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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

<u>A</u> _	For the	a 2013 calendar year, or tax year beginning JUL 1, 2013 and e	ending J	UN 30, 2014	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	applicabl	UNITED WAY OF NORTHERN SHENANDOAH			
Γ	Addre	SS TATTER THE			
Ē	Name			54-0	525106
Ť	Initial		Room/suite		
늗	iretum Termir		201	E Telephone number	536-1610
늗	ated Amend	ded .	.01		
늗	retum Applic	City or town, state or province, country, and ZIP or toreign postal code		G Gross receipts \$	1,158,105.
L_	tion pendir	WINCHESTER, VA 22001		H(a) is this a group re	
	P	F Name and address of principal officer: JUSEPH SHTULIPIAN		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
1	Tax-exe	empt status: X 501(c)(3) 501(c) ()	r 527	if "No," attach a	list. (see instructions)
J	Websit	te: ► WWW.UNITEDWAYNSV.ORG	_	H(c) Group exemptio	n number
K	Form of	organization X Corporation	L Year	of formation 1946 N	State of legal domicile VA
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: ${ m TO}$ IN	ICREAS	E THE ORGAN	IZED
Activities & Governance		CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHE	ER		
Ē.	1	Check this box If the organization discontinued its operations or dispos		than 25% of its net as	ssets.
Š	1	Number of voting members of the governing body (Part VI, line 1a)		3	26
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	25
જ	1			5	5
Ë,		Total number of individuals employed in calendar year 2013 (Part V, line 2a)		6	2835
₹.		Total number of volunteers (estimate if necessary)		 	0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	
ச ை ∠ிறி≰ Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	ļ	170,791.	1,010,358.
∌ ₹	9	Program service revenue (Part VIII, line 2g)	<u> </u>	0.	35,343.
ම <u>ද</u> ්	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<1,076.	
2 3 5 5	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,213.	34,909.
3	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		187,928.	1,081,612.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		318,993.	682,796.
]		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
, ,	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		116,585.	240,301.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Den Den	104		30 -		
X	1 "			44,361.	72,561.
	17	Other expenses (Part IX, column (A), lines 11a-110, 11f-248)	-	479,939.	995,658.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line-25)		<292,011.	
-	19	Tioveride less expenses: George mile 19 11911 miles 2 7 11 11 11 11 11 11 11			
Net Assets or	1	(6)	80	ginning of Current Year 1,584,291.	End of Year 1,665,401.
SSE	20	high inches			
# Z	21		<u> </u>	208,139.	584,191.
2,5	22	Net assets or fund balances. Subtract line 21 from line 20		1,376,152.	1,081,210.
	art II	···			
Un	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is
tru	e, correc	ct, and complete Declaration of preparer (other thap officer) is based on all information of wh	ich preparei	r has any knowledge	
		Theodor William Travel		12-1	5-14
Sig	n	Signature of officer		Date	- •
He		THEODORE WILLIAM TROXELL, TREASURER			
		Type or print name and title			
	-	Print/Type preparer's name Preparer's signature/		Date Check	PTIN
Þai	id		CAT 1	2/04/14 if self-employ	P00842330
	parer	Firm's name RUTHERFORD & JOHNSON, PC	-174	Firm's EIN	54-1782073
	e Only	116 100 500 500 500		o Ent	<u> </u>
US	s only	Firm's address 116 MEDICAL CIRCLE WINCHESTER, VA 22601		Phone no 54	0-662-7070
_		<u></u>	 -	Triinin iin 34	
		RS discuss this return with the preparer shown above? (see instructions)			
332	001 10-2	29-13 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2013)

_				
40	Other program	ı services (Describe in	Schedule O.)

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ►

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Form **990** (2013)

827,217.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			••
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
Q	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	·	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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," complete Schedule D,			
	Part VI	11a	<u>X</u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			Х
فد	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d		х
	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	11e	X	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if 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_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		<u> </u>
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			v
	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	40		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	'		┌┈
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	}
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		Form	990	(2013)

Form 990 (2013) VALLEY, INC.
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	<u> </u>
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 employees? If "Yes," complete			Ì
	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			ļ
	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		l	}
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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,		ł	
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			•
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			X
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Α_
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):	00-		Х
		28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	1	x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_	 	1
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?	30	 	
٥,	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<u> </u>
02	Schedule N, Part II	32	ł	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part 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
	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		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<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	<u> </u>
		Earn	990	(2013)

