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Form

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013 Open to Public Inspection

OMB No 1545-0047

D	heck if applicable	alendar year, or tax year begind C Name of organization	TED WAY OF DANVILLE	PTTTSYLVANTA		D Employe	er identification number
	ddress change	COU		TITOILVENIA			
	ame change	Doing Business As				54-0	0526200
\equiv	· ·	Number and street (or P O box if mail	I is not delivered to street address)		Room/suite	E Telephor	ne number
	itial return	308 CRAGHEAD STR	EET		104		
	erminated	City or town, state or province, country	y, and ZIP or foreign postal code				
A	mended return	DANVILLE	VA 24541			G Gross receip	ots\$ 325,12
A	pplication pending	F Name and address of principal officer			H(a) Is this a gr	oup return for sub	pordinates? Yes X
					H(b) Are all sub	oordinates includ	led? Yes I
	·				If "No,	" attach a list (s	ee instructions)
1 7	ax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a	a)(1) or 527			
J V	Vebsite: 🕨 🦁	WW.DPUWAY.ORG	·	- · · -		emption number	
	orm of organization		Association Other >	L Y	ear of formation 1	.922	M State of legal domicile V
Pa		ımmary					
	•	scribe the organization's mission	<u> </u>				
9			BILIZING THE CARING				
Activities & Governance	LAST	ING, MEASURABLE CH	ANGE IN THE COMMUNI	TY CONDITIONS	THAT AFF	ECT US I	MOST.
Ş		. []					
<u> ဗိ</u>			discontinued its operations or dis	sposed of more than 25	% of its net as:	1 1	10
∞5		of voting members of the govern	• • • • • • • • • • • • • • • • • • • •			3	19
		•	of the governing body (Part VI, I			4	18
ጀ		• •	calendar year 2013 (Part V, Ilne	20)		5	13
لأ		nber of volunteers (estimate if n		SULIVED.		6	0
	7a Total unr	elated business revenue from P	'art VIII, column (C), line		2	7a	
_	b Net unre	ated business taxable income f	rom Form 990-T, line 348	AUG 2 0 2014 🖟	3	7b	
					Prior Ye		Current Year
ا <u>ب</u> و		ions and grants (Part VIII, line 1	11 11 11	GDEN IT	5 65	6,393	319,44
Kevenue	•	service revenue (Part VIII, line	29)		-	- 104	1 00
§		nt income (Part VIII, column (A				3,134	1,00
٦		renue (Part VIII, column (A), line		-		8,633	4,67
-			must equal Part VIII, column (A),	line 12)		8,160	325,12
	13 Grants a	nd similar amounts paid (Part I)	(, column (A), lines 1–3)	-	47	9,313	4,50
		paid to or for members (Part IX,		<u> </u>			
S	15 Salaries,	other compensation, employee	benefits (Part IX, column (A), lin	ies 5–10)	23	7,797	73,59
benses	16a Profession	onal fundraising fees (Part IX, co	olumn (A), line 11e)				
	b Total fun	draising expenses (Part IX, colu	ımn (D), line 25) ▶	3,430			
<u>~</u>	17 Other ex	oenses (Part IX, column (A), line	es 11a–11d, 11f–24e)			0,409	124,11
	18 Total exp	enses Add lines 13-17 (must e	equal Part IX, column (A), line 25	j)		7,519	202,20
Ц	19 Revenue	less expenses Subtract line 18	3 from line 12			9,359	122,92
d Balances				-	Beginning of Cu		End of Year
	20 Total ass	ets (Part X, line 16)		-		3,990	1,273,38
뜋		ulities (Part X, line 26)		<u> </u>		6,189	262,65
<u>킬</u>		ts or fund balances Subtract lin	ne 21 from line 20		88	7,801	1,010,72
<u> P</u>	art II Si	gnature Block					
			ned this return, including accompanyi ther than officer) is based on all infor				wledge and belief, it is
		RALL	<u>, , , , , , , , , , , , , , , , , , , </u>				7/14
	n 🏲 🤅	ignature of officer				Date	
Sig		RACHEL SANFORD	PRESIDI	ENT C	HAIR		
_		ype or print name and title					
_		ype or print name and title	Preparer's signature		Date	Check	ıf PTIN
_		e preparer's name	1 reparer a anginatare				
ler	Print/Typ	e preparer's name	Treparer 3 signature		08/01	/14 self-empl	oyed P01079484
ler	Print/Typ BRIAN	e preparer's name TURNER			· · · · · · · · · · · · · · · · · · ·		
Paid	Print/Typ BRIAN	e preparer's name TURNER me	ASSOCIATES, CPAS	ITE A	· · · · · · · · · · · · · · · · · · ·	/14 self-empl	
Her Paid Prep	Print/Typ BRIAN Parer Only	e preparer's name TURNER me	ASSOCIATES, CPAS ERSIDE DRIVE, SU	ITE A	F	Firm's EIN	20-2330049
Use	Print/Typ BRIAN Firm's na Only Firm's ad	e preparer's name TURNER me	ASSOCIATES, CPAS ERSIDE DRIVE, SU	ITE A	F	irm's EIN	oyed P01079484 20-2330049 434-822-200 Yes No

