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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

2009

Open 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 ROANOKE VALLEY, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
325 CAMPBELL AVE.

City or town, state or country, and ZIP + 4
ROANOKE, VA 24016

D Employer identification number
54-0535302

E Telephone number
540-777-4200

G Gross receipts $ 6,187,782.

F Name and address of principal officer FRANK ROGAN
SAME AS C ABOVE

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.UWRV.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1924 **M** State of legal domicile: VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF PEOPLE IN THE ROANOKE VALLEY. UWRV SERVES

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	43
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	43
5	Total number of employees (Part V, line 2a)	5	26
6	Total number of volunteers (estimate if necessary)	6	1575
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	6,200,458.	6,153,201.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	96,104.	34,581.
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)	6,296,562.	6,187,782.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,953,910.	4,707,468.
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)	798,379.	803,988.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) 467,636.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	364,733.	373,581.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,117,022.	5,885,037.
19	Revenue less expenses. Subtract line 18 from line 12	179,540.	302,745.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	9,445,196.	9,678,197.
21	Total liabilities (Part X, line 26)	2,178,343.	1,835,054.
22	Net assets or fund balances. Subtract line 21 from line 20	7,266,853.	7,843,143.

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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: 11.15.10

FRANK ROGAN, PRESIDENT & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Date: 11-12-10	Check if self-employed ▶ ☐
Firm's name (or yours if self-employed), address, and ZIP + 4	ANDERSON & REED, LLP P.O. BOX 13885 ROANOKE, VA 24038	EIN ▶	Preparer's identifying number (see instructions)
		Phone no. ▶ (540)344-4333	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF PEOPLE IN THE ROANOKE VALLEY. UNITED WAY OF ROANOKE VALLEY SERVES PEOPLE IN ROANOKE, SALEM, VINTON, AND THE COUNTIES OF BOTETOURT, CRAIG AND ROANOKE.

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses $ 3,010,237. including grants of $) (Revenue $)

COMMUNITY IMPACT PROCESS

UNITED WAY OF ROANOKE VALLEY IS A UNIQUE ASSET TO OUR COMMUNITY. UNITED WAY ENGAGES LOCAL BUSINESSES, NONPROFITS, AND INDIVIDUALS TO DETERMINE AND PRIORITIZE OUR REGION'S MOST PRESSING NEEDS. A COMMITTED NETWORK OF COMMUNITY VOLUNTEERS DETERMINES WHICH PROGRAMS MAKE THE BIGGEST DIFFERENCE IN ADDRESSING THESE NEEDS.

UNITED WAY OF ROANOKE VALLEY AND ITS VOLUNTEERS INVESTED OVER $2.83 MILLION IN GIFTS TO THE COMMUNITY IMPACT FUND TOWARDS QUALITY PROGRAMS, INITIATIVES AND SMALL GRANTS THAT MAKE A POSITIVE DIFFRENCE IN THE COMMUNITY. UNITED WAY INVESTED IN PROGRAMS THAT ADDRESSED THE FOLLOWING KEY PRIORITIES UNDER ITS IMPACT AREAS:

4b (Code) (Expenses $ 1,906,546. including grants of $) (Revenue $)

UNITED WAY OF ROANOKE VALLEY ALSO PROCESSES DIRECT DESIGNATIONS TO AGENCIES AS A SERVICE TO ITS DONORS. THESE ORGANIZATIONS MUST MEET MINIMUM STANDARDS SO UNITED WAY CAN ACCEPT FUNDS ON THEIR BEHALF. IN 2009, A TOTAL OF 460 AGENCIES RECEIVED DESIGNATIONS THROUGH UNITED WAY DONORS AMOUNTING TO $1,906,546.

4c (Code) (Expenses $ 113,565. including grants of $) (Revenue $)

UNITED WAY OF ROANOKE VALLEY RELIES ON THE SUPPORT OF THOUSANDS OF VOLUNTEERS TO LIVE UNITED IN THE ROANOKE VALLEY. VOLUNTEERS PARTICIPATE IN A VARIETY OF WAYS TO BRING LASTING CHANGE.

AS PART OF OUR ANNUAL CAMPAIGN EFFORTS, MORE THAN A THOUSAND VOLUNTEERS WORK TOGETHER TO COORDINATE FUNDRAISING EFFORTS TO RAISE $6.1 MILLION FOR THE COMMUNITY. THEN, OVER 100 VOLUNTEERS SPEND OVER 1,600 HOURS (VALUED AT $33,676) EVERY YEAR MONITORING THE USE OF THE GRANT FUNDS INVESTED BY THE UNITED WAY IN LOCAL PROGRAMS.