Teste Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable	Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V						
16 Enter the number reported in Box 3 of Form 1086. Enter -0* In oil applicable		Chronic in Control Con			<u> </u>	- -	Yes	No
b Enter the number of Forms W2G included in line 1a. Enter 0-If not applicable — Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winness? 2 Enter the number of employees reported on Form W3, Transmitted of Wage and Tax Stafements, lifed for the calendar year ending with or within the year covered by this return 3 It all least one is reported on line 2a, dot the organization field and line quinted federal employment tax returns? 3 It is a least one is reported on line 2a, dot the organization field in all required federal employment tax returns? 3 It is with organization have unrelated businesses gross income of \$1,000 or more during the year? 3 It is with organization have unrelated businesses gross income of \$1,000 or more during the year? 3 It is with organization have unrelated businesses gross income of \$1,000 or more during the year? 4 At any time during the calendar year, did the organization have an interiest in, or a signature or other authority over, a financial accountly? 4 If vers, in the fine a form 900 The Tot the year? If No. 16 in 85 p. organization or the financial accountly? 5 If vers, in the the name of the foreign country; level is an abent account, securities account, or other financial accountly? 5 If vers, in the security of a prohibited tax shelter transaction at any time during the tax year? 5 If vers, in the security of a prohibited tax shelter transaction at any time during the tax year? 5 If vers, in the security of a prohibited tax shelter transaction at any time during the tax year? 5 If vers, in the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 6 If vers, indicate the number of the organization in the verse organization such accounts of the organization selection and party for goods and services provided to the payor? 5 If vers, ind the organization express and services provided to the payor? 6	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		1			
c Dot the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) without system of the within the year covered by this return. 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, rifed for the calendar year ending with or within the year covered by this return. 5 If If year, a set a reported on line 2, did the organization file all required federal employment tax returns? Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 8 Did the organization have unified business gross smoom of \$1,000 or more during the report. 8 If Yes, has if filed a Form 990F for this year? If Yo, "so line 8b, provide an explanation in Schedule O					- 0	5		
Gambing) winnings to prize winners? 8 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. 8 If at least one is reported on line 2.5, old the organization file all required federal employment tax returns? 8 Note. If the sum of lines is and 2.5 in greater than 25.0, you may be required to e-file (see instructions) 9 If If Yea, I have in file a Form 8091 for the year? If You's, I all required a ending time in Schedule O 10 If Yea, I are it file a Form 8091 for the year? If You's, I all red, your wide an explanation in Schedule O 10 If Yea, I are it file a Form 8091 for the year? If You's, I all red, your wide an explanation in Schedule O 10 If Yea, I are it file a Form 8091 for the year? If You's, I all red, you have an explanation in Schedule O 10 If Yea, I are it file a Form 8091 for you have a problement of Foreign Bank and Financial Accounts. 10 If Yea, I are it file a Form 8091 for you have a problement of the organization and the your schedule of your schedule on your schedule o		• •	reporta	able gam	ing	7		
2a 5 5	_		•	Ū		1c		
the for the calendary was ending with or within the year covered by this return. Note. If the sum of lines 1a and 2a is greater than 250, you may be 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 (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yea," has it filed a Form 990-fil for this year? If "No," to line 3b, provide an explanation in Schedule 0. 3a If any time during the calendary 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, so, provide an explanation in Schedule 0. 3b If "Yea," enter the name of the foreign country: Important of the financial accounts of the financial accountry of the second of the program of the foreign sake and Financial Accounts. 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5b If was the organization have annual gross receipts that are normally greater than \$100,000, and clid the organization of the foreign accountry of the foreign seems of the organization than annual gross receipts that are normally greater than \$100,000, and clid the organization sollicit any contributions that were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notify the donor of the value of the goods or services provided? 9d Did the organization received a contribution of quarker foreign section 170(c). 9d Did the organization received a contribution of quarker foreign section 170(c). 9d If "Yes," include the number of Forms 8882 filed during the year 9d Did the organiz	2a							
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines is and 2a is greater than 250, you may be required to efficie (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the upwar? 3b If Yes, 'has it filed a Form 990 if for this year? If Yib, 'ib line 3b, provide an explination in Schedule O 3c At any time during the calendary year, did the organization have in interest in, or a significure or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? 4c At any time of the rorgan country (such as a bank account, securities account, or other financial account? 5c If Yes, 'to line 5a or 5b, did the organization have the axes or as a party to a prohibited tax shelfer transaction at any time during the tax year? 5c If Yes, 'to line 5a or 5b, did the organization file form 8888-17 5d Does the organization and proteins that it was or as a party to a prohibited tax shelfer transaction? 5c If Yes, 'to line 5a or 5b, did the organization file form 8888-17 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d bif the organization receive a payment in exists of \$i5 made pathy as a contribution and pathy for goods and services provided to the payor? 7a The Did the organization receive a payment in exists of \$i5 made pathy as a contribution of upathy and the payor? 7b If Yes, 'did the organization receive a payment in exists of \$i5 made pathy as a contribution of upath of the payor and payment in the payor and payment in the payor and payment in exists of \$i5 made pathy as a contribution of upath of the p			2a			5		
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes,* has it field a Form 990-T for this year? If 'No,* 'to line 3b, provide an explanation in Schedule 0 4b 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 accounts? 5c emstructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts. 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes,* to line 5a or 5b, did the organization that it was or a a party to a prohibited tax shelter transaction? 6c If Yes,* to line 5a or 5b, did the organization that it was or a party to a prohibited tax shelter transaction? 6c If Yes,* to line 5a or 5b, did the organization that it was or a party to a prohibited tax shelter transaction? 6c If Yes,* to line 5a or 5b, did the organization file Form 888617 6c Does the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 6c Organizations that may receive deductible contributions? 6c If Yes,* did the organization include with every solicitation and express statement that such contributions or grifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 8d bit erganization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c If Yes,* did the organization notify the donor of the value of the goods or services provided? 9c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 9c If Yes,* did the organization receive a contribution of cars, boats, arplaines, or other vehicles, did the organization file a Form 109B-07 9c Sponsoring organ	b		turns?			2b		X
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an intreest in, or a signature or other authority over, a financial accountly in control occurs (any occurs) (such as bank account, securities account, or other financial accountly. b if "Yes," enter the name of the foreign country: In See instructions for 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 sheller transaction at any time during the tax year? 5b Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and clid the organizations of the control of the value of the goods or services provided? c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? b if "Yes," clid the organization notify the donor of the value of the goods or services provided? b if "Yes," indicate the number of Forms 8282 filed during the year b if the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? 7b If the organization received a contribution of cars, boats, anipless, or other vehicles, did the organization flee Form 1098-C7 8 sponsoring organization maintaining donor advised funds and section 596(s)01 supporting organization for the section of the control of the control tone of cars, boats, anipless, or other vehicles, did the organization flee form t		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ons)					
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	<u>b</u>	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche	dule O					/20121

Form 990 (2013)

VALLEY, INC.

54-0525106 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	_		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 26			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	X_	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		^
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	404		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Α.	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	х	
40	In Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		15a	Х	1
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15b	Х	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
·va	taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
Ü	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1		
	exempt status with respect to such arrangements?	16b		ļ _
Sec	tion 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 (Section 501(c)(3)s only)	availal	ole	
-	for public inspection. Indicate how you made these available. Check all that apply			
	X 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, a	nd fina	ncial	
. •	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 organiz	ation: I	-	
-	THE ORGANIZATION - 540-536-1610			
	329 N CAMERON STREET, SUITE 201, WINCHESTER, VA 22601			
		Forr	n 990	(2013

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VALLEY, INC.