Check if Schedule O contains a response or note to any line in this Part III Brelly describe the organization smeans TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY TO MAKE LASTING, MEASURABLE CHANGE IN THE COMMUNITY CONDITIONS THAT AFFECT US MOST. Did the organization underfase any significant program services during the year which were not listed on the price from 900 or 990-E27 Wes. "describe these new services on Schedule O Did the organization crease conducting, or make significant changes in how it conducts, any program services of the unganization's program service acts of its three largest program services, as measured by supposes Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, 4 any for each program service reported 4a (Code) (Expenses \$ 1.38, 857 micloting grants of \$ 4,500) (Revenue \$ ACQUIRING, UNITING, AND FOCUSING COMMUNITY RESOURCES TO CREATE SUSTAINED, MEASURABLE CHANGE IN THE COMMUNITY CONDITIONS. 4b (Code) (Expenses \$ including grants of \$) (Revenue \$			NVILLE-PITTSYLVANIA 54	-0526200	Page 2
18 Bettly describe the organization's mission TOT IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY TO MAKE LASTING, MEASURABLE CHANGE IN THE COMMUNITY CONDITIONS THAT AFFECT US MOST. 2 Did the organization underfake any significant program services during the year which were not listed on the prior Form 900 or 990-E27 If "Yes," describe these new services on Schedule O 3 Did the organization program services conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O 4 Describe the organization's program service scoopile/ments for each of its three targest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, a fary, for each program service reported 44 (Code) (Expenses S 138, 857 including grants of \$ 4,500) (Revenue S ACQUIRING, UNITING, AND FOCUSING COMMUNITY RESOURCES TO CREATE SUSTAINED, MEASURABLE CHANGE IN THE COMMUNITY CONDITIONS. 4b (Code) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)		-	•	ous Port III	
TO TMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY TO MAKE LASTING, MEASURABLE CHANGE IN THE COMMUNITY CONDITIONS THAT AFFECT US MOST. 2. Did the organization undertaxe any significant program services during the year which were not listed on the prior Form 990 or 990-627. If Yes, "describe these are services on Schedule O. 3. Did the organization cases conducting, or make significant changes in how it conducts, any program services? If Yes, "describe these changes on Schedule O. 4. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expanses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, fairly, for each program service reported. 4. Code ()Expenses S 1.38, 857 metuding grants of S 4,500 () (Revenue S ACQUIRTING, UNITING, AND POCUSING COMMUNITY RESOURCES TO CREATE SUSTAINED, MEASURABLE CHANGE IN THE COMMUNITY CONDITIONS. 4. Code ()Expenses S including grants of S () (Revenue S () () () () () () () () () () () () ()			is a response or note to any line in the	ils Part III	
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4 Cecode) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	3 Did the organ services?	nization cease conducting, or ma	ke significant changes in how it conducts, any	/ program	Yes X No
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(Expenses \$ including grants of \$) (Revenue \$)					
	•) (Revenue \$,
			138,857) (iveseline Φ	

Part IV Checklist of	Required Schedules
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			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	37
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u>X</u>
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	,		x
4	•	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
_		4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		ľ	
		_	i	X
6	Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
0				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		x
7	"Yes," complete Schedule D, Part I	- 0	-	
′	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
	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,"		1	x
^	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		1	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			x
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		х
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
''	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	x	
h	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	Ha	^	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		22
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		-21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 111		
	Schedule D, Parts XI and XII	12a		x
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	174		
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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 (see instructions)	17	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	
	Part VIII, lines 1c and 8a ⁵ If "Yes," complete Schedule G, Part II	18	1	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	İ	X
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or 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			7,7
	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 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defease any tax-exempt bonds?	24c		
	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	250		x
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ
D	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?	25b		x
26	If "Yes," complete Schedule L, Part I	250		
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	4.	
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? 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)			
а	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		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
_	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ. <u>.</u>	
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	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X) (2042
		_	00/	1

