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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 7/01 , 2009, and ending 6/30 , 20 10																
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☒ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">C Name of organization</td> <td colspan="2">UNITED WAY OF MONTGOMERY, RADFORD AND</td> </tr> <tr> <td>Doing Business As</td> <td colspan="2">FLOYD, INC.</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td colspan="2">PO BOX 6202</td> </tr> <tr> <td>City or town, state or country, and ZIP + 4</td> <td colspan="2">CHRISTIANSBURG, VA 24068</td> </tr> <tr> <td>F Name and address of principal officer</td> <td colspan="2">SAME AS C ABOVE</td> </tr> </table>	C Name of organization	UNITED WAY OF MONTGOMERY, RADFORD AND		Doing Business As	FLOYD, INC.		Number and street (or P.O. box if mail is not delivered to street address)	PO BOX 6202		City or town, state or country, and ZIP + 4	CHRISTIANSBURG, VA 24068		F Name and address of principal officer	SAME AS C ABOVE	
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L Year of formation	1963															
M State of legal domicile	VA															

Part I Summary

1	Briefly describe the organization's mission or most significant activities OUR MISSION IS TO UNITE LOCAL PEOPLE AND RESOURCES TO IMPROVE LIVES IN THE NEW RIVER VALLEY. THE RESOURCES WE CONTRIBUTE TO OUR LOCAL COMMUNITY ARE FUNDING, SERVICES, IDEAS, VOLUNTEERS, INFORMATION AND REFERRAL, IN-KIND DONATIONS, COLLABORATIONS, AND MORE.		
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	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of employees (Part V, line 2a)	5	6
6	Total number of volunteers (estimate if necessary)	6	270
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	21
9	Program service revenue (Part VIII, line 2g)	9	21
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	6
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	209
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A) line 12)	12	1,319,322
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13	667,800
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	162,183
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15	198,943
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	93,156
b	Total fundraising expenses (Part IX, column (A), line 25) ▶	b	93,156
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	17	84,109
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	18	1,196,537
19	Revenue less expenses. Subtract line 18 from line 12	19	21,346
20	Total assets (Part X, line 16)	20	806,153
21	Total liabilities (Part X, line 26)	21	489,438
22	Net assets or fund balances. Subtract line 21 from line 20	22	316,715

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <i>[Signature]</i> Date 11/12/12	
	Type or print name and title Kym D Davidson-Hawley, Executive Director	
Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i> Date 8/17/12	Check if self-employed ☐ Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 PHILLIP N. MARTIN, CPA, LLC PO BOX 6174	EIN ▶ 74 : 3240667 Phone no ▶ (540) 381-2340

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

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

Cat No 11282Y

Form **990** (2009)

SCANNER FEB 06 2013

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Part III Statement of Program Service Accomplishments

- 1** Briefly describe the organization's mission:
SEE SCHEDULE O

- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.

- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.

- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ **234,079**, including grants of \$) (Revenue \$)

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

4b (Code:) (Expenses \$ **177,858**, including grants of \$) (Revenue \$)

IMPACT PROGRAM: PROVIDE DESIGNATION OPTIONS FOR DONORS WITHIN THE COMMUNITY-WIDE CAMPAIGN AND FACILITATE INCLUSION AND OPTIONS IN OTHERS REPRESENTATIVE OF THE LOCAL COMMUNITY (CVC, CFC, CARILION, AND OTHER UNITED WAYS) THAT ALLOWS DESIGNATIONS TO PARTNER AGENCIES AND OTHER ELIGIBLE CHARITABLE ORGANIZATIONS.