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

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.

(A)	(B)			(C Posi	<mark>))</mark> Ition	ı		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated amount of
	hours per week					is bot or/trus		compensation from	compensation from related	other
	(list any	Į.						the	organizations	compensation
	hours for	direc				Da Da		organization	(W-2/1099-MISC)	from the
	related	3 2	ustee			ensa		(W-2/1099-MISC)		organization
	organizations	ğ	nal tr		a Sol	E COM				and related
	below	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			organizations
	line) 2 • 0 0	_ <u>≅</u>	뽄	5	<u> </u>	至旨	욘			
(1) DR. DAVID SOVINE	2.00	Х		Х				0.	0.	0.
CHAIR	2.00	^	<u>.</u>	Λ		-		- 0.		
(2) RON KAPLAN	2.00	X		X				0.	0.	0.
1ST VICE CHAIR	2.00	^	-	_	┝			0.		
(3) DARCUS BRENEMAN	2.00	х		Х			1	0.	0.	0.
SECRETARY	2.00	^		Δ.	-	H				
(4) TED TROXELL	2.00	Х		Х				0.	0.	0.
TREASURER (5) KURT BEYREIS	2.00				\vdash	╁	\vdash	•		
(5) KURT BEYREIS FUND DISTRIBUTION	2.00	Х		X				0.	0.	0.
(6) SCOTT HARVARD	2.00	 	\vdash			\vdash				
2ND VICE CHAIR		x		х				0.	0.	0.
(7) BILL BUETTIN	2.00					╁		· · · · · · · · · · · · · · · · · · ·		
BOARD MEMBER		X						0.	0.	0.
(8) DR. JESSE DINGLE	2.00									
BOARD MEMBER		X			İ			0.	0.	0 .
(9) ALAN DOONAN	2.00									
BOARD MEMBER		X			l			0.	0.	0
(10) BRUCE DOWNING	2.00									
BOARD MEMBER		X						0.	0.	0 .
(11) DILTON GIBBS	2.00	1						_	_	_
BOARD MEMBER		X	<u> </u>		_	_		0.	0.	0
(12) MIKE GOCHENOUR	2.00									
BOARD MEMBER		X	_			ļ	<u> </u>	0.	0.	0
(13) JORGE GUTIERREZ	2.00				1		ļ			
BOARD MEMBER		X			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(14) FLOYD HEATER	2.00						1			
BOARD MEMBER		X	ļ	_	<u> </u>	<u> </u>	╙	0.	0.	0
(15) COL. RONALD LIGHT	2.00	١	ŀ			1			_	_
BOARD MEMBER		X	 	<u> </u>	\vdash	╁		0.	0.	0
(16) MARK MERRILL	2.00	١.,								_
BOARD MEMBER	2 00	X	-	-	├-	┼	├ -	0.	0.	0
(17) CHRIS MITCHELL	2.00							0.	0.	0
BOARD MEMBER		X	1.		Ц_		L_		<u> </u>	Form 990 (2013

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VALLEY, INC.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
(A)	(B)			(0	C)			(D)	(E)	Ī		(F)	_
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable		Es	tımate	ed .
	hours per	box	, unte	ss pe	rson	is bot	h an	compensation	compensation			ount	of
	week (list any	- -			T	1	100,	from the	from related organizations			other	41
	hours for	giad				-	ļ	organization	(W-2/1099-MISC	a I		pensa om th	
	related	8	SEE			age a		(W-2/1099-MISC)	(** = 100000	′		anızat	
	organizations		Tan Tan		86	<u> </u>					and	d relat	ed
	below	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	Ē		,		orga	ınızatı	ons
	line)	星	鬲	\ ₹	\$	₹.	횬			\dashv			
(18) MARY NORDMAN	2.00	Х		ŀ				0.	,	ا. د			0.
BOARD MEMBER (19) ELSA PHILLIPS	2.00	Λ				┢╌	_	0.		'			<u> </u>
BOARD MEMBER	2.00	Х						0.	(١. ٥			0.
(20) DR. JEREMY RALEY	2.00						 			7			
BOARD MEMBER		Х						0.		o .			0.
(21) KEVIN SANZENBACHER	2.00									\top			
BOARD MEMBER		X		_				0.		0.			0.
(22) JULIE SPAID-HOCKMAN	2.00									\neg		-	
BOARD MEMBER		X			<u> </u>		<u></u> .	0.		٥.			0.
(23) CHERYL THOMPSON-STACY	2.00								_				•
BOARD MEMBER	2 00	X		<u> </u>	-		_	0.	(٥.			0.
(24) BILL WALLACE	2.00	v		ļ	ĺ			0.	,	0.			0.
BOARD MEMBER (25) DOUG ZIPP	2.00	X		_		_	\vdash	· · · · · · · · · · · · · · · · · · ·		' 			<u> </u>
BOARD MEMBER	2.00	X						0.	(۱. د			0.
(26) JOSEPH SHTULMAN	40.00				_					~			<u> </u>
PRESIDENT & CPO		1		X	İ			0.	86,300	ا. د	3:	2,7	07.
1b Sub-total	L					·		0.	86,300				07.
c Total from continuation sheets to Part VI	I, Section A							0.		5.			0.
d Total (add lines 1b and 1c)								0.	86,300	<u>.</u>	3	2,7	07.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wl	no re	eceived more than \$100	,000 of reportable				_
compensation from the organization													0
										г	<u> </u>	Yes	No
3 Did the organization list any former officer,			e, ke	y er	nplo	yee	, or	highest compensated e	mployee on				v
line 1a? If "Yes," complete Schedule J for s								h	Ab	-	3		X
For any individual listed on line 1a, is the su and related organizations greater than \$150	•							•	the organization		_		х
5 Did any person listed on line 1a receive or a									idual for services	l			,
rendered to the organization? If "Yes," com							oiat	oo organization of more	1444 101 401 11000		5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compo	ensa	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endı	ng v	vit <u>h</u>	or w	ıthır	the organization's tax	year.				
(A)				_				(B)		_	(C		
Name and business	address	N	INC	<u> </u>				Description of s	services		ompei	nsatio	<u>n</u>
							\dashv						
									i				
							_						
					_								
		_											
											<u>-</u>		
2 Total number of independent contractors (ncluding but r	ot l	mite	d to	tho	se li N	stec	d above) who received n	nore than				

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Form **990** (2013)

VALLEY, INC.

