER OF N.S.V. 115 WOLFE STREET WINCHESTER, VA 22601	54-1617292	501(C) 3 PUBLIC	18,819.	0.			
AIDS RESPONSE EFFORT 333 W. CORK STREET, SUITE 740 WINCHESTER, VA 22601	54-1585248	501(C) 3 PUBLIC	7,718.	0.			
AMERICAN RED CROSS W/F 561 FORTRESS DRIVE WINCHESTER, VA 22603	54-0554000	501(C) 3 PUBLIC	40,526.	0.			
BIG BROTHERS/BIG SISTERS OF WF&CC 121 YOUTH DEVELOPMENT COURT WINCHESTER, VA 22604	54-0929513	501(C) 3 PUBLIC	33,873.	0.			
BLUE RIDGE HOSPICE 333 W. CORK STREET, SUITE 405 WINCHESTER, VA 22601	54-1126227	501(C) 3 PUBLIC	29,170.	0.			
2 Enter total number of section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

UNITED WAY OF NORTHERN SHENANDOAH

54-0525106

Page 2

Schedule I (Form 990) 2009

VALLEY, INC.

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

Part III

(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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANT APPLICATIONS ARE SECURED IN FEBRUARY. A COMMITTEE OF VOLUNTEERS REVIEWS REQUESTS IN APRIL AND RECOMMENDS LEVELS OF SUPPORT. GRANTS ARE APPROVED BY THE BOARD OF DIRECTORS IN MAY. ORGANIZATIONS RECEIVING GRANTS SUBMIT QUARTERLY OUTCOMES REPORTS FOR REVIEW IN ADVANCE OF THEIR GRANT PAYMENTS.

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
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public
Inspection

Name of the organization

**UNITED WAY OF NORTHERN SHENANDOAH
VALLEY, INC.**

Employer identification number
54-0525106

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE RIDGE LEGAL SERVICES 119 S. KENT STREET WINCHESTER, VA 22601	54-1048944	501(C) 3 PUBLIC	19,644.	0.			
BOYS & GIRLS CLUB/ CARETAKERS 598 N. KENT STREET WINCHESTER, VA 22601	54-1810019	501(C) 3 PUBLIC	21,010.	0.			
CHILD-PARENT CENTER 301 N. CAMERON STREET, SUITE 200 WINCHESTER, VA 22601	54-1500282	501(C) 3 PUBLIC	15,002.	0.			
COA LORD FAIRFAX HOUSE 512 S. BRADDOCK STREET WINCHESTER, VA 22601	54-0988956	501(C) 3 PUBLIC	25,357.	0.			
CONCERN HOTLINE 301 N. CAMERON STREET, SUITE 201 WINCHESTER, VA 22601	54-1097847	501(C) 3 PUBLIC	23,553.	0.			
FREE MEDICAL CLINIC NSV 301 N. CAMERON STREET, SUITE 100 WINCHESTER, VA 22601	54-1373296	501(C) 3 PUBLIC	11,047.	0.			
FREMONT ST. NURSERY 533 FREMONT STREET WINCHESTER, VA 22601	54-0636119	501(C) 3 PUBLIC	31,836.	0.			
GIRL SCOUTS OF SHAWNEE COUNCIL 153 MCWILLAN CT. MARTINSBURG, WV 25401	52-0608013	501(C) 3 PUBLIC	13,690.	0.			

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

Schedule I-1 (Form 990) 2009

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
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009**Open to Public**
Inspection

Name of the organization

UNITED WAY OF NORTHERN SHENANDOAH
VALLEY, INC.Employer identification number
54-0525106**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAFTON SCHOOL 120 BELLVIEW AVENUE WINCHESTER, VA 22601	54-0682401	501(C) 3 PUBLIC	10,127.	0.			
HABITAT FOR HUMANITY 145 BAKER STREET WINCHESTER, VA 22601	54-1816368	501(C) 3 PUBLIC	14,640.	0.			
HEALTHY FAMILIES - SHEN CO. 759 S. MAIN STREET WOODSTOCK, VA 22664	54-0490687	501(C) 3 PUBLIC	12,747.	0.			
HEALTHY FAMILIES NSV 301 N. CAMERON STREET, SUITE 101 WINCHESTER, VA 22601	54-0505979	501(C) 3 PUBLIC	9,788.	0.			
HELP WITH HOUSING PO BOX 124 BERRYVILLE, VA 22611	54-1485313	501(C) 3 PUBLIC	22,866.	0.			
LITERACY VOL. SHEN PO BOX 303 WOODSTOCK, VA 22664	54-1522270	501(C) 3 PUBLIC	14,804.	0.			
LITERACY VOL. W/F 301 N. CAMERON STREET, SUITE 102 WINCHESTER, VA 22601	62-1366707	501(C) 3 PUBLIC	12,217.	0.			
LUTHERAN FAMILY SERVICES 2609 MCVITT RD. ROANOKE, VA 24018	54-1222012	501(C) 3 PUBLIC	8,320.	0.			

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

Schedule I-1 (Form 990) 2009

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
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF NORTHERN SHENANDOAH
VALLEY, INC.