UNITED WAY ALSO PROVIDES RESOURCES THAT ALLOW AGENCIES THE OPPORTUNITY TO BETTER SERVE THEIR CLIENTS. THROUGH A PARTNERSHIP WITH GIFTS IN

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶ $** 5,030,348.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		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? *If "Yes," complete Schedule C, Part III*	5		
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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• 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? *If "Yes," complete Schedule D, Part VII*			
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*			
	• 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? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No: 12A — No: X)			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Part I*	14b		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? *If "Yes," complete Schedule F, Part II*	15		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? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

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? *If "Yes," complete Schedule I, Parts I and II*	21	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? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		X
b	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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	15		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	26		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	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)?		4a		X
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		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		6a		X
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6b		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter.				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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	1a	43		
b	Enter the number of voting members that are independent	1b	43		
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
b	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 - 540-777-4200
325 CAMPBELL AVE., ROANOKE, VA 24016

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			
BILL LEE BOARD CHAIR		X		X				0.	0.	0.
MIKE DITTRICH VICE CHAIR		X		X				0.	0.	0.
MIKE MAXEY TREASURER		X		X				0.	0.	0.
EUNICE AUSTIN BOARD MEMBER		X						0.	0.	0.
MICHAEL N. COPPOLA BOARD MEMBER		X						0.	0.	0.
KERRI L. THORNTON BOARD MEMBER		X						0.	0.	0.
THOMAS J. BAGBY BOARD MEMBER		X						0.	0.	0.
JEAN A. GLONTZ BOARD MEMBER		X						0.	0.	0.
GEORGE W. ANDERSON BOARD MEMBER		X						0.	0.	0.
J. ALEXANDER BOONE BOARD MEMBER		X						0.	0.	0.
R. DANIEL CARSON BOARD MEMBER		X						0.	0.	0.
FATHER RENE CASTILLO BOARD MEMBER		X						0.	0.	0.
ASHLEY ANDERSON BOARD MEMBER		X						0.	0.	0.
NANCY GRAY BOARD MEMBER		X						0.	0.	0.
GLORIA MANNS BOARD MEMBER		X						0.	0.	0.
RITA BISHOP BOARD MEMBER		X						0.	0.	0.
KATHY STOCKBURGER BOARD MEMBER		X						0.	0.	0.

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			
LORRAINE S. LANGE, EDD BOARD MEMBER		X						0.	0.	0.
JOSEPH W. LEE, III BOARD MEMBER		X						0.	0.	0.
KEVIN LOCKHART BOARD MEMBER		X						0.	0.	0.
HAROLD M. MCLEOD, III BOARD MEMBER		X						0.	0.	0.
BARRY HENDERSON BOARD MEMBER		X						0.	0.	0.
LORA KATZ BOARD MEMBER		X						0.	0.	0.
JACQUES SCOTT BOARD MEMBER		X						0.	0.	0.
LEW D. THOMPSON BOARD MEMBER		X						0.	0.	0.
BRIAN TOWNSEND BOARD MEMBER		X						0.	0.	0.
BARTON J. WILNER BOARD MEMBER		X						0.	0.	0.
1b Total ▶								183,852.	0.	33,849.

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

		Yes	No
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*	3		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*	4		X
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*	5		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

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

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 6,153,201.				
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f ▶	6,153,201.			
Program Service Revenue		Business Code			
	2a _____				
	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) ▶	34,581.			34,581.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
		(i) Real	(ii) Personal		
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				
	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.** See instructions. ▶	6,187,782.	0.	0.	34,581.

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	4,707,468.	4,707,468.		
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	217,701.	74,019.	71,841.	71,841.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	443,008.	83,486.	167,882.	191,640.
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	92,588.	17,938.	34,929.	39,721.
10 Payroll taxes	50,691.	11,806.	18,482.	20,403.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	10,750.		10,750.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	30,151.	3,015.	6,030.	21,106.
14 Information technology				
15 Royalties				
16 Occupancy	38,888.	3,889.	15,555.	19,444.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,524.	1,252.	2,505.	8,767.
20 Interest				
21 Payments to affiliates	61,531.	61,531.		
22 Depreciation, depletion, and amortization	56,051.	5,605.	25,223.	25,223.
23 Insurance				
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 PRINTING AND PUBLICATIO	43,286.	4,329.	8,657.	30,300.
b REPAIRS & MAINTENANCE	36,133.	3,613.	14,453.	18,067.
c PROJECT FUNDING	31,212.	31,212.		
d CFC EXPENSES	17,644.	17,644.		
e STAFF TRAINING	1,992.	199.	398.	1,395.
f All other expenses	33,419.	3,342.	10,348.	19,729.
25 **Total functional expenses.** Add lines 1 through 24f	5,885,037.	5,030,348.	387,053.	467,636.
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			1	
	2	Savings and temporary cash investments		2,454,989.	2	2,626,353.
	3	Pledges and grants receivable, net		4,132,172.	3	4,015,855.
	4	Accounts receivable, net			4	
	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			9	
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 1,253,016.			
	b	Less accumulated depreciation	10b 491,235.	785,149.	10c	761,781.
	11	Investments - publicly traded securities			11	159,305.
	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		2,072,886.	15	2,114,903.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,445,196.	16	9,678,197.
Liabilities	17	Accounts payable and accrued expenses		2,178,343.	17	1,835,054.
	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			25	
	26	**Total liabilities.** Add lines 17 through 25		2,178,343.	26	1,835,054.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,220,050.	27	3,543,761.
	28	Temporarily restricted net assets		2,769,551.	28	2,858,082.
	29	Permanently restricted net assets		1,277,252.	29	1,441,300.
		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		7,266,853.	33	7,843,143.
	34	Total liabilities and net assets/fund balances		9,445,196.	34	9,678,197.

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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	2c	X	
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?	3a		X
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	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF ROANOKE VALLEY, INC.	54-0535302

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?

		Yes	No
(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)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 ")	5949608.	6634606.	5630216.	6200548.	6153201.	30568179.
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	5949608.	6634606.	5630216.	6200548.	6153201.	30568179.
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)						128,355.
6 **Public support.** Subtract line 5 from line 4						30439824.