Pa	rt V	III	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any lir				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 8	a	Federated campaigns	1a					
irar	ı		Membership dues	1b					
S, G		c	Fundraising events	1c					
Sift lar		d	Related organizations	1d					
in,		е	Government grants (contribut	ions) 1e					
rio S I	1	f	All other contributions, gifts, gran						
춪		:	simılar amounts not ıncluded abo	ve 1f 1,	010,358.				
Contributions, Gifts, Grants and Other Similar Amounts	•	9	Noncash contributions included in lines	1a-1f \$					
<u>ة ن</u>		<u>h_</u>	Total. Add lines 1a-1f			1,010,358.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
_			CODUTOR REE DEL	715311115	Business Code 541900	25 242	35,343.		
je Je	2 :	. '	SERVICE FEE REV	ENUE	341900	35,343.	33,343.		
Program Service Revenue		b							
ž E		C .							
ga Re	· '	d .							
P O		•	All other program service reve						
			Total. Add lines 2a-2f	51100		35,343.			
	3	_	Investment income (including	dividends, inter	est, and				
			other similar amounts)		•	1,002.			1,002.
	4		Income from investment of ta	x-exempt bond	proceeds				
	5		Royalties		<u> </u>				
				(ı) Real	(II) Personal				
	6	a	Gross rents						
		b	Less: rental expenses			-			
			Rental income or (loss)		1	-			
	i		Net rental income or (loss)	[n o :::	62 04				
	7		Gross amount from sales of	(i) Securities	(ii) Other	-			
			assets other than inventory		·	1			
			Less: cost or other basis and sales expenses						
			Gain or (loss)						
	1		Net gain or (loss)		•	†]
•	1		Gross income from fundraisir	na events (not					
Ž	Ĭ		including \$	of					
eve			contributions reported on line	e 1c). See					
Other Revenue			Part IV, line 18	•	110,612.				
퉂		ь	Less: direct expenses	ı	76,493.				24 110
J		C	Net income or (loss) from fun	draising events		34,119.			34,119.
	9	а	Gross income from gaming a	ctivities. See					
			Part IV, line 19		•	-			
	1		Less: direct expenses		·	-			
	ı		Net income or (loss) from gar						
	10	а	Gross sales of inventory, less						
		_	and allowances Less: cost of goods sold		9	1			
			Net income or (loss) from sal		-	†			
	-	C	Miscellaneous Reven		Business Cod	e		-	
	11	a	OTHER INCOME	<u> </u>	900099	790.	790.		
	''	b	OTHER TROUBLE				_		
		c		<u> </u>					
		d	All other revenue	· ··					
		-	Total. Add lines 11a-11d			790.			
	12		Total revenue. See instructions			1,081,612.	36,133.		35,121.
3320 10-2	09 9-13								Form 990 (2013)

Form 990 (2013)

VALLEY, INC.

Part IX	Statement	of Functional	Expenses
		01 1 0110110110	

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
/D,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	602 706	602 706		
_	organizations in the United States. See Part IV, line 21	682,796.	682,796.		
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States. See Part IV, lines 15 and 16 Benefits paid to or for members			······	· · · · · · · · · · · · · · · · · · ·
4 5	Compensation of current officers, directors,				
3	trustees, and key employees	119,007.	77,355.	17,851.	23,801
6	Compensation not included above, to disqualified	225,001.0			
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	87,080.	32,911.	36,329.	17,840
8	Pension plan accruals and contributions (include	•			•
•	section 401(k) and 403(b) employer contributions)	8,749.	3,324.	3,633.	1,792
9	Other employee benefits	8,749. 12,375.	3,158.	3,633. 6,655.	1,792 2,562
0	Payroll taxes	13,090.	6,720.	3,720.	2,650
1	Fees for services (non-employees):		· · ·		
а	Management				
ь	Legal				
	Accounting	21,493.	2,773.	17,626.	1,094
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion	63.	63.		
3	Office expenses	12,337.	6,334.	3,506.	2,497
4	Information technology				
15	Royalties			2 506	0 F10
16	Occupancy	12,407.	6,369.	3,526.	2,512
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			· · · · · · · · · · · · · · · · · · ·	
19	Conferences, conventions, and meetings				
20	Interest	10 270		10 270	
21	Payments to affiliates	10,270.	1,177.	10,270.	464
22	Depreciation, depletion, and amortization	2,292. 2,196.	1,177.	624.	445
23	Insurance	2,190.	1,12/•	024.	37.
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 0) CAMPAIGN EXPENSES	5,434.			5,43
a	AUDO DYDENCE	3,057.	1,569.	869.	619
Ь	MICCELLANEOUC	2,386.	1,224.	678.	484
c d	DUES & SUBSCRIPTIONS	415.	106.	223.	8
-	All other expenses	211.	211.		
е 25	Total functional expenses. Add lines 1 through 24e	995,658.	827,217.	106,161.	62,28
<u>25</u> 26	Joint costs. Complete this line only if the organization		<u> </u>		
-0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2013)

Form 990 (2013)
Part X Balance Sheet

VALLEY, INC.