4c (Code) (Expenses \$ **144,445**, including grants of \$) (Revenue \$)

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

4d Other program services (Describe in Schedule O)
 (Expenses \$ **210,514**, including grants of \$) (Revenue \$)

4e Total program service expenses **766,896**

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	☒	☐
2 Is the organization required to complete Schedule B, Schedule of Contributors?	☐	☒
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	☐	☒
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	☐	☒
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	☐	☐
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	☐	☒
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	☐	☒
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	☐	☒
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	☐	☒
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	☐	☒
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	☒	☐
- 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	☐	☒
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	☐	☒
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	☐	☒
14a Did the organization maintain an office, employees, or agents outside of the United States?	☐	☒
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	☐	☒
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	☐	☒
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	☐	☒
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	☐	☒
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	☐	☒
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	☐	☒
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	☐	☒

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.	✓	
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	✓	
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		✓
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		✓
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		✓
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
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		✓
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.		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		✓
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		✓
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		✓
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		✓
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		✓
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		✓
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		✓
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		✓
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.	✓	

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.	1	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		✓
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.	6	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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?		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		✓
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
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	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?		✓
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?		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
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?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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?		
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	21
b Enter the number of voting members that are independent	1b	21
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	✓
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	✓
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	✓
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	✓
6 Does the organization have members or stockholders?	6	✓
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	✓
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	✓
b Each committee with authority to act on behalf of the governing body?	8b	✓
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.	9a	✓

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	✓
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	✓
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	✓
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓
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	✓
13 Does the organization have a written whistleblower policy?	13	✓
14 Does the organization have a written document retention and destruction policy?	14	✓
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	✓
b Other officers or key employees of the organization	15b	✓
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	✓
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 111 WEST MAIN STREET CHRISTIANSBURG VA 24073 540-381-2066**

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

1a Complete this table for all persons required to be listed. 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			
HAL IRVIN Trustee	2.5	✓						0.	0.	0.
RICHARD KATES Trustee	3	✓						0.	0.	0.
DENNIS MABES Trustee	1	✓						0.	0.	0.
ERIN KEISTER Trustee	1	✓						0.	0.	0.
TOM DUETSCH, JR Trustee	0	✓						0.	0.	0.
TAMBRA MEREDITH Trustee	2.5	✓						0.	0.	0.
KEVIN BRENNER Trustee	2.5	✓						0.	0.	0.
MARK PASIER Trustee	2.5	✓						0.	0.	0.
DR J STEPHEN CHILDERS, JR Trustee	2.5	✓						0.	0.	0.
DAVID POTEET, II Trustee	2.5	✓						0.	0.	0.
BILL ROTH Trustee	0	✓						0.	0.	0.
BOB RUSNAK Trustee	1	✓						0.	0.	0.
DR. JEFFREY STEWART Trustee	1	✓						0.	0.	0.
BENTLY WOOD Trustee	2.5	✓						0.	0.	0.
BRIAN TICKLE Trustee	1	✓						0.	0.	0.
CORNELIA UNDERWOOD Trustee	2.5	✓						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			
ANITA LILLY Trustee	1	☒						0.	0.	0.
KAREN CRONIN Trustee	5	☒						0.	0.	0.
ELAINE GILL Trustee	5	☒						0.	0.	0.
KYMN DAVIDSON-HAMLEY Executive Director	50			☒		☒		53,945.	0.	0.
MARY TABOR Trustee	5	☒						0.	0.	0.
JAY JOHNSON President	5	☒						0.	0.	0.
LARA RAMSEY Secretary	5	☒						0.	0.	0.
ADAM ALEXANDER Treasurer	7.5	☒						0.	0.	0.
THERESA THOMPSON CFO	42			☒				33,000.	0.	0.
1b Total								86,945.	0.	0.