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	5949608.	6634606.	5630216.	6200548.	6153201.	30568179.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,970.	70,053.	96,967.	96,104.	34,581.	334,675.
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)						
11 **Total support.** Add lines 7 through 10						30902854.

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.50 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.43 %

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 ▶ ☐

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 ROANOKE VALLEY, INC.

Employer identification number 54-0535302

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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	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	1,277,252.	1,685,785.			
b	Contributions					
c	Net investment earnings, gains, and losses	164,048.	<408,533.>			
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	1,441,300.	1,277,252.			

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

		Yes	No
(i)	unrelated organizations	3a(i)	X	
(ii)	related organizations	3a(ii)		X

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

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		44,500.		44,500.
b	Buildings		950,783.	293,473.	657,310.
c	Leasehold improvements				
d	Equipment		257,733.	197,762.	59,971.
e	Other				
Total.	Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			▶	761,781.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(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		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

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

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
OTHER CURRENT ASSETS	24,914.
ENDOWMENT FUND ASSETS	652,505.
BENEFICIAL INTEREST IN PERPETUAL TRUST	1,437,484.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	2,114,903.

Part X Other Liabilities. See Form 990, Part X, line 25

1 (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. FIN 48 Footnote 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 Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,187,782.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,885,037.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	302,745.
4	Net unrealized gains (losses) on investments	4	273,545.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	273,545.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	576,290.

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	4,554,781.
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.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	4,554,781.
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	1,633,001.		
c	Add lines **4a** and **4b**			4c	1,633,001.
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	6,187,782.

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

1	Total expenses and losses per audited financial statements			1	3,978,491.
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	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	3,978,491.
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	1,906,546.		
c	Add lines **4a** and **4b**			4c	1,906,546.
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	5,885,037.

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: INCOME FROM THE ENDOWMENT FUNDS IS USED FOR CURRENT UNRESTRICTED ALLOCATIONS AND OPERATING EXPENSES.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS DESIGNATIONS PAID NETTED AGAINST REVENUE ON FINANCIAL STATEMENTS: 1906546.

UNREALIZED GAIN ON INVESTMENTS: -273545.

Part XIV Supplemental Information *(continued)*

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS DESIGNATIONS PAID NETTED AGAINST EXPENSES ON FINANCIAL STATEMENTS: 1906546.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF ROANOKE VALLEY, INC.

Employer identification number

54-0535302

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

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" 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
ADULT CARE CENTER OF ROANOKE VALLEY - ROANOKE, VA	54-1235000	501(C)(3)	90,116.	0.			UNITED WAY ALLOCATION
AMERICAN RED CROSS, ROANOKE VALLEY CHAPTER - ROANOKE, VA	54-0538602	501(C)(3)	236,353.	0.			UNITED WAY ALLOCATION
BETHANY HALL	54-1516806	501(C)(3)	53,299.	0.			UNITED WAY ALLOCATION
BIG BROTHERS/BIG SISTERS	54-0837136	501(C)(3)	104,888.	0.			UNITED WAY ALLOCATION
BLUE RIDGE LEGAL SERVICES	54-1048944	501(C)(3)	9,622.	0.			UNITED WAY ALLOCATION
BOYS AND GIRLS CLUB	54-1867366	501(C)(3)	64,264.	0.			UNITED WAY ALLOCATION

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

3 Enter total number of other organizations ▶

Part III **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

(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: UNITED WAY'S COMMUNITY INVESTMENT PROCESS IS THE ANNUAL REVIEW OF PROGRAM APPLICATIONS FROM PARTNER AGENCIES AND SUBSEQUENT FUNDING RECOMMENDATIONS. THIS PROCESS EMPHASIZES OUTCOME MEASUREMENT AND THE NEED TO TARGET RESOURCES TO MAKE A MEASURABLE IMPACT ON IMPORTANT COMMUNITY ISSUES. VOLUNTEERS SPEND OVER 1,600 HOURS (VALUED AT $33,676) EVERY YEAR MONITORING THE USE OF GRANT FUNDS INVESTED BY UNITED WAY IN LOCAL PROGRAMS.

ABOUT 100 COMMUNITY VOLUNTEERS ARE DIVIDED INTO GROUPS CALLED PROGRAM

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 ROANOKE VALLEY, INC.

Employer identification number
54-0535302

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
BOY SCOUTS OF AMERICA	54-0912706	501(C)(3)	102,724.	0.			UNITED WAY ALLOCATION
CHILDREN'S ADVOCACY SOCIETY OF THE ROANOKE VALLEY - ROANOKE, VA	51-0235891	501(C)(3)	12,317.	0.			UNITED WAY ALLOCATION
CHILDREN'S HOME SOCIETY OF VIRGINIA - ROANOKE, VA	54-0505884	501(C)(3)	16,425.	0.			UNITED WAY ALLOCATION
CHIP	54-1566451	501(C)(3)	137,645.	0.			UNITED WAY ALLOCATION
COUNCIL OF COMMUNITY SERVICES	54-0718859	501(C)(3)	108,169.	0.			UNITED WAY ALLOCATION
FAMILY SERVICE	54-0505946	501(C)(3)	445,449.	0.			UNITED WAY ALLOCATION
GOODWILL INDUSTRIES	54-0884014	501(C)(3)	137,448.	0.			UNITED WAY ALLOCATION
GOOD SAMARITAN HOSPICE, INC.	54-1608259	501(C)(3)	11,161.	0.			UNITED WAY ALLOCATION