Pai	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	493,351.	1	639,372.
	2	Savings and temporary cash investments	726,846.	2	358,552.
	3	Pledges and grants receivable, net	351,574.	3	310,679.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
इ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	<u> </u>
Assets	7	Notes and loans receivable, net		7	
ĕ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,855.	9	1,820.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 38,601. 10b 28,196.			
	ь	Less: accumulated depreciation 10b 28,196.	10,665.	10c	10,405. 344,573.
	11	Investments - publicly traded securities		11_	344,573.
	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)	1,584,291.	16_	1,665,401. 17,259.
	17	Accounts payable and accrued expenses	29,073.	17	17,259.
	18	Grants payable		18_	
	19	Deferred revenue	<u></u>	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	170 066		566 932
		Schedule D	179,066. 208,139.		566,932. 584,191.
	26	Total liabilities. Add lines 17 through 25	200,139.	26	304,131.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses	1.	complete lines 27 through 29, and lines 33 and 34.	1,330,669.	0.7	1,043,315.
ğ	27	Unrestricted net assets	45,483.		37,895.
Bal	28	Temporarily restricted net assets	43,403.		3170331
2	29	Permanently restricted net assets		29	
Ğ		Organizations that do not follow SFAS 117 (ASC 958), check here			
S		and complete lines 30 through 34.		l	1
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	1,376,152.	32	1,081,210.
~	33	Total net assets or fund balances	1,584,291.		1,665,401.
	34	Total liabilities and net assets/fund balances	1,304,231.	34	Form 990 (2013)

Form **990** (2013)

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2013)

3a

ЗЬ

2c X

X

Act and OMB Circular A-133?

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. OMB No 1545-0047

Open to Public Inspection

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

UNITED WAY OF NORTHERN SHENANDOAH VALLEY, INC.

Employer identification number 54-0525106

Pai	11	Reason	for Public Chari	ty Status (All organiz	ations mus	t complet	e this part	.) See inst	ructions.				
The c	organi	zation is not a	private foundation l	pecause it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1		A church, cor	nvention of churches	, or association of churc	ches descr	ibed in se	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E.)								
3		A hospital or	a cooperative hospit	al service organization o	described i	n section	170(b)(1)(A)(iii).					
4		A medical res	earch organization of	perated in conjunction	with a hosi	oital descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	ıl's nam	ıe,
		city, and state	e:										
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). (Comple	te Part II.)									
6		A federal, sta	te, or local governme	ent or governmental unit	described	I in sectio	n 170(b)(1)(A)(v).					
7	X	An organizati	on that normally reco	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general	public des	cribed i	n
		_	b)(1)(A)(vi). (Complet	•	.,		•						
8				ection 170(b)(1)(A)(vi). (Complete	Part II.)							
9		-		eives: (1) more than 33 1			om contri	butions, m	nembershi	p fees, a	nd gross re	eceipts	from
				ctions - subject to certa									
				xable income (less sect									
			509(a)(2). (Complete			•		·	_				
10				erated exclusively to te	st for publi	c safety. S	ee sectio	n 509(a)(4	I).				
11				erated exclusively for th						y out the	purposes	of one	or
				tions described in section									
				organization and comple									
		a Type I	ь 🔲 ту	pe II c 🔲 Ty	pe III - Fur	nctionally i	ntegrated	d	і 🗀 Тур	e III • No	n-functiona	illy inte	grated
e		By checking t	this box, I certify tha	t the organization is not	controlled	directly or	ndirectly	by one or	r more dis	qualified	persons of	her tha	ın
		foundation m	anagers and other th	nan one or more publicly	supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or	section 50	9(a)(2).	
f				ten determination from t									
			rganization, check th										
9		Since August	17, 2006, has the o	rganization accepted ar	y gift or co	ontribution	from any	of the follo	owing per	sons?			
				rectly controls, either al							',	Yes	No
				pported organization?							11g(i	Ц	
		(ii) A family	member of a persor	described in (i) above?							11g(ii	1	<u> </u>
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	?					11g(ii	<u>) </u>	<u> </u>
h		Provide the fo	ollowing information	about the supported or	ganızatıon(s).							
m	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	notify the	(vi) is	the	(vii) Amou	nt of mo	netary
1.7		nızation	(, 4)	(described on lines 1-9	in col (i) lis				organizati (i) organiz	ed in the		pport	•
	•			above or IRC section (see instructions))	governing	document?	(I) of your	r support?	US	; ?			
				(266 111211 0 6110112))	Yes	No	Yes	No	Yes	No			
								! 					
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				<u></u>					 	 			
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Ta+-													

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013 VALLEY, INC.

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. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	<u> </u>			•		
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	1 5.5.5					
-	membership fees received. (Do not		ļ				
	include any "unusual grants.")	1088169.	1236623.	1046782.	1246719.	1010358.	5628651.
2	Tax revenues levied for the organ-		_				
	ızatıon's benefit and either paid to		ĺ				
	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	1088169.	1236623.	1046782.	1246719.	1010358.	5628651.
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	,,,,,,,					5628651.
Sec	ction B. Total Support			,			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1088169.	1236623.	1046782.	1246719.	1010358.	5628651.
8	Gross income from interest,			!			
	dividends, payments received on						
	securities loans, rents, royalties				5 040	1 000	20 205
	and income from similar sources	6,962.	3,116.	3,277.	5,848.	1,002.	20,205.
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				0 050	700	C 441
	assets (Explain in Part IV.)	1,101.	1,400.	800.	2,350.	790.	6,441. 5655297.
11	• • • • • • • • • • • • • • • • • • • •			<u> </u>			
12						12	322,736.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and sto	p here				<u> </u>	
	ction C. Computation of Publ					44	99.53 %
14	Public support percentage for 2013 (column (t))		15	99.38 %
15				- lu 40 and line	14 to 22 1/204 or a		
16	33 1/3% support test - 2013. If the				14 15 33 1/3 70 01 1	Hore, check this b	► X
	stop here. The organization qualifies				H lina 15 ia 33 1/39	6 or more checkt	
1	33 1/3% support test - 2012. If the				1 III 6 13 13 13 17 17 17 17 17 17 17 17 17 17 17 17 17	o or more, oneon t	▶
	and stop here. The organization qua	ilities as a publicly	supported organiz	alion shook a bay aa ka	o 13 160 or 16h	and line 14 is 10%	or more
17	a 10% -facts-and-circumstances tes	st - 2013. If the org	janization did not	bio boy and atom.	e 10, 10d, UT 10D, here Evoluin in Do	and mile in 18 1070 of IV how the orga	nization
	and if the organization meets the "fac					at iv how the orga	▶ □
	meets the "facts-and-circumstances"					17a and line 15 in	10% or
I	b 10% -facts-and-circumstances tes						
	more, and if the organization meets t						▶□
	organization meets the 'facts-and-cir Private foundation. If the organization	rcumstances" test.	. The organization	quaiilles as a publ Sa 16h 17a or 17	h check this hove	and see instruction	ns F
18	Private foundation. If the organization	on old not check a	LOOK OIL IIII 13, 16	7a, 100, 17a, 01 17	Sch	edule A (Form 99	or 990-EZ) 2013
					·	•	-