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

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	☐	☒
4	☐	☒
5	☐	☒

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	22,985				
	d Related organizations	1d					
	e Government grants (contributions).	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,289,627				
	g Noncash contributions included in lines 1a-1f. \$		657,787				
	h Total. Add lines 1a-1f			1,312,612			
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)			5,997	5,997		
	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)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses		15,899				
	c Gain or (loss)		15,395				
	d Net gain or (loss)		504				
	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 SALE OF WRISTBANDS		900099	209	209			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			209				
12 Total revenue. See instructions.			1,319,322	6,710	0	0	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	589,659	589,659		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	78,141	78,141		
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	86,945	39,994	12,172	34,779
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	40,362	18,610	5,754	15,998
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,510	6,086	1,877	4,547
9	Other employee benefits	9,600	4,640	853	4,107
10	Payroll taxes	12,766	5,616	2,158	4,992
11	Fees for services (non-employees).				
a	Management				
b	Legal				
c	Accounting	3,801	1,251	1,251	1,299
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	1,085	271	271	543
13	Office expenses	1,257	593	259	405
14	Information technology				
15	Royalties				
16	Occupancy	9,000	4,050	1,350	3,600
17	Travel	1,635	173	352	1,110
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,112	917	1,604	591
20	Interest				
21	Payments to affiliates	7,253	3,408	1,004	2,841
22	Depreciation, depletion, and amortization	6,046		6,046	
23	Insurance	6,878	3,798	499	2,581
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	COMMUNITY EVENTS	14,712	731	13,981	
b	PRINTING AND PUBLICATIONS	6,408	2,130	537	3,741
c	UTILITIES	6,400	2,880	960	2,560
d	COMMUNICATION SERVICES	3,028	1,383	498	1,147
e	POSTAGE AND SHIPPING	2,895	444	140	2,311
f	All other expenses	21,285	2,121	13,160	6,004
25	Total functional expenses. Add lines 1 through 24f	924,778	766,896	64,726	93,156
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	233,356	1	110
	2 Savings and temporary cash investments		2	120,670
	3 Pledges and grants receivable, net	350,072	3	309,153
	4 Accounts receivable, net	4,450	4	3,130
	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	202,970	8	706,405
	9 Prepaid expenses and deferred charges	4,850	9	866
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 34,362		
	b Less: accumulated depreciation	10b 33,103	10c	1,259
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	806,153	16	1,141,593	
Liabilities	17 Accounts payable and accrued expenses	8,241	17	14,867
	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	3,893	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	477,304	25	415,467
	26 Total liabilities. Add lines 17 through 25	489,438	26	430,334
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	213,547	27	681,886
	28 Temporarily restricted net assets	103,168	28	29,373
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	316,715	33	711,259
	34 Total liabilities and net assets/fund balances	806,153	34	1,141,593

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .

- b** Were the organization's financial statements audited by an independent accountant?

- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
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

UNITED WAY OF MONTGOMERY, RADFORD AND FLOYD, INC.

Employer identification number

54 0739250

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state. _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

(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.")	1,022,173.	1,254,723.	939,707.	1,211,201.	1,312,612	5,740,416
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	1,022,173.	1,254,723.	939,707.	1,211,201.	1,312,612	5,740,416
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						5,740,416

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	1,022,173.	1,254,723.	939,707.	1,211,201.	1,312,612	5,740,416
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,674.	9,555.	14,300.	6,682.	5,997.	46,208.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)					209	209
11 Total support. Add lines 7 through 10						5,786,833
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.2 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.2 %
16a 33⅓% support test—2009. If the organization did not check the box on line 13 and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒		
b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% 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 33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, 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 MONTGOMERY, RADFORD AND FLOYD, INC.

Employer identification number

54 : 0739250

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

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

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

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

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

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

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

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

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

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$

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

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

Part 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. (Column (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. (Column (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
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
ALLOCATIONS AND DESIGNATIONS	415,467
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	1,319,322
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	924,778
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	394,544
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	394,544

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	1,089,185
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	230,137
e	Add lines 2a through 2d	2e	230,137
3	Subtract line 2e from line 1	3	1,319,322
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	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,319,322

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

1	Total expenses and losses per audited financial statements	1	694,641
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	230,137
e	Add lines 2a through 2d	2e	230,137
3	Subtract line 2e from line 1	3	924,778
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	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	924,778

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 XII, line 2d and Part XIII, line 2d: Donor designations from other non-profits that are passed on to recipients.

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

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to 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

Employer identification number

UNITED WAY OF MONTGOMERY, RADFORD AND FLOYD INC.