Pa	Check if School of Contains a reserve as a set to any line in the Det \	,				\Box
	Check if Schedule O contains a response or note to any line in this Part \	/			T.,	┌╏
4-	Enter the number reported in Rev 2 of Form 1000. Enter 0 of not applicable	4- 1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a 1b		-		
b	• • • • • • • • • • • • • • • • • • • •	ID]		\dashv		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			1.0		x
20	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W. 3. Transmitted of West and Tax	1		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	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	x	!
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			25		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		tv	100		
	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 instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accou	nts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	Ĺ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		<u></u>
7	Organizations that may receive deductible contributions under section 170(c).				1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				
	and services provided to the payor?			7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s				1
	required to file Form 8282?	1		7c	<u> </u>	<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		┥.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		,	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra- if the organization received a contribution of qualified intellectual property, did the organization file For		0 00 1000000000000000000000000000000000	7f		├──
g h	If the organization received a contribution of qualified intellectual property, did the organization life For		•	7 <u>g</u> 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		; a ; om 1030-0;	<u>'''</u>		\vdash
•	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.			_ <u>_</u> _		
а	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					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				1
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					
а	Gross income from members or shareholders	11a	<u></u>			
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	10417	•	12a	 _	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				 	<u> </u>
а	is the organization licensed to issue qualified health plans in more than one state?			13a	 	<u> </u>
L	Note. See the instructions for additional information the organization must report on Schedule O					1
b	Enter the amount of reserves the organization is required to maintain by the states in which	ایما				1
_	the organization is licensed to issue qualified health plans	13b				1
C 14a	Enter the amount of reserves on hand [Did the organization receive any payments for indeed tanping services during the tay year?]	13c		44-	$\vdash \vdash \vdash$	x
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14a	\vdash	
DAA			·		 _ 991) (2013)
- •				1 01		- (=0.0)

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 Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 19 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 18 Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did 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? The organization's CEO, Executive Director, or top management official 15a X **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? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > THE CORPORATION 308 CRAGHEAD STREET, SUITE 104 DANVILLE VA 24540 434-792-3700

UNITEDWAY	
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Form 990 (2013) UNITED WAY OF DANV	ILLE-PITTSYLVANIA 54-0526200
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		· ugu
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	
•	Objects & Ophodula Operation 1997	

Check if Schedule O contains a response or note to any line in this Part VII

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

- 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, if any 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 neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	bo off	x, unl	Pos check ess pe	rson	than one is both an or/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) NATHAN COOK									
	40.00								
CORP. SECRETARY	0.00	X		X			12,320	0	0
(2) TAMMY MOSER									
	0.00								
DIRECTOR	0.00	X					0	0	0
(3) ERIC DEATON									
	0.00								
DIRECTOR	0.00	X					0	0	0
(4) JULIE BROWN									
	0.00	ł							
VICE CHAIR, MARKETIN	0.00	X		X			0	0	0
(5) BUDDY RAWLEY	•							-	
	0.00								
DIRECTOR	0.00	X				L	0	0	0
(6) BRETT JACKSON									
	0.00								
BOARD CHAIRMAN	0.00	X		X			0	0	0
(7) STEVE KAYLOR									
	0.00		1			†			
VICE CHAIR, COMMUNITY	0.00	X	<u> </u>	X			0	0	0
(8) JEFF LIVERMAN									
	0.00				ł				
VICE CHAIR, VOLUNTEE	0.00	X		X			0	0	0
(9) RODNEY REYNOLDS				T					
	0.00								
VICE CHAIR, OPERATIO	0.00	X	l _	X			0	0	0
(10) CHRISTINE BAGGER	LY								
	0.00		1						
DIRECTOR	0.00	X			L			0	0
(11) RACHAEL SANFORD									
	0.00								
VICE CHAIR, RESOURCE	0.00	X	L	X			0	0	0
DAA									Form 990 (2013)

Form 990 (2013) UNITED	WAY	OF 1	DANVILLE	-PITTSYLVA	NIA	54-0526	5200	_
Part VII	Section A. Offi	cers, Dir	ectors,	Trustees, Key	Employees, and Hi	ghest C	ompensated I	Employees	(continued)

, (A) Name and title	(B) Average hours per week (list any hours for	bo. off	x, unle icer a	Pos check ess pe	rson	than o s both r/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimate amount other compens.	t of r ation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(***21033-41136)		organiza and rela organiza	ation ated	
(12) CLARISSA KNIGHT													
	0.00												
DIRECTOR	0.00	X		<u> </u>		_		0	0				0
(13) TIM NOE	0.00												
DIRECTOR	0.00	x						0	o				0
(14) SARAH WELLER	0.00		-					<u> </u>	<u> </u>				
(14)	0.00												
DIRECTOR	0.00	X						0	0				0
(15) CHARLES HAYNSWO	TH, IV												
	0.00												
DIRECTOR	0.00	X						0	0				0
(16) SHANNON MOON													
DIRECTOR	0.00	3,5						_	_	:			_
(17) LARRY ODHAM	0.00	X			-			0	0	<u> </u>		<u>-</u>	0
(II) IIAKKI ODIIAM	0.00												
DIRECTOR	0.00	х						0	o				0
(18) KRISTY WOLFE			<u> </u>				-						
,	0.00												
DIRECTOR	0.00	X						0	0				0
(19)					!								
1b Sub-total		.					▶	12,320				-	
c Total from continuation shee	ets to Part VII, \$	Secti	on A	4			>						
d Total (add lines 1b and 1c)							▶	12,320		<u> </u>			
2 Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 in				
Toportable compensation from	the organization											Yes	No
3 Did the organization list any fo								oyee, or highest compensa	ited				
employee on line 1a? If "Yes," 4 For any individual listed on line								un and other compensation	from the		3		<u> </u>
organization and related organ													
individual	_							·			4		<u> </u>
5 Did any person listed on line 1 for services rendered to the or									ndıvıdual		5		x
Section B. Independent Contracto		03,	COIII	pick		icuu	<u> </u>	TOT SUCTI PETSON					<u> </u>
1 Complete this table for your five	e highest comp	ensa	ted i	nde	end	ent c	ontr	ractors that received more	than \$100,000 of				
compensation from the organi		ompe	ensa	tion	for t	ne ca	lend I			ear		(0)	
Name and	(A) business address							Descrip	(B) tion of services		Cor	(C) npensati	on
		_									 		
	<u></u>								······································				
											<u>L</u> _		
							_				<u> </u>		
2 Total number of independent	nontractors (:==1:	ıdır -	. ht	n - 1	luma : A	od 4.	45-	an listed observal with a			 		
2 Total number of independent of received more than \$100,000								se listed above) who	0				
DAA											Forn	990	/2013\