Schedule A (Form 990 or 990-EZ) 2013 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	s to
qualify under the tests listed below, please complete Part II \	

Section A. Public Support	DOIGN, PICAGO GOIT	pioto i die ii.,				
Calendar 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.")				I		
2 Gross receipts from admissions,				<u> </u>	-	
merchandise sold or services per-						
formed, or facilities furnished in				ļ		
any activity that is related to the organization's tax-exempt purpose			ł	1	Ì	
• • • • • • • • • • • • • • • • • • • •			 			
3 Gross receipts from activities that					1	
are not an unrelated trade or bus-		1	1	1		ł
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to				1		
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	,					
the organization without charge		Í	1	1		ĺ
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	,	 	T			
3 received from disqualified person	1		İ			Ì
b Amounts included on lines 2 and 3 received	·	1	<u> </u>	 		
from other than disqualified persons that		Ĭ				
exceed the greater of \$5,000 or 1% of the			ļ	ŀ		1
amount on line 13 for the year			ļ	 	 -	
c Add lines 7a and 7b		<u> </u>		3		
8 Public support (Subtract line 7c from line 6)	<u> </u>	<u></u>	<u> </u>	<u> </u>	<u>. L</u>	
Section B. Total Support		- ₁		,		
Calendar 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			<u> </u>	 	 	
(less section 511 taxes) from businesse			1			
acquired after June 30, 1975	•					
			 		 -	
c Add lines 10a and 10b		 	 	 	 -	
11 Net income from unrelated busines activities not included in line 10b.	S					
whether or not the business is						
regularly carried on	L					
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)				<u> </u>	<u> </u>	
13 Total support. (Add lines 9, 10c, 11, and 12	, [7		1		
14 First five years. If the Form 990 is t		's first, second, thi	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	zation.
check this box and stop here	or the organization	• • • • • • • • • • • • • • • • • • •	,	,		▶ □
Section C. Computation of Pul	hlic Support Po	ercentage		 		
15 Public support percentage for 2013			column (f)		15	%
	•		Column (i))		16	9
16 Public support percentage from 20						7
Section D. Computation of Inv					1471	
17 Investment income percentage for			ne 13, column (f))		17	
18 Investment income percentage from		-			18	
19a 33 1/3% support tests - 2013. If the	ne organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	i7 is not
more than 33 1/3%, check this box	•					▶∟
b 33 1/3% support tests - 2012. If the	ne organization did	not check a box of	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, c						
20 Private foundation. If the organization						▶□
222022 00.25.12					hedule A (Form 99	0 or 990-EZ) 201

UNITED WAY OF NORTHERN SHENANDOAH 54-0525106 Page 4 Schedule A (Form 990 or 990-EZ) 2013 VALLEY, INC. 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 Open to Public Inspection

Name of the organization

UNITED WAY OF NORTHERN SHENANDOAH VALLEY, INC.

Employer identification number 54-0525106

 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 	Pa	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
1 Total number at end of year 2 Aggregate grants from (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization's property, subject to the organization's exclusive legal contro? 6 Did the organization's property, subject to the organization's exclusive legal contro? 7 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or divisor, or for any other purpose conferring impermissible private benefit? Part IR Conservation Easements. Complete if the organization answered 'Yee' to Form 990, Part IV, line 7. 1 Purpose(e) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of a conservation easement shed by the organization contribution in the form of a conservation easement on the last day of the tax year. 2 Total number of conservation easements 3 Total number of conservation easements 4 Total number of conservation easements included in (a) 5 Number of conservation easements included in (a) equilibrium of the tax year. 5 Total number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year? 8 Number of conservation easements included in (a) equilibrium of the part of the conservation easements included in (a) equilibrium of the part of the conservation easements included in (a) equilibrium of the organization have a writen policy regarding the periodic monitoring, inspecting, and enforcing conservation easements during the year P \$ 9 Does the organization have a writen policy regarding the periodic monitoring, inspecting, and enforcing conservation easements that describes the organization and section 170(h)(4(ligh)) 9 In Part XIII, describe how the organization reports conservation easements that d		organization answered "Yes" to Form 990, Part IV, line	e 6.	
2 Aggregate contributions to (during year) 3 Aggregate grains from (during year) 4 Aggregate value at end of year 5 Did the organization informal clonors and donor advisors in writing that the assets held in donor advised funds are the organization informal 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 moemissible private benefit? Part II. Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(3) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of oland for public use (e.g., recreation or education) Preservation of a cartified historic structure Preservation of open space 2 Complete lines 2 through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements in cluded in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements michided in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of states where property subject to conservation easements by the organization during the tax year. Number of states where property subject to conservation easements by the organization during the tax year. Number of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year P Aggregate and the property audies to conservation easements in the requirements of section 170(h)(4)(8))(1) Yes No Staff and volunteer hours deviced to commonitoring, inspecting, and enforcing conservation easements than descri			(a) Donor advised funds	(b) Funds and other accounts
A 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 in property, subject to the organization's exclusive legal control? 10 Did the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal control? 10 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 imperimentable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimentable purposes and not for public use (e.g., cereation or education) Preservation of an intervention essements held by the organization answered 'Yes' to Form 990, Part IV, line 7. 1 Purpose(s) of conservation essements held by the organization (check all that apply). 1 Preservation of land for public use (e.g., cereation or education) Preservation of an historically important land area Preservation of an attraction of a conservation essement on the last day of the tax year. 2 Complete lines 2 at through 2 dif the organization held a qualified conservation contribution in the form of a conservation essement on the last day of the tax year. 3 Total number of conservation essements so a certified historic structure included in (a) 4 Number of conservation essements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 5 Number of conservation essements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation essements is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspecting, and enforcing conservation esseme	1	Total number at end of year		
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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?	3	Aggregate grants from (during year)		
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Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of open space				Yes No
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Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 24 through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 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 in holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ 5 Does each conservation easement reported on line 2(t) above satisfy the requirements of section 170(h)4(β)(β) and section 170(h)4(β)(β)(θ)? 9 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 focinote to the organization's financial statements that describes the organization's accounting for conservation 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, historic	1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
Preservation of open space Complete lines 2 at through 2 d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. I held at the End of the Tax Year I have a conservation easements I held at the End of the Tax Year I have of conservation easements on a certified histone structure included in (a) I wimber of conservation easements included in (c) acquired after 8/17/06, and not on a histone structure listed in the National Register Number of conservation easements included in (c) acquired after 8/17/06, and not on a histone structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 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 ▶ Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, inspe		Preservation of land for public use (e.g., recreation or e	education) Preservation of an histo	orically important land area
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(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: a Revenues included in Form 990, Part VIII, line 1		treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publ	lic service, provide the following amounts
 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: a Revenues included in Form 990, Part VIII, line 1 		-		
 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: a Revenues included in Form 990, Part VIII, line 1 				\$
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1				
a Revenues included in Form 990, Part VIII, line 1	2			gain, provide
a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$			16 (ASC 958) relating to these items:	
b Assets included in Form 990, Part X		·		\$
	b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