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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(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
GREENVALE NURSERY SCHOOL, INC.	54-0525801	501(C)(3)	382,273.	0.			UNITED WAY ALLOCATION
HABITAT FOR HUMANITY	54-1375465		16,300.	0.			UNITED WAY ALLOCATION
HARDY LIFE SAVING AND RESCUE SQUAD	51-0168114	501(C)(3)	7,997.	0.			UNITED WAY ALLOCATION
HEALING STRIDES OF VIRGINIA	54-1594325	501(C)(3)	5,720.	0.			UNITED WAY ALLOCATION
HOLLINS FIRE AND RESCUE SQUAD	51-0147786	501(C)(3)	10,328.	0.			UNITED WAY ALLOCATION
HOPE TREE FAMILY SERVICES	56-2607478	501(C)(3)	5,313.	0.			UNITED WAY ALLOCATION
JUVENILE DIABETES RESEARCH	23-1907729	501(C)(3)	10,170.	0.			UNITED WAY ALLOCATION
KID'S HAVEN: A CENTER	54-1920136	501(C)(3)	4,613.	0.			UNITED WAY ALLOCATION

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

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(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
LITERACY VOLUNTEERS OF AMERICA - ROANOKE VALLEY - ROANOKE, VA	54-1377063	501(C)(3)	7,453.	0.			UNITED WAY ALLOCATION
LOA-AREA AGENCY ON AGING	54-0916248	501(C)(3)	45,461.	0.			UNITED WAY ALLOCATION
MAKE A WISH FOUNDATION	54-1429614	501(C)(3)	11,164.	0.			UNITED WAY ALLOCATION
MARCH OF DIMES BIRTH DEFECTS FOUNDATION - ROANOKE, VA	13-1846366	501(C)(3)	5,886.	0.			UNITED WAY ALLOCATION
MENTAL HEALTH AMERICA OF ROANOKE VALLEY - ROANOKE, VA	54-0703132	501(C)(3)	66,912.	0.			UNITED WAY ALLOCATION
MILITARY FAMILY SUPPORT CENTERS, INC. - ROANOKE, VA	20-2821271	501(C)(3)	13,286.	0.			UNITED WAY ALLOCATION
MONETA VOLUNTEER FIRE DEPARTMENT	54-1713196	501(C)(3)	3,776.	0.			UNITED WAY ALLOCATION
MONTVALE RESCUE SQUAD	54-1113428	501(C)(3)	3,236.	0.			UNITED WAY ALLOCATION

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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54-0535302

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
MOUNT PLEASANT FIRST AID CREW	23-7343225	501(C)(3)	7,547.	0.			UNITED WAY ALLOCATION
NATIONAL MULTIPLE SCLEROSIS	54-0834654	501(C)(3)	6,674.	0.			UNITED WAY ALLOCATION
NORTHWEST CHILD DEVELOPMENT	54-1222444	501(C)(3)	91,556.	0.			UNITED WAY ALLOCATION
PLANNED PARENTHOOD HEALTH SYSTEMS	56-1282557	501(C)(3)	101,360.	0.			UNITED WAY ALLOCATION
PRESBYTERIAN COMMUNITY CENTER	54-1610899	501(C)(3)	10,496.	0.			UNITED WAY ALLOCATION
READ MOUNTAIN FIRE & RESCUE - CO. 12 - ROANOKE, VA	54-1601813	501(C)(3)	13,415.	0.			UNITED WAY ALLOCATION
ROANOKE AREA MINISTRIES	51-0198976	501(C)(3)	17,879.	0.			UNITED WAY ALLOCATION
ROANOKE VALLEY SOCIETY FOR THE SPCA - ROANOKE, VA	54-0679796	501(C)(3)	69,946.	0.			UNITED WAY ALLOCATION

SCHEDULE I-1
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(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
ROANOKE VALLEY SPEECH AND HEARING	54-0722391	501(C)(3)	42,191.	0.			UNITED WAY ALLOCATION
RONALD MCDONALD HOUSE	54-1244769	501(C)(3)	15,835.	0.			UNITED WAY ALLOCATION
SAINT FRANCIS OF ASSISI SERVICE DOG - ROANOKE, VA	54-1806879	501(C)(3)	32,644.	0.			UNITED WAY ALLOCATION
THE SALVATION ARMY	58-0660607	501(C)(3)	181,188.	0.			UNITED WAY ALLOCATION
TURNING POINT	58-0660607	501(C)(3)	96,650.	0.			UNITED WAY ALLOCATION
CHILDREN'S TRUST	51-0235891	501(C)(3)	33,154.	0.			UNITED WAY ALLOCATION
GREATER TWIN CITIES UNITED WAY	41-1973442	501(C)(3)	8,297.	0.			UNITED WAY ALLOCATION
STEWARTSVILLE FIRST AID	51-0139731	501(C)(3)	10,834.	0.			UNITED WAY ALLOCATION