		Check if Schedule	<u> </u>	itali is a	response o			(C)	(0)
				1	'	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	1a			i	Toveride		012-014
ìrar oun	b	Membership dues	1b			1		ı	;
S, C	С	Fundraising events	1c					1	
a ët	d	Related organizations	1d		58,510	:			
S. imi	е	Government grants (contributions)	1e		87,754	·			i '
rijo er S	f	All other contributions, gifts, grants,				ı		1	i
뜣		and similar amounts not included above	1f		173,177			r	
Program Service Revenue Contributions, Gifts, Grants	g		a-1f	\$		222			
<u>a</u>	<u>h</u>	Total. Add lines 1a-1f			, ▶	319,441			
eun					Busn Code				
Rev	2a				 	-			
<u>.</u>	b				 				
ē	d								
E	٩								
gra	f	All other program service reve	nue						
P	a	Total. Add lines 2a–2f			•			······································	
	3	Investment income (including	dıvıder	nds, intere	est,				
		and other similar amounts)			>	1,009	1,009		
	4	Income from investment of tax	k-exem	pt bond p	roceeds 🕨 🗌				
	5	Royalties			▶ [
		(ı) Real		(II) I	Personal				
	6a	Gross rents 4	, 677						
	b	Less rental exps							
	С	Rental inc or (loss) 4	, 677						
	d	Net rental income or (loss)			•	4,677	4,677		
	/ a	Gross amount from (i) Securities sales of assets	5	(n) Other				
		other than inventory		ļ					
	b	Less cost or other							
		basis & sales exps		<u> </u>		Ì			
	l .	Gain or (loss)		<u> </u>					
	d	• (,		· ·					
e	8a	Gross income from fundraising eve	ents						
Ven		(not including \$							
Other Revenue		of contributions reported on line 10	-						
her	١,	See Part IV, line 18 Less direct expenses	a b						
ö		Net income or (loss) from fund	-	L	•				
		Gross income from gaming activiti		- evenira					
		See Part IV, line 19	a a						
	b	Less direct expenses	a b						
		Net income or (loss) from gan	ning ac	tivities	—				
		Gross sales of inventory, less	-						
		returns and allowances	а						
	ь	Less cost of goods sold	b						
	i e	Net income or (loss) from sale	es of in	ventory	•				
		Miscellaneous Revenue			Busn Code				
	11a								
	b								
	С						· · · · · · · · · · · · · · · · · ·		
	d	All other revenue						·	
	е	Total. Add lines 11a-11d			▶				
	12	Total revenue. See instruction	ns		>	325,127	5,686	0	0

Part IX Statement of Functional Expenses

Do n	Check if Schedule O contains a responsor include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	4 500	4 500	!	
_	organizations in the U.S. See Part IV, line 21	4,500	4,500	· · · · · · · · · · · · · · · · · · ·	
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	12,360	4,697	4,450	3,21
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	49,304	36,978	12,326	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,520	2,640	880	
9	Other employee benefits	5,204	3,903	1,301	
10	Payroll taxes	3,202	2,184	801	21'
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	275		275	 .
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule O)	672	672		
13	Advertising and promotion Office expenses	6,352	5,534	818	
14	Information technology	1,521	3,334	1,521	
15	Royalties			1,521	
16	Occupancy	13,599	10,199	3,400	<u> </u>
17	Travel	711	20/200	711	
	Payments of travel or entertainment expenses			··············	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,329		1,329	
20	Interest	3,255		3,255	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,636	909	2,727	
23	Insurance	1,146		1,146	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	COMMUNITY ASSISTANCE	60,221	43,094	17,127	
b	GRANT EXPENSE	12,432	9,324	3,108	
C	ASSOCIATION DUES	6,174	4,630	1,544	
d	CAMPAIGN CONSULTANT	5,263	3,947	1,316	
	All other expenses	7,529 202,205	5,646 138,857	1,883	3 43
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	202,205	130,83/	59,918	3,43
	organization reported in column (B) joint costs				
	from a combined educational campaign and	+			
	fundraising solicitation Check here ► If following SOP 98-2 (ASC 958-720)				