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	UNITED	WAY OF NOR	THERN SHEN	ANDOAH					
	edule D (Form 990) 2013 VALLEY,	INC.				54-05	<u> 25106</u>	<u> 5</u> Р:	age
Pa	rt III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Oth	er Si	milar Asset	LS (contin	ued)	
3	Using the organization's acquisition, access	on, and other record	s, check any of the	following that are a	signific	ant use of its	collection	ıtem	s
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organızation's ex	empt p	urpose in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or other simil	ar asse	ts	_		_
	to be sold to raise funds rather than to be m	aintained as part of ti	he organization's co	ollection?		<u></u>	Yes		N
Pa	rt 🚺 Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Yes" to	Form	990, Part IV, II	ne 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	ıan or other intermed	lary for contribution	s or other assets no	t inclu	ded	-	_	_
	on Form 990, Part X?					L	Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		_				
							Amount		
C	Beginning balance				· _	lc			
d	Additions during the year				[_	1d			
е	Distributions during the year				· L	le			
f	Ending balance				<u>L</u>	1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?			L	Yes	<u>_</u>	No
	if 'Yes," explain the arrangement in Part XIII.								<u></u>
Pa	T V Endowment Funds. Complete	f the organization and	swered "Yes" to Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Th	ree years back	(e) Four		
1a	Beginning of year balance	346,172.	344,845.	328,074.		217,513.		140,	
b	Contributions			14,152.	<u> </u>	109,091.			548
C	Net investment earnings, gains, and losses	903.	1,327.	2,619.	ļ	1,470.			296
d	Grants or scholarships				ļ <u> </u>				
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses				 				
9	End of year balance	347,075.	346,172.	344,845.	L	328,074.		217	513
2	Provide the estimated percentage of the cur			a)) held as:					
a	Board designated or quasi-endowment	100.00	_%						
b	Permanent endowment >	%							
C	Temporarily restricted endowment ▶	%							
_	The percentages in lines 2a, 2b, and 2c show			1 1					
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	ind administered for	the or	janization	Г		N.
	by:							Yes	No X
	(i) unrelated organizations				• ••	• • • • • • • • • • • • • • • • • • • •	3a(i)		X
	(ii) related organizations	- b-4-4	- Oshadul- DO		•		3a(ii)		_^
D	If "Yes" to 3a(ii), are the related organization						_3b_		
Δ.	LIBERTING IN MORE ALLETING INTONCOM LIGAR AT THE	っしょいさいけっぱんりょく ちりばん	WITTENT THOMS						

Part VI Land, Buildings, and Equipment.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	38,601.	· · · · - · · · · · · · · · · · · · · ·	28,196.	10,405
e Other			<u> </u>	
otal. Add lines 1a through 1e. (Column (d) mus	t equal Form 990. Part X. colun	nn (B), line 10(c).)		10,405

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 VALLEY, II	NC.		54-0525106 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yo (a) Description of security or category (including name of security)		11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost	or end-of-veer market value
Financial derivatives	(b) Book value	(c) Method of Valuation. Cost	or erro or year market value
Closely-held equity interests Other			
3) Other(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related			
Complete if the organization answered "Y		11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost	or and of year market value
(a) Description of investment	(b) Book value	(c) Method of Valuation. Cost	or erid-or-year market value
(1)			
(2)			
(3)			
(4)			
(6)			
(7)			
(8)			
(9)			
otal. (Col (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX Other Assets.			
Complete if the organization answered "Y		11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Y	es" to Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I	ine 25.
1. (a) Description of liability		(b) Book value	•
(1) Federal income taxes		140 647	
(2) DESIGNATIONS PAYABLE		142,647.	
(3) IMPACT GRANTS PAYABLE		424,285.	
(4)			<i>:</i>
(5)			
(6)			•
(7)			
(8)			