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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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
SOUTHWEST VIRGINIA SECOND HARVEST FOOD BANK - ROANOKE, VA	54-1939556	501(C)(3)	153,840.	0.			UNITED WAY ALLOCATION
TOTAL ACTION AGAINST POVERTY	54-6057095	501(C)(3)	256,086.	0.			UNITED WAY ALLOCATION
TRUST	23-7064477	501(C)(3)	34,846.	0.			UNITED WAY ALLOCATION
UNITED WAY OF CENTRAL VIRGINIA	54-0505923	501(C)(3)	10,112.	0.			UNITED WAY ALLOCATION
UNITED WAY OF COLLIER COUNTY	59-1026096	501(C)(3)	6,000.	0.			UNITED WAY ALLOCATION
UNITED WAY OF FRANKLIN COUNTY	54-1246961	501(C)(3)	20,965.	0.			UNITED WAY ALLOCATION
UNITED WAY OF MONTGOMERY	54-0739250	501(C)(3)	24,638.	0.			UNITED WAY ALLOCATION
VINTON VIRST AID CREW	54-1564322	501(C)(3)	14,801.	0.			UNITED WAY ALLOCATION

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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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
WEST END CENTER	54-1150320	501(C)(3)	21,876.	0.			UNITED WAY ALLOCATION
WOMEN'S RESOURCE CENTER	54-1121334	501(C)(3)	6,683.	0.			UNITED WAY ALLOCATION
YMCA OF ROANOKE VALLEY	54-0515736	501(C)(3)	111,630.	0.			UNITED WAY ALLOCATION
YWCA OF ROANOKE VALLEY	54-0534610	501(C)(3)	78,720.	0.			UNITED WAY ALLOCATION
ALZHEIMER'S ASSOCIATION	52-1239518	501(C)(3)	15,385.	0.			UNITED WAY ALLOCATION
AMERICAN CANCER SOCIETY	58-0659875	501(C)(3)	38,089.	0.			UNITED WAY ALLOCATION
AMERICAN DIABETES ASSOCIATION	13-1623888	501(C)(3)	10,360.	0.			UNITED WAY ALLOCATION
AMERICAN HEART ASSOC-MID ATLANTIC	13-5613797	501(C)(3)	11,357.	0.			UNITED WAY ALLOCATION

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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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
APPLE RIDGE FARM, INC.	54-1409250	501(C)(3)	23,580.	0.			UNITED WAY ALLOCATION
BACK CREEK FIRE & RESCUE #11	54-1474023	501(C)(3)	3,242.	0.			UNITED WAY ALLOCATION
BLUE RIDGE AUTISM CENTER	05-0526575	501(C)(3)	12,410.	0.			UNITED WAY ALLOCATION
BLUE RIDGE VOL. FIRE & RESCUE	54-6052214	501(C)(3)	12,284.	0.			UNITED WAY ALLOCATION
BRADLEY FREE CLINIC	23-7380491	501(C)(3)	47,020.	0.			UNITED WAY ALLOCATION
CAVE SPRING VOLUNTEER FIRE CO. #3	54-1030300	501(C)(3)	12,847.	0.			UNITED WAY ALLOCATION
CAVE SPRING RESCUE SQUAD	54-1553832	501(C)(3)	12,299.	0.			UNITED WAY ALLOCATION
COMMONWEALTH CATHOLIC CHARITIES	54-0505877	501(C)(3)	46,141.	0.			UNITED WAY ALLOCATION

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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54-0535302

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
CRAIG COUNTY NEW CASTLE	54-1726073	501(C)(3)	8,302.	0.			UNITED WAY ALLOCATION
FINCASTLE RESCUE SQUAD	54-1480852	501(C)(3)	10,006.	0.			UNITED WAY ALLOCATION
FLOYD COUNTY LIFE SAVING	51-0214107	501(C)(3)	6,287.	0.			UNITED WAY ALLOCATION
FORT LEWIS VOLUNTEER FIRE DEPARTMENT - ROANOKE, VA	54-1702225	501(C)(3)	4,852.	0.			UNITED WAY ALLOCATION
FRANKLIN COUNTY RESCUE SQUAD	54-0899832	501(C)(3)	9,060.	0.			UNITED WAY ALLOCATION
FREE CLINIC/FRANKLIN COUNTY	54-1634138	501(C)(3)	9,845.	0.			UNITED WAY ALLOCATION
GIRL SCOUNTS OF VIRGINIA	54-0737207	501(C)(3)	43,307.	0.			UNITED WAY ALLOCATION
GLADE HILL RESCUE SQUAD	54-1122798	501(C)(3)	3,635.	0.			UNITED WAY ALLOCATION

Part IV Supplemental Information

PANELS TO REVIEW A COMMON SET OF APPLICATIONS ORGANIZED UNDER IMPACT AREAS OF NEED. EACH PANEL REVIEWS THE PROGRAMS, ASSIGNS SCORES AND MAKES APPROPRIATE FUNDING RECOMMENDATIONS. A SEPARATE GROUP OF VOLUNTEERS COMPRISING THE ADMINISTRATIVE REVIEW PANEL GOES OVER THE FINANCIALS OF APPLICANT ORGANIZATIONS AND OTHER INFORMATION PERTAINING TO ADMINISTRATIVE AND OPERATIONAL STANDARDS. FINDINGS FROM BOTH THE PROGRAM AND FINANCIAL REVIEWS ARE CONSIDERED WHEN FORMING THE FINAL FUNDING RECOMMENDATION. THE COMMUNITY IMPACT COUNCIL MEETS TO RECONCILE ANY DIFFERENCES BETWEEN FUNDING RECOMMENDATIONS AND THE TOTAL AMOUNT OF FUNDS AVAILABLE TO INVEST.