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 V, 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

[illegible]

- | | | | | | | | |
|----------|--|---|---|---|---|---|----|
| 2 | Enter total number of section 501(c)(3) and government organizations | . | . | . | . | . | 22 |
| 3 | Enter total number of other organizations | . | . | . | . | . | 0 |

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

Cat No 50055P

Schedule I (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF MONTGOMERY, RADFORD AND FLOYD INC.

Employer identification number

54 0739250

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)		(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
FREE CLINIC OF THE NRV	CHRISTIANSBURG, VA 24073	51-0247098			73,118.				
	INTELLECTUAL DISABILITIES AGEN	54-0916058			36,186.				
	CHRISTIANSBURG, VA 24068	54-1244493			13,696.				
	LITERACY VOLUNTEERS OF THE NF	54-1022999			6,017.				
	CHRISTIANSBURG, VA 24073	31-1579158			37,147.				
	MED-RIDE OF THE NRV				201,538.	144,445.			
	PULASKI, VA 24301								
	MENTAL HEALTH ASSOC OF NRV								
	BLACKSBURG, VA 24060								
	MISC								
MONTGOMERY COUNTY EMERGENC	CHRISTIANSBURG, VA 24073	51-0163667			14,553.				
	NEW RIVER FAMILY SHELTER	54-1506647			9,688.				
	CHRISTIANSBURG, VA 24073	54-1773419			20,119.				
	NRV CARES	54-1485618			5,890.				
	CHRISTIANSBURG, VA 24073	54-1607968			5,155.				
	RADFORD CLOTHING BANK	54-6060468			10,080.				
	RADFORD, VA 24141								
	RADFORD MEALS ON WHEELS								
	RADFORD, VA 24143								
	UNITED FUND OF GILES COUNTY								
PEARISBURG, VA	UNITED WAY OF PULASKI	54-6054898			26,895.				
	PULASKI, VA 24061	54-1121334			31,557.				
	WOMEN'S RESOURCE CENTER OF T								
	RADFORD, VA 24141								

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

Cat No 51026W

Schedule I-1 (Form 990) 2009

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

UNITED WAY OF MONTGOMERY, RADFORD AND FLOYD, INC.

Employer identification number

54 0739250

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		56,787	RETAIL VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (OFFICE SUPPLIE)	✓	1	2,000.	RETAIL VALUE
26 Other ► (MED DISC CARD)	✓	20000	599,000.	RETAIL VALUE
27 Other ► (.....)				
28 Other ► (.....)				

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

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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**

UNITED WAY OF MONTGOMERY, RADFORD AND FLOYD, INC.

Employer identification number

54 : 0739250

Form 990, Part III, Line 1-Organization Mission

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

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

2009-2010 WAS THE FIFTH OF OPERATION FOR UWMRF'S LOCAL VOLUNTEER AND GIFT-DONATION PROGRAM
WHICH WAS RENAMED "VOLUNTEERNRV." THE PROGRAM EXPANDED TO PROVIDE FREE EVENT MANAGEMENT
SERVICES TO LOCAL GROUPS IN NEED OF THIS SERVICE. AS OF JUNE 30, 2010, THE CENTER HAD 1,304
REGISTERED (REGULAR) USERS, AND MADE 1,292 INDIVIDUAL REFERRALS ONLINE ONLY, AND MORE THAN 150
OTHER VOLUNTEER REFERRALS. THE REFERRAL INCREASE WAS 64% OVER THE PRIOR YEAR. THE PROGRAM IS
USED TO COMMUNICATE NON-PROFIT INFORMATION AND COMMUNITY-RELATED NEWS TO NON-PROFITS/CHARITIES
AND INDIVIDUALS ALIKE. 78 AGENCIES MAINTAINED PARTICIPATION IN THE PROGRAM LISTING AN AVERAGE
OF 125 VOLUNTEER OPPORTUNITIES A MONTH IN THE NEW RIVER VALLEY.