Employer identification number

54-0525106

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
N.W. WORKS, INC. 828 SMITHFIELD AVENUE WINCHESTER, VA 22601	54-0880043	501(C) 3 PUBLIC	14,307.	0.			
SALVATION ARMY - WARREN COUNTY 367 CLOUD ST FRONT ROYAL, VA 22630	58-0660607	501(C) 3 PUBLIC	12,161.	0.			
SALVATION ARMY-WINCHESTER PO BOX 2745 WINCHESTER, VA 22604	58-0660607	501(C) 3 PUBLIC	85,270.	0.			
SHEN. AREA AGENCY ON AGING 207 MOSBY LANE FRONT ROYAL, VA 22630	54-1008875	501(C) 3 PUBLIC	5,199.	0.			
SHEN. AREA COUNCIL BOY SCOUTS 107 YOUTH DEVELOPMENT CT. WINCHESTER, VA 22602	54-0505874	501(C) 3 PUBLIC	23,851.	0.			
SHENANDOAH COUNTY FREE CLINIC PO BOX 759 WOODSTOCK, VA 22664	54-2032008	501(C) 3 PUBLIC	20,568.	0.			
SHEN-PACO 1032 WISSLER ROAD QUICKSBURG, VA 22847	54-0972487	501(C) 3 PUBLIC	7,039.	0.			
THE LAUREL CENTER P.O. BOX 14 WINCHESTER, VA 22604	54-1262535	501(C) 3 PUBLIC	39,676.	0.			

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

Schedule I-1 (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF NORTHERN SHENANDOAH
VALLEY, INC.

Employer identification number
54-0525106

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD RECEIVES A DRAFT OF THE
990 PRIOR TO THE BOARD MEETING. AT THE BOARD MEETING, THE BOARD REVIEWS
THE 990 FOR COMPLETENESS AND ACCURACY AND FINALLY APPROVES THE DRAFT.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS REVIEWS ANY
INTERESTS WHICH MAY GIVE RISE TO CONFLICTS ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15: THE POLICY FOR DETERMING
COMPENSATION OF THE ORGANIZATION'S CHIEF EMPLOYED EXECUTIVE INCLUDES 1)
REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS, 2) USE OF DATA AS TO
COMPARABLE COMPENSATION AND 3) CONTEMPORANEOUS DOCUMENTATION AND RECORD
KEEPING.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE PREPARED
MONTHLY AND SUBMITTED AS PART OF THE BOARD MEETINGS. AN ANNUAL FINANCIAL
SUMMARY IS PROVIDED AS PART OF THE UNITED WAY ANNUAL REPORT TO THE PUBLIC.
CONFLICT OF INTEREST STATEMENTS ARE COMPLETED BY BOARD AND STAFF ANNUALLY.
COPIES ARE ON FILE AND WOULD BE MADE AVAILABLE AS REQUESTED.

FORM 990, PART XI, LINE 2C:
THE ORGANIZATION HAS NOT CHANGED IT PROCESS FOR THE OVERSIGHT AND
SELECTION OF IT'S INDEPENDENT ACCOUNTANT.

FORM 990, PART VIII, LINE 1F

ALLOWANCE FOR DOUBTFUL PLEDGES

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF NORTHERN SHENANDOAH
VALLEY, INC.

Employer identification number
54-0525106

THE ADJUSTMENT FOR THE ORGANIZATION'S ALLOWANCE FOR DOUBTFUL PLEDGES IS
INCLUDED IN THE TOTAL CONTRIBUTION REVENUE REPORTED. THE ALLOWANCES
ARE PROVIDED FOR AMOUNTS ESTIMATED TO BE UNCOLLECTIBLE BASED UPON PRIOR
EXPERIENCE AND MANAGEMENT'S JUDGEMENT OF THE COLLECTIBILITY OF
ACCOUNTS.

UNITED WAY ACCOMPLISHMENTS IN 2009

1) THE 2009 FALL CAMPAIGN EXCEEDED IT'S CAMPAIGN GOAL OF \$1,100,000.

2) THE UNITED WAY OF THE NORTHERN SHENANDOAH VALLEY MOBILIZED MORE THAN
500 VOLUNTEERS FOR IT'S ANNUAL DAY OF CARING. THE VOLUNTEERS FANNED
OUT TO 60 SITES WHERE 90 PROJECTS WERE UNDERTAKEN TO BENEFIT THE
COMMUNITY'S NEEDY AND INDIGENT.

3) THE UNITED WAY HELPED ORGANIZE DELIVERIES OF ITEMS TO NEEDY
INDIVIDUALS BY 50 AREA STUDENTS.

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization UNITED WAY OF NORTHERN SHENANDOAH VALLEY, INC.	Employer identification number 54-0525106
	Number, street, and room or suite no. If a P.O. box, see instructions 329 N CAMERON STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WINCHESTER, VA 22604	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

THE ORGANIZATION

- The books are in the care of ► **329 N CAMERON STREET - WINCHESTER, VA 22601**

Telephone No. ► **540-536-1610**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

► ☒ calendar year **2009** or► ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Form **8868** (Rev. 4-2009)