ONCE FUNDING RECOMMENDATIONS ARE FINALIZED, THE UNITED WAY BOARD OF DIRECTORS PROVIDES FINAL APPROVAL FOR FUNDING TO BEGIN JULY 1 AND CONCLUDE JUNE 30 OF THE FOLLOWING YEAR.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

UNITED WAY OF ROANOKE VALLEY, INC.

Employer Identification number

54-0535302

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
JASON M. WOODCOCK BOARD MEMBER		X						0.	0.	0.
DEBBIE MEADE BOARD MEMBER		X						0.	0.	0.
JIM FORD BOARD MEMBER		X						0.	0.	0.
STEVE WATERMAN BOARD MEMBER		X						0.	0.	0.
GARY WALTON BOARD MEMBER		X						0.	0.	0.
JEFF MARKS BOARD MEMBER		X						0.	0.	0.
DANA ACKLEY BOARD MEMBER		X						0.	0.	0.
ROBERT FRALIN BOARD MEMBER		X						0.	0.	0.
KEVIN HOLT BOARD MEMBER		X						0.	0.	0.
MARK LAWRENCE BOARD MEMBER		X						0.	0.	0.
KEITH ORESON BOARD MEMBER		X						0.	0.	0.
ALAN SEIBERT BOARD MEMBER		X						0.	0.	0.
CLARINE SPETZLER BOARD MEMBER		X						0.	0.	0.
JOHN TURBYFILL BOARD MEMBER		X						0.	0.	0.
MARK WERNER BOARD MEMBER		X						0.	0.	0.
SUSAN LAWYER-WILLIS BOARD MEMBER		X						0.	0.	0.
FRANK ROGAN PRESIDENT/CEO	55.00			X				123,883.	0.	18,564.
ROGER KIENZLE VP OF FINANCE	40.00			X				59,969.	0.	15,285.

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 ROANOKE VALLEY, INC.

Employer identification number

54-0535302

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PEOPLE IN THE CITIES OF ROANOKE AND SALEM, VINTON AND THE COUNTIES OF BOTETOURT, CRAIG AND ROANOKE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HELPING CHILDREN AND YOUTH SUCCEED (32%)

PROVIDE EVERY CHILD A HEALTHY, SAFE ENVIRONMENT AS WELL AS THE TOOLS AND RESOURCES TO DEVELOP TO HIS OR HER FULL POTENTIAL.

ENSURING ACCESS TO QUALITY EARLY CARE AND EDUCATION

- 334 CHILDREN DIRECTLY BENEFITTED FROM QUALITY, AFFORDABLE CHILDCARE MADE POSSIBLE THROUGH UW FUNDING; 98% OF THE CHILDREN RECEIVED TUITION SCHOLARSHIP ASSISTANCE.

- OVER 600 ADULTS CARING FOR YOUNG CHILDREN (PARENTS, PRESCHOOL TEACHERS AND CHILDCARE PROVIDERS) RECEIVED ASSISTANCE AND SUPPORT NEEDED TO PROVIDE QUALITY CARE FOR CHILDREN AND HELP STIMULATE AGE-APPROPRIATE DEVELOPMENT.

PROVIDING OPPORTUNITIES FOR MORE YOUTH TO GRADUATE FROM HIGH SCHOOL AND REACH THEIR POTENTIAL

- 8,016 SCHOOL-AGE CHILDREN ATTENDED UW-FUNDED AFTER-AND OUT OF SCHOOL PROGRAMS. OVER 1,500 YOUTH DEVELOPED POSITIVE RELATIONSHIPS WITH AN

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2009

Open to Public Inspection

Name of the organization: UNITED WAY OF ROANOKE VALLEY, INC.

Employer identification number: 54-0535302

ADULT ROLE MODEL.

STRENGTHENING FAMILIES (10%)

SUPPORT ALL FAMILY MEMBERS IN MEETING THEIR BASIC NEEDS, PROVIDE AN ENVIRONMENT THAT IS SAFE AND NURTURING, AND BE GROUNDED ON A STRONG VALUE SYSTEM.

HELPING FAMILIES PROVIDE A SAFE AND NURTURING HOME ENVIRONMENT FOR ALL ITS MEMBERS

- 403 WOMEN AND 276 CHILDREN WERE PROVIDED A SAFE PLACE AWAY FROM DOMESTIC VIOLENCE. UNITED WAY FUNDED PROGRAMS PROVIDE COMPREHENSIVE CASE MANAGEMENT SERVICES THAT INCLUDES CONNECTING THEM TO COMMUNITY SERVICES WHICH INCLUDE JOB TRAINING, LIFE AND TECHNICAL SKILLS DEVELOPMENT AND JOB PLACEMENT SERVICES.

ASSISTING PARENTS IN HELPING CHILDREN ACHIEVE THEIR FULLEST POTENTIAL

- 652 FAMILIES WITH CHILDREN (1,838 TOTAL INDIVIDUALS) WERE IMPACTED THROUGH THE PROVISION OF PARENT EDUCATION AND SUPPORT. UNITED WAY FUNDING GOES TO PROGRAMS THAT SUPPORT PARENTS AND CAREGIVERS IN THIS CHALLENGING TASK OF RAISING CHILDREN, EQUIPPING THEM WITH THE SKILLS THAT THEY NEED TO NAVIGATE THROUGH VARIOUS STRUGGELES OF RAISING CHILDREN ESPECIALLY IN THE MIDST OF PERSONAL AND FAMILY ECONOMIC STRESSORS.