THE ORGANIZATION SERVES AS THE ADMINISTRATOR AND MANAGER OF THE EMERGENCY FOOD & SHELTER
PROGRAM (EFSP OF FEMA) FOR MONTGOMERY COUNTY, FLOYD COUNTY, AND RADFORD CITY. THE FUNDS
FOR LOCAL FOOD AND SHELTER PROGRAMS TOTALED \$70,915 IN FISCAL YEAR 2009-2010 FURTHER HELPING
CITIZENS IN NEED OF FOOD AND SHELTER SERVICES IN THESE THREE JURISDICTIONS.

THE UNITED IN CARING FUND, ESTABLISHED IN RESPONSE TO THE APRIL 16 VIRGINIA TECH TRAGEDY TO BE
DISPERSED IN MULTIPLE PHASES TO SUPPORT THE NEEDS OF VICTIMS AND THEIR FAMILIES AND COMMUNITY-
WIDE HEALING EFFORTS THROUGHOUT THE NEW RIVER VALLY, WAS CLOSED. AFTER REVIEW OF A SURVEY OF
NEEDS, THE VOLUNTEER COMMITTEE OF COMMUNITY LEADERS WHO GOVERNED THE FUND, DISPERSED THE
REMAINING FUNDS TO LOCAL COMMUNITY EFFORTS TO AID WITH MENTAL HEALTH EFFORTS AND COMMUNITY
VIOLENCE PREVENTION.

Name of the organization

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

Employer identification number

54 0739250

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

OUR UNITED WAY PROVIDES INFORMATION AND REFERRAL SERVICES. TYPICALLY HANDLING 3-5 CONTACTS A DAY, OR MORE DURING CERTAIN SEASONS, WE MANAGE CALLS, EMAILS, WALK-IN REQUESTS FOR INDIVIDUALS, FAMILIES, ORGANIZATIONS, AND BUSINESS SEEKING NON-PROFIT INFORMATION, WHERE TO FIND HELP, WHO TO CALL FOR SERVICES OR OTHER INFORMATION, AND COORDINATE OR ARRANGE SERVICE DELIVERY (THE ORGANIZATION ESTIMATES ABOUT 775 CONTACTS FOR 2009-2010).

COMMUNITY COLLABORATION: SOME EXAMPLES OF UWMRF'S COMMUNITY PARTNER COLLABORATIONS ARE: CO-SPONSOR OF THE NATIONAL ASSOCIATION OF LETTER CARRIERS SPRING FOOD DRIVE HELPING BRING IN 8-9 TONS OF FOOD FOR LOCAL FOOD PANTRIES; ANCHOR PARTNER IN THE COLLABORATIVE EMERGENCY CHRISTMAS ASSISTANCE PROGRAM (TOYS FROM THE HEART) FOR LOCAL AREA CHILDREN; AND A LOCAL SCHOOL SUPPLIES DRIVE WITH SOME OF OUR PARTNER AGENCIES.

THE ORGANIZATION UTILIZED APPROXIMATELY 270 VOLUNTEERS ACROSS THE COMMUNITY IN 2009-2010 WHO VOLUNTEERED THEIR TIME WITH COMPANY CAMPAIGNS, THE COMMUNITY CAMPAIGN, COMMUNITY INVESTMENT, DAYS OF CARING, OR OTHER VOLUNTEER PROJECTS, SERVING ON THE BOARD AND BOARD TEAMS (COMMITTEES), AND WITH OTHER SPECIAL ACTIVITIES INVOLVING OUR UNITED WAY.

OUR EFFORTS AS THE LOCAL GIFTS IN KIND COORDINATOR PROVIDED DONATED MERCHANDISE, INCLUDING COMPUTER HARDWARE AND SOFTWARE, OFFICE FURNITURE, CLOTHING, AND CHILDREN'S TOYS TO AREA NON-PROFITS VALUED AT THOUSANDS OF DOLLARS. IN 09-10 THIS INCLUDED PARTICIPATION IN THE NATION BED, BATH AND BEYOND PROGRAM LOCALLY, AND THE TARGET SHARE-A-TREE PROGRAM. THE BB&B PROGRAM ALONE ACCOUNTED FOR \$54,487 OF DONATED MERCHANDISE UWMRF PROVIDED TO AREA NON-PROFITS THAT SERVED LOCAL RESIDENTS IN OUR COMMUNITY.