_	art X						Page 11
		Check if Schedule O contains a response or note	o any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	-		375,013	1	346,229
	2	Savings and temporary cash investments			329,952	2	177,704
	3	Pledges and grants receivable, net		<u></u>	199,144	3	352,591
	1	Accounts receivable, net			1,772	4	100
	5	Loans and other receivables from current and former off	cers d	rectors			,
		trustees, key employees, and highest compensated emp				1	,
		Complete Part II of Schedule L	,,,,,,,,,,			5	
	6	Loans and other receivables from other disqualified pers	ons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B),					,
		sponsoring organizations of section 501(c)(9) voluntary e					
S		organizations (see instructions) Complete Part II of Sch				6	
Assets	7	Notes and loans receivable, net	-	` <u> </u>		7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	2,284
	_	Land, buildings, and equipment cost or	1 1				
		other basis Complete Part VI of Schedule D	10a	466,743			
	ь	Less accumulated depreciation	10b	72,270	398,109	10c	394,473
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11		Ī		12	
	13	Investments—program-related See Part IV, line 11	Γ		13		
	14	Intangible assets		Γ		14	
	15	Other assets See Part IV, line 11		Γ	· · · · · · · · · · · · · · · · · · ·	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34	I)	Γ	1,303,990	16	1,273,381
	17	Accounts payable and accrued expenses			187,431	17	36,033
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV o	f Sche	dule D		21	
es	22	Loans and other payables to current and former officers,	directi	ors,			
Liabilities	İ	trustees, key employees, highest compensated employe	es, an	t l	,		
iab		disqualified persons Complete Part II of Schedule L		<u>\</u>	228,758	22	226,625
_	23	Secured mortgages and notes payable to unrelated third	l partie	s		23	
	24	Unsecured notes and loans payable to unrelated third pa		_	<u> </u>	24	 .
	25	Other liabilities (including federal income tax, payables t		1			
		parties, and other liabilities not included on lines 17-24)	Comp	ete Part X			
		of Schedule D		-	416 100	25	262 652
	26	Total liabilities. Add lines 17 through 25			416,189	26	262,658
(O		Organizations that follow SFAS 117 (ASC 958), check	k here	▶ X and			
Š		complete lines 27 through 29, and lines 33 and 34.			270 000		400.036
alaı	27	Unrestricted net assets		-	379,892 507,909	27	422,936 587,787
8	28	Temporarily restricted net assets		-	301,303		361,161
Ĕ	29	Permanently restricted net assets	\ abaa			29	
P.		Organizations that do not follow SFAS 117 (ASC 958), cnec	k here ▶			
ţ	20	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	t fund	ŀ		30 31	
Ϋ́	31	Paid-in or capital surplus, or land, building, or equipmen Retained earnings, endowment, accumulated income, o		funds	<u>-</u> .	32	
ž	33	Total net assets or fund balances	, other	iunus	887,801	33	1,010,723
	34	Total liabilities and net assets/fund balances		<u></u>	1,303,990		1,273,381
	_ 	Total natimites and net assets/fully balances					Form 990 (2013)

orm	990 (2013) UNITED WAY OF DANVILLE-PITTSYLVANIA 54-0526200			P	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
i	Total revenue (must equal Part VIII, column (A), line 12)	1		325,	127
2	Total expenses (must equal Part IX, column (A), line 25)	2		202,	205
3	Revenue less expenses Subtract line 2 from line 1	3		122,	922
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		887,	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			·
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,	010,	723
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O		İ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				T
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			ł	
b	Were the organization's financial statements audited by an independent accountant?		2	ь	x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both			1	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2	С	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
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?		3	a	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		3	b	
				Form 99	0 (2013)

SCHEDULE A

(Form 990 or 990-EZ)

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. UNITED WAY OF DANVILLE-PITTSYLVANIA COUNTY

Employer identification number 54-0526200

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), A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 Type II c Type III-Functionally integrated d Type III-Non-functionally integrated 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ni) Provide the following information about the supported organization(s) h (i) Name of supported (iv) Is the organization (III) Type of organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization the organization in organization in col (described on lines 1-9 in col (i) listed in your support col (i) of your (i) organized in the above or IRC section governing document? support? (see instructions)) Yes No Yes Yes (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2013

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 or if the organization failed to qualify under Part III I f the organization fails to qualify under the tests listed below, please complete Part III)