SCHEDULE O
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PROMOTING QUALITY OF LIFE FOR OLDER ADULTS (9%)

SUPPORT OLDER ADULTS WITH SERVICES THAT PROVIDE FOR THE GREATEST QUALITY OF LIFE, EMPOWERING THEM TO LIVE WITH HOPE AND AGE WITH DIGNITY WHILE ENJOYING THE BENEFITS OF BEING CONNECTED TO THEIR COMMUNITY.

PROVIDING BASIC CARE NEEDS FOR OLDER ADULTS AND SUPPORTING THEIR CARE GIVERS

- 1,957 OLDER ADULTS RECEIVED ASSISTANCE WHICH ENABLED THEM TO STAY IN THEIR HOMES APPROPRIATELY AND PREVENT INSTITUTIONALIZATION FOR ANOTHER YEAR.

- HOT LUNCH MEALS WERE SERVED DAILY TO 1,049 OLDER ADULTS LIVING IN OUR COMMUNITY ALLOWING THEM TO MEET 1/3 OF THEIR DAILY NUTRITIONAL REQUIREMENTS. A TOTAL OF 195,927 MEALS WERE SERVED TO OLDER ADULTS IN THE ROANOKE VALLEY DURING THE YEAR.

PROMOTING HEALTH AND SELF-SUFFICIENCY (49%)

ACCESS SERVICES AND SUPPORT NEEDED TO TAKE CARE OF THEIR PERSONAL WELL-BEING AND ENABLE INDIVIDUALS TO PURSUE HOLISTIC APPROACHES TO WELLNESS.

PROVIDING UNINSURED AND UNDERINSURED INDIVIDUALS AND FAMILIES ACCESS TO HEALTH AND MENTAL HEALTH SERVICES

- THE FAMILYWIZE PRESCRIPTION DISCOUNT CARDS HELPED FILL 75,000

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Open to Public Inspection

Name of the organization: UNITED WAY OF ROANOKE VALLEY, INC.

Employer identification number: 54-0535302

PRESCRIPTIONS FOR LOCAL RESIDENTS - IMPROVING THEIR ACCESS TO LIFE-SAVING MEDICATION AND GENERATING A SAVINGS OF OVER $1.1 MILLION IN PRESCRIPTION COSTS FOR THE COMMUNITY.

- OVER 2,000 INDIVIDUALS RECEIVED MEDICAL AND DENTAL SERVICES THROUGH PROGRAMS FUNDED BY THE UNITED WAY. OF THESE, ALMOST 300 CHILDREN AND ADULTS WERE HELPED WITH SCREENING AND ADDRESSING SPEECH AND LANGUAGE ISSUES. OVER 700 FAMILIES WITH YOUNG CHILDREN WERE PROVIDED MEDICAL AND DENTAL VISITS AND SERVICES THAT WOULD OTHERWISE NOT BE AVAILABLE TO THEM. OVER 1,000 WERE SERVED THROUGH AN ANNUAL DENTAL CLINIC IN THE AREA.

- 6,477 RECEIVED INFORMATION AND ASSISTANCE REGARDING MENTAL HEALTH ISSUES. THIS IMPROVED SELF-AWARENESS ABOUT THEIR DISORDERS AND COPING MECHANISMS WHEN RELATING TO OTHERS.

ASSISTING INDIVIDUALS AND FAMILIES IN CRISES TO MEET BASIC NEEDS

ASSIST FAMILIES AND INDIVIDUALS TO NOT ONLY MEET THEIR BASIC NEEDS, BUT TO HAVE ACCESS TO SERVICES TO MAINTAIN STABILITY DURING CRISIS SITUATIONS AND HAVE THE OPPORTUNITY TO IMPROVE THEIR QUALITY OF LIFE AS WELL AS PLAN FOR THE FUTURE.

ASSISTING INDIVIDUALS AND FAMILIES IN CRISES TO MEET BASIC NEEDS

- OVER 48,000 INDIVIDUALS RECEIVED ASSISTANCE AND INFORMATION TO HELP THEM GET THROUGH VARIOUS CRISIS SITUATIONS THROUGH VARIOUS UNITED WAY

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FUNDED PROGRAMS.

- LOCAL MATCHING FUNDS FOR THE CONTINUED OPERATIONS OF 2-1-1 VIRGINIA LOCALLY ALLOWED 12,000 INDIVIDUALS IN CRISIS SITUATIONS RECEIVING INFORMATION ON WHERE TO GET HELP.

- 1,551 HOMELESS INDIVIDUALS WERE PROVIDED CLOSE TO 50,000 NIGHTS OF SHELTER DURING THE YEAR. 312 HOUSEHOLDS AVOIDED EVICTION THROUGH RENT/MORTGAGE ASSISTANCE AND CRITICAL HOME REPAIRS. 1,855 HOUSEHOLDS MAINTAINED UTILITIES IN THEIR HOME THROUGH FINANCIAL ASSISTANCE.

- 32,335 INDIVIDUALS RECEIVED ASSISTANCE FOR FOOD THROUGH THE FOODBANK, PANTRIES AND OTHER FEEDING PROGRAMS.