THE FAMILYWISE PRESCRIPTION MEDICATION DISCOUNT CARD PROGRAM IS A SIGNIFICANT IMPACT PROGRAM IN OUR COMMUNITY. IN 09-10, 22,057 CLAIMS WERE MADE USING THESE CARDS RESULTING IN SAVING LOCAL FAMILIES \$316,811-SAVINGS THEY CAN USE FOR OTHER CRITICAL FAMILY NEEDS.

Name of the organization

UNITED WAY OF MONTGOMERY, RADFORD AND FLOYD, INC.

Employer identification number

54 0739250

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

OUR UNITED WAY DISTRIBUTES THE CARDS ON REQUEST, THROUGH BUSINESS PARTNERS, AGENCY PARTNERS,
AND VIA PUBLIC EVENTS AND OTHER ARRANGEMENTS.

Form 990, Part VI, Line 4 - Significant Changed to Organizational Documents

EFFECTIVE OCTOBER, 2009: ALL "COMMITTEES" CHANGED TO "TEAMS"; BOARD OF DIRECTOR DUTIES UPDATED;
POSITIONS OF VICE PRESIDENT AND COMMUNITY BUILDING PROGRAMS CHAIR ELIMINATED; POSITION OF
LEGAL ADVISOR ADDED; NOMINATIONS FUNCTION MOVED TO RESPONSIBILITY OF EXECUTIVE TEAM AND
PRESIDENT-ELECT PUT IN CHARGE OF PROCESS; ADDITIONAL TEAMS ADDED ARE RESOURCE DEVELOPMENT-
FUTURE CAMPAIGN PLANNING/DEVELOPMENT TEAM, COLLABORATION: BUSINESS & COMMUNITY TEAM,
COLLABORATION: UNIVERSITIES & STUDENTS TEAM, AND TECHNOLOGY TEAM; COMMUNITY INVESTMENT TERMS
UPDATED; ADDED TERM "PROGRAMS" AS IS CURRENTLY USED ALONG WITH "PARTNER AGENCIES"; CORRECTED
"CALENDAR YEAR" TO "FISCAL YEAR" WHERE APPROPRIATE.

Form 990, Part VI, Line 11 - Form 990 Review Process

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

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

THE PERSONNEL ADVISOR ON THE BOARD OF DIRECTORS GATHERS DATA FROM UNITED WAY WORLDWIDE,
LOCAL NON-PROFITS, AND GOVERNMENTAL RESOURCES. THE ADVISOR LEADS AN EVALUATION OF THE
EXECUTIVE DIRECTOR; THE EXECUTIVE DIRECTOR CONDUCTS THE EVALUATIONS OF OTHER KEY EMPLOYEES
WHICH ARE REVIEWED WITH THE PERSONNEL ADVISOR AND EXECUTIVE TEAM (COMMITTEE). COMPENSATION IS
REVIEWED ANNUALLY. THE BOARD OF DIRECTORS ARE ALL VOLUNTEERS AND ARE NOT COMPENSATED.

Name of the organization

UNITED WAY OF MONTGOMERY, RADFORD AND FLOYD, INC.

Employer identification number

54

0739250

Form 990, Part VI, Line 19 - Other Organization Documents Publically Available

ALL GOVERNING DOCUMENTS OF THE ORGANIZATION, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

REASON FOR AMENDING THE RETURN - THE ANNUAL FINANCIAL AUDIT WAS NOT PERFORMED UNTIL AFTER THE

TAX RETURN DUE DATE. THIS AMENDED RETURN REFLECTS THE AMOUNTS SHOWN ON THE AUDITED FINANCIALS.