	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	13	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,247,131	938,213	1,144,603	656,393	31	9,441	4,305,781
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	1,247,131	938,213	1,144,603	656,393	31	9,441	4,305,781
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							4,305,781
_	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
7	Amounts from line 4	1,247,131	938,213	1,144,603	656,393	31	9,441	4,305,781
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,865	12,497	17,182	21,797			61,341
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						,	4,367,122
12	Gross receipts from related activities, etc	(see instructions)					12	5,686
13	First five years. If the Form 990 is for the	organization's first,	second, third, for	rth, or fifth tax yea	r as a section 501	(c)(3)		
	organization, check this box and stop her							•
Sec	tion C. Computation of Public S	upport Percent	age					
14	Public support percentage for 2013 (line 6	, column (f) divided	by line 11, colum	n (f))			14	98.60%
15	Public support percentage from 2012 Sch	edule A, Part II, line	: 14				15	98.47%
16a	33 1/3% support test—2013. If the organ	ization did not chec	k the box on line	3, and line 14 is 3	3 1/3% or more, cl	heck this		. ==
	box and stop here. The organization qual	•	•					► X
b	33 1/3% support test—2012. If the organ				5 is 33 1/3% or mo	ore,		. \square
	check this box and stop here. The organic			-				▶ [_]
17a								
	10% or more, and if the organization meet							
	Part IV how the organization meets the "fa	acts-and-circumstan	ices" test. The org	anization qualifies	as a publicly supp	orted		. —
	organization							
b	10%-facts-and-circumstances test—201	•		•		line		
	15 is 10% or more, and if the organization				•	L. L. L.		
	Explain in Part IV how the organization me	eets the "tacts-and-	circumstances" te	st ine organization	n qualifies as a pul	рисіу		▶ [
10	supported organization	d not shock a barra	n line 12 16a 16l	170 or 47h ch-	ak this have and	_		▶ ∐
18	Private foundation. If the organization di	и посслеск а вох о	n ine 13, 16a, 16i	o, i/a, or 1/b, che	CK this box and see	e		▶ □
	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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality under	ine lesis listeu	below, please	complete Part	<u>''') </u>	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
С	Add lines 7a and 7b						-
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
С	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, check this box and stop here		st, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
Sec	tion C. Computation of Public Su		ntage				
15	Public support percentage for 2013 (line 8			nn (ft)		15	%
16	Public support percentage from 2012 Sche		•	(.,,,		16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2013 (li	ne 10c, column (f) divided by line 13	, column (f))		17	%
18	Investment income percentage from 2012		·			_18	%
19a	33 1/3% support tests—2013. If the orga	nization did not ch	eck the box on line	e 14, and line 15 is	more than 33 1/3	%, and line	
	17 is not more than 33 1/3%, check this be	ox and stop here.	The organization	qualifies as a publi	cly supported orga	anızatıon	▶ [
b	33 1/3% support tests—2012. If the orga						_
••	line 18 is not more than 33 1/3%, check th		-		•	•	> _
20	Private foundation If the organization did	I not check a boy	on line 14 10a or	19h check this ho	v and can instruct	ione	▶

Schedule A (Form 990 or 990-EZ) 2013 UNITED WAY OF DANVILLE-PITTSYLVANIA 54-0526200

Page -

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 **2013**

Open to Public Inspection

Name of the organization Employer identification number UNITED WAY OF DANVILLE-PITTSYLVANIA COUNTY 54-0526200 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 Total number at end of year 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 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 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? Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 2b b Total acreage restricted by conservation easements 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, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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 In Part XIII, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 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 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X