ASSISTING INDIVIDUALS TO GROW THEIR INCOME-EARNING AND GAIN ASSETS AS A WAY OUT OF POVERTY

- 638 INDIVIDUALS WERE ENROLLED IN PROGRAMS AIMED AT GETTING THEM BACK ON TRACK TO REMAINING IN SCHOOL OR RETURNING TO EDUCATION.

- 996 PEOPLE PARTICIPATED IN TRAINING, JOB PLACEMENT AND SUPPORTIVE EMPLOYMENT SERVICES.

- 14 PURCHASED HOMES AS A RESULT OF HOUSING COUNSELING AND A MATCHING SAVINGS PROGRAM FUNDED BY UNITED WAY.

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Name of the organization: UNITED WAY OF ROANOKE VALLEY, INC.

Employer identification number: 54-0535302

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

KIND INTERNATIONAL, UNITED WAY PROVIDED $96,560 WORTH OF IN-KIND DONATIONS TO ASSIST LOCAL NONPROFIT AGENCIES AND THEIR CLIENTS. THESE GOODS WERE DISTRIBUTED THROUGH THE NONPROFIT EQUIPMENT EXCHANGE FACILITATED THROUGH A PARTNERSHIP WITH THE COUNCIL OF COMMUNITY SERVICES AND GOODWILL INDUSTRIES OF THE VALLEYS.

IN ADDITION, UNITED WAY ENGAGED MORE THAN 250 VOLUNTEERS TO PARTICIPATE IN DAYS OF CARING VOLUNTEER ACTIVITIES THAT HELPED PARTNER AGENCIES WITH PROJECTS THAT AGENCIES MAY NOT HAVE HAD THE RESOURCES TO COMPLETE OTHERWISE.

TO STIMULATE GROWTH AND LEADERSHIP WITHIN THE COMMUNITY, UNITED WAY ALSO PROVIDES LEADERSHIP SKILLS TRAINING THROUGH THE STUDENT UNITED WAY (SUW). THE STUDENT UNITED WAY WORKS WITH 32 LOCAL TEENS FROM AREA HIGH SCHOOLS TO IMPROVE THEIR LEADERSHIP SKILLS AND COMMUNITY KNOWLEDGE. THIS YEAR, THE PARTICIPANTS RAISED A TOTAL OF $5,824 FROM FUNDRAISERS HELD AT THEIR RESPECITVE HIGH SCHOOLS. AFTER A REVIEW PROCESS CONDUCTED BY THE STUDENTS THEMSELVES, THE FULL AMOUNT WENT TO SUPPORT TWO PROGRAMS: CHIP CARE COORDINATION AND FAMILY SERVICE - ACTION PROGRAM.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WAS EMAILED TO THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICTS OF INTEREST THAT HAVE

SCHEDULE O
(Form 990)

Department of the Treasury
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Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
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Open to Public Inspection

Name of the organization: UNITED WAY OF ROANOKE VALLEY, INC.

Employer identification number: 54-0535302

ARISEN DURING THE YEAR ARE DISCLOSED AT THE MONTHLY BOARD MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15: THE DETERMINATION OF THE CEO'S AND CFO'S COMPENSATION IS BASED ON THE FOLLOWING PROCESS:

(1) THE UNITED WAY OF ROANOKE VALLEY'S PERSONNEL COMMITTEE, WHICH INCLUDES SELECT BOARD MEMBERS AND OTHER HUMAN RESOURCE PROFESSIONALS IN THE COMMUNITY, REVIEWS COMPENSATION RANGES FOR COMPARABLE POSITIONS AND RECOMMENDS SALARY RANGES TO UNITED WAY'S EXECUTIVE COMMITTEE. THIS IS REVIEWED BY THE EXECUTIVE COMMITTEE AND FINALIZED.

2) THE CEO CREATES AN ANNUAL WORK PLAN AND THAT PLAN IS REVIEWED AND EVALUATED PERIODICALLY BY THE BOARD CHAIR AND EXECUTIVE COMMITTEE.

3) THE BOARD CHAIR PERFORMS THE ANNUAL OFFICIAL EVALUATION WITH INPUT FROM THE EXECUTIVE COMMITTEE AND RECOMMENDS ADJUSTMENTS IN COMPENSATION TO THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- 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	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	UNITED WAY OF ROANOKE VALLEY, INC.	54-0535302
	Number, street, and room or suite no. If a P O box, see instructions. 325 CAMPBELL AVE.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROANOKE, VA 24016	

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

[X] 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 books are in the care of ▶ THE ORGANIZATION 325 CAMPBELL AVE. - ROANOKE, VA 24016
  Telephone No. ▶ 540-777-4200 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:
▶ [X] 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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (Not Automatic) 3-Month Extension of Time.** *Only file the original (no copies needed)*

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	UNITED WAY OF ROANOKE VALLEY, INC.		54-0535302
	Number, street, and room or suite no If a P O box, see instructions 325 CAMPBELL AVE.		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions ROANOKE, VA 24016		

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

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

- The books are in the care of ▶ 325 CAMPBELL AVE. - ROANOKE, VA 24016
  Telephone No ▶ 540-777-4200 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 is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010

5 For calendar year 2009 , or other tax year beginning _____ , and ending _____

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

8a	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	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a 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	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ [signature] Title ▶ ANDERSON & REED, LLP 54-0617257 Date ▶ 6-12-10

CERTIFIED PUBLIC ACCOUNTANTS
1515 FRANKLIN ROAD, S.W.
ROANOKE, VIRGINIA 24016

923832
05-26-09