Schedule D (Form 990) 2013 UNITED WA	A OF. DWWAT	TTE-BILL	SYLVANIA	54-0	526200	Page 2
Part III Organizations Maintaining	Collections of	Art, Historic	al Treasures,	or Othe	er Similar Asset	s (continued)
Using the organization's acquisition, accessio collection items (check all that apply)	n, and other records	s, check any of t	he following that a	re a signifi	cant use of its	
a Public exhibition	d 🗍	Loan or exchang	e programs			
b Scholarly research		Other				
c Preservation for future generations						
4 Provide a description of the organization's col	lections and explain	how they furthe	r the organization'	s exempt r	ournose in Part	
XIII	cotions and explain	Thow they furthe	i the organization	o exempt p	arpose in r art	
	racoura danations o	of art. historical ti	ranguras ar athar	cimilar		
5 During the year, did the organization solicit or						□ vaa □ Na
assets to be sold to raise funds rather than to Part IV Escrow and Custodial Arra	ingements.					Yes No
Complete if the organization 990, Part X, line 21					orted an amoun	t on Form
1a Is the organization an agent, trustee, custodia	n or other intermed	ary for contribut	ions or other asset	ts not		
included on Form 990, Part X?						Yes No
b If "Yes," explain the arrangement in Part XIII a	ind complete the fol	lowing 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 Fo	rm 990 Part X line	212				Yes No
b If "Yes," explain the arrangement in Part XIII			en provided in Pa	o# ¥80		
Part V Endowment Funds.	Officer field if the Ca	cpianation has be	sen provided in 1 a	III XIII		
Complete if the organization	answered "Yes	" to Form 990) Part IV line	10		
Gomplete II the organization	(a) Current year	(b) Prior yea			(d) Three years back	(e) Four years back
4a Basinana of wasa balanca	(a) ourrent year	(b) Thoryca	(0) 140 yea	ara back	(d) Thice years back	(c) roal years back
1a Beginning of year balance					· · · · -	
b Contributions						ļ
c Net investment earnings, gains, and				i		
losses			ļ-			
d Grants or scholarships						
Other expenditures for facilities and						
programs						
f Administrative expenses			•			
g End of year balance						
2 Provide the estimated percentage of the curre	ent year end balance	e (line 1g, colum	n (a)) held as		 -	
a Board designated or quasi-endowment ▶	%	, -				
b Permanent endowment ▶ %						
c Temporarily restricted endowment ▶	%					
The percentages in lines 2a, 2b, and 2c shou						
3a Are there endowment funds not in the posses		ition that are heli	d and administered	d for the		
organization by	sion of the organize	tion that are new	a and administered	a for the		Yes No
,						
(i) unrelated organizations						3a(i)
(ii) related organizations		0 1 1 1 50				3a(ii)
b If "Yes" to 3a(ii), are the related organizations						3b
4 Describe in Part XIII the intended uses of the		wment funds				
Part VI Land, Buildings, and Equi						
Complete if the organization	answered "Yes	<u>s" to Form 99</u>	0, Part IV, line	<u>11a See</u>	e Form 990, Parl	X, line 10
Description of property	(a) Cost or other b	pasis (b) C	Cost or other basis		ccumulated	(d) Book value
	(investment)		(other)	de	preciation	
1a Land						
b Buildings			425,336		37,625	387,711
c Leasehold improvements						
d Equipment	41	,407			34,645	6,762
e Other						
Total. Add lines 1a through 1e (Column (d) must e	qual Form 990, Par	X, column (B).	line 10(c))		•	394,473
	· · · · · · · · · · · · · · · · · · ·	. , ,,,				

Part VII	Investments—Other Securities. Complete if the organization answered "Yes"	to Form 990. Part IV. lin	e 11b. See Form 990. Part X. line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
) Financial	derivatives		
Closely-he	eld equity interests		
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)		,	
(H)		· · ·	
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶	-	
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes"	to Form 990 Part IV Jin	e 11c. See Form 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
	· / · · · · · · · · · · · · · · · · · ·	(2) 223 18188	Cost or end-of-year market value
1)			,
1) 2)			
3)			
4)	 		
5)			
6)			
7)	- .	 -	
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 13) ▶		
Part IX	Other Assets.		
 	Complete if the organization answered "Yes"	to Form 990, Part IV, lin	
	(a) Description		(b) Book value
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
tal. (Colum	n (b) must equal Form 990, Part X, col (B) line 15)		>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" line 25	to Form 990, Part IV, lin	e 11e or 11f See Form 990, Part X,
	(a) Description of liability	(b) Book value	
1) Federal	income taxes		
2)			
3)			
4)			
., 5)			
5) 5)			
7)			
8)			
<u>0) </u>			
·	n (b) must equal Form 990, Part X, col (B) line 25) ▶		
tal /Calue		ī	
	uncertain tax positions. In Part XIII, provide the text of the f	ootnote to the crass-set-s-'s f	nancial statements that conside the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2013 UNITED WAY OF DANVILLE-PIT	TSYI.VANTA 54.	-0526200	Page 4
	art XI Reconciliation of Revenue per Audited Financial Sta			
	Complete if the organization answered "Yes" to Form 99		nao por rectarii.	
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d	<u> </u>	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	enses per Retur	'n.
	Complete if the organization answered "Yes" to Form 99	0, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

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

Part XIII Supplemental Information

^{2,} Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2013 UNITED WAY OF DANVILLE-PITTSYLVANIA 54-0526200

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b

▶ \$

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Information about Schedule L (Form					0 or Form 990-EZ See separate instructions Open To Ptorm 990 or 990-EZ) and its instructions is at www irs gov/form990 Inspection									
Name of the orga	anization	UNITED WAY OF DANVI	LLE-PITTSYL	VANIA				Employer identification number						
		COUNTY	 						5262	00		_		
Part I	Exces	ss Benefit Transaction	ns (section 50°	1(c)(3) and sec	tion !	501(c)(4) organization:	s only)						
	Comple	te if the organization answer	ed "Yes" on Fo	rm 990, Part IV	/, line	258	or 25b, or Form	990-EZ, Part V,	line 4	0b				
1	(a) Name of disqualified person		(b) Relation	(b) Relationship between disqualified person and			(c) Description of tra	ecription of transaction				(d) Corrected?		
	(-,			organizatio	n							Yes	!	No
(1)												ļ		
(2)												<u> </u>	_	
(3)			-									ļ	_	
												<u> </u>	_	
(5)		_ 	 							· - · .		 	_	
(6)								.						
	tne amount section 495	of tax incurred by the organia	zation managei	rs or disqualifie	d pe	rson	s during the year		> 4	:				
		of tax, if any, on line 2, abov	e reimhursed h	ov the organiza	tion				> \$	<u> </u>				
2 2	tiro diriodiri	or tax, ii any, on mio 2, abov	0, 10,111,000,000	oy the organiza					- 4	<i></i>				
Part II	Loans	to and/or From Inter	acted Parce	ne -										
		te if the organization answer			rt V	line :	38a or Form 990	Part IV line 26	or if th	he				
		ation reported an amount on					oou or r omir ooo,	1 dit 14, inic 20,	0, ,, (,					
		of interested person	(b) Relationship	(c) Purpose of	(d) L	oan to	, , ,	(f) Balance due	(g) In (default?		proved		ritten
			with organization	loan		m the g ?	principal amount					oard or nittee?	agree	ment?
					-	From			Yes	No	Yes	No	Yes	No
NOTE P	AYABLE- E	BET												
(1)					X		236,779	226,625	;	X	x		Х	l
					T									
(2)					<u> </u>									
										l				
(3)														
														1
(4)									<u> </u>	ļ	ļ <u></u>			L
									1		1			
(5)	 .				↓	Щ			1	<u> </u>	<u> </u>	ļ	<u> </u>	
(4)														1
(6)					\vdash	\vdash			ļ	-	<u> </u>	-		<u> </u>
(7)									1					l
_(7)				 	+-	$\vdash\vdash$			├			 		
					1				1					ı

Total Part III **Grants or Assistance Benefiting Interested Persons.**

_	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				-	
(2)					
(3)					
(4)					
5)					
6)					
7)					
(8)					
9)					
0)				· - · · · ·	

(9)

(10)

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

UNITED WAY OF DANVILLE-PITTSYLVANIA COUNTY

Employer identification number 54-0526200

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANTIZATION HAS CONTRIBUTING

MEMBERS AND NO BENEFICIARY MEMBERS. CONTRIBUTING MEMBERS ARE THOSE WHO MAKE

ANY FINANCIAL CONTRIBUTION TO THE ORGANIZATION DURING THE MOST RECENT YEAR.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

FOMR 990, PART VI, SECTION A, LINE 7A: AN ANNUAL MEETING OF CONTRIBUTING

MEMEBERS IS CONVENED EACH YEAR, AND A QUORUM OF THE CONTRIBUTING MEMBERS IS

PRESENT WHICH ELECTS THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990, PART VI, SECTION B, LINE 11: A CERERTIFIED PUBLIC ACCOUNTANT REVIEWS THE 990 AND THE AUDITED FINANCIAL STATEMENTS WITH THE ORGANIZATION'S AUDIT COMMITTEE. THE VICE CHAIR FOR OPERATIONAL EXCELLENCE/TREASURER OF THE ORGANIZATION THEN REVIEWS THE ENTIRE 990 AND AUDITED FINANCIAL STATEMENTS AT A MEETING OF THE BOARD OF DIRECTIORS. THIS IS DONE ANNUALLY, BEFORE THE FILING OF THE FORM 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR, EVERY MEMBER OF

THE BOARD OF DIRECTORS AND PROFESSIONAL STAFF IS REQUIRED TO RENEW A

SIGNED STATEMENT DISCLOSING/LISTING ANY REAL OR POTENTIAL CONFLICTS OF

INTEREST.THESE ARE USED AS ISSUES ARISE FOR BOARD ACTION, IN WICH BOARD

MEMBERS MAY BE REQUIRED TO RECUSE THEMSELVES FROM VOTING, DISCUSSING, OR

EVEN BEING PRESENT FOR DISCUSSIONS ON ISSUES THAT RELATE TO THEIR CONFLICT

Name of the organization

UNITED WAY OF DANVILLE-PITTSYLVANIA

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54-0526200

OF INTEREST.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF OFFICERS ARE
WITHIN THE GUIDELINE OF GEOGRAPHICAL LOCATION AND WITH OTHER UNITED
WAY ORGANIZATIONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION HAS A SECTION

FOR ORGANIZATIONAL DOCUMENTS ON THEIR WEBSITE WHICH INCLUDES THE

FOLLOWING: BYLAWS, FINANCIAL STATEMENTS, FORM 990, STRATEGIC PLAN OVERVIEW,

501(C) (3) DETERMINATION DOCUMENTS, CODE OF EITHICS, CONFLICT OF INTEREST

POLICY, EQUAL OPPORTUNITY POLICY, AND DIVERSITY STATEMENT.

THE PROCESS HAS NOT CHANGED IN THE CURRENT YEAR.