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

566,932.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	edule D (Form 990) 2013 VALLEY, INC.	54-	U5251U6 P <u>age</u> 4
Pa	* XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	eturr	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	т т	1 146 751
1	Total revenue, gains, and other support per audited financial statements	1	1,146,751
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments 2a 355.		
	Net unrealized gains on investments Donated services and use of facilities 2a 355. 2b 238,740.	1	
_	Recoveries of prior year grants 20 20 20 20 20 20 20 20 20 20 20 20 20	1 1	
	Other (Describe in Part XIII) 2d 67,566.	1 1	
	Add lines 2a through 2d	2e	306,661
3	Subtract line 2e from line 1	3	840,090
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		
b	Other (Describe in Part XIII.) 4b 241,522.	1 1	0.4 -00
С	Add lines 4a and 4b	4c	241,522
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u>5</u>	1,081,612
Ра	Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		1,047,956
1	Total expenses and losses per audited financial statements	1	1,041,930
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 238, 740.]]	
h	Prior year adjustments 2b		
c	Other losses 2c	1	
d	Other (Describe in Part XIII.) 2d 67,566.	1 1	
е	Add lines 2a through 2d	2e	<u>3</u> 06, <u>306</u> .
3	Subtract line 2e from line 1	3	741,650
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		
b	Other (Describe in Part XIII.) 4b 254,008.	1 1	254 000
-	Add lines 4a and 4b	4c	254,008 995,658
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) **I XIII Supplemental Information.	5	293,030
•	de 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.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	.,	.,
PA	RT_V, LINE 4:		
nv:	PLANATION: THE BOARD OF DIRECTORS HAS DESIGNATED A GENERAL	ENT	DOMESTIC
EA.	PLANATION: THE BOARD OF DIRECTORS HAS DESIGNATED A GENERAL	i EN	DOWNENT
॥भ	ND TO SUPPORT THE MISSION OF THE ORGANIZATION.		
101	TO DOLLOW THE MIDDION OF THE ONGINIEMITON.		
PA	RT X, LINE 2:		
EX.	PLANATION: THE ORGANIZATION IS REQUIRED TO RECOGNIZE, MEAS	URE	, CLASSIFY,
	A DIGGLOOD IN THE DIVINGIAL OF BEHAVIOR INCORDER IN DOCUMENTS		WENT OD
AN	D DISCLOSE IN THE FINANCIAL STATEMENTS UNCERTAIN POSITIONS	TA	KEN OR
EX	PECTED TO BE TAKEN IN THE ORGANIZATION'S TAX RETURNS. MAN	AGE	MENT HAS
	·		
DE'	TERMINED THAT THE ORGANIZATION DOES NOT HAVE UNCERTAIN TAX	PO	SITIONS
TH	AT MATERIALLY IMPACT THE FINANCIAL STATEMENTS OR RELATED D	ISC	LOSURES.
SI	NCE TAX MATTERS ARE SUBJECT TO SOME DEGREE OF UNCERTAINTY,	тн	ERE CAN BE
270	ACCUDANCE MUAD DUE OPCANTGATOONIC DAY DEMUDIC LITTE NOW DE		אוו האיקהי פי
NO 33205	ASSURANCE THAT THE ORGANIZAITON'S TAX RETURNS WILL NOT BE		
33205 09-25	⁷⁻¹³ 25	ocne	dule D (Form 990) 201

Part XIII Supplemental Information (continued)

THE TAXING AUTHORITIES AND THAT THE ORGANIZATION WILL NOT BE SUBJECT TO ADDITIONAL TAX, PENALTIES, AND INTEREST AS A RESULT OF SUCH CHALLENGE. GENERALLY, THE ORGANIZATION'S TAX RETURNS REMAIN OPEN FOR THREE YEARS FOR FEDERAL INCOME TAX EXAMINATIONS. THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAVE BEEN RECORDED FOR THE YEAR ENDING JUNE 30, 2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 67,566.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS RECEIVED 241,522.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

67,566. FUNDRAISING EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

254,008. DONOR DESIGNATIONS PAID

FORM 990, PART X, LINE 10A AND 10B

EXPLANATION: IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PROCEDURES, THE UNITED WAY DOES NOT INCLUDE AMOUNTS DESIGNATED BY DONORS FOR OTHER ORGANIZATIONS IN REVENUE OR EXPENSES IN THE ORGANIZATION'S FINANCIAL STATEMENTS. HOWEVER, ALL DONATIONS, INCLUDING AMOUNTS DESIGNATED BY DONORS FOR OTHER ORGANIZATIONS, ARE INCLUDED IN THE ORGANIZATION'S INFORMATIONAL TAX RETURN FORM 990. AMOUNTS DESIGNATED BY DONORS ARE PAID OUT IN THE FOLLOWING YEAR AFTER THEY ARE COLLECTED. THUS, THE DIFFERENCE IN DESIGNATED DONATIONS RECEIVED AND DESIGNATED DONATIONS PAID OUT IS AN

Schedule D (Form 990) 2013

UNITED WAY OF NORTHERN SHENANDOAH 54-0525106 Page 5 VALLEY, INC. Schedule D (Form 990) 2013 Part XIII Supplemental Information (continued) ADJUSTING ITEM TO THE NET INCOME REPORTED ON THE ORGANIZATION'S FORM 990.

Schedule D (Form 990) 2013

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form 990. UNITED WAY OF NORTHERN SHENANDOAH

Employer identification number

Name of the organization VALLEY, INC. 54-0525106 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants c Phone solicitations Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity or entity (fundraiser) fundraiser from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

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

UNITED WAY OF NORTHERN SHENANDOAH

Schedule G (Form 990 or 990-EZ) 2013 VALLEY, INC. 54-0525106 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events RUBBERMAID (add col. (a) through SALE 2 col. (c)) (event type) (event type) (total number) 11,101. 99,511 Gross receipts 110,612. 2 Less: Contributions 99,511. 11,101. 110,612. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 67,566. 8,927 76,493. Other direct expenses 76,493. 10 Direct expense summary. Add lines 4 through 9 in column (d) 34,119. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No No Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2013 332082 09-12-13

UNITED WAY OF NORTHERN SHENANDOAH

<u>Sche</u>	edule G (Form 990 or 990-EZ) 2013 VALLEY, INC. 54-	0525106	Page 3
	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes [No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility	13a	%
	An outside facility	13b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address -	<u> </u>	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
10	Gaining manager information.		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
			
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes [□ No
	retain the state gaming license?	res _	110
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$\sim \\$\$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 9 9h 10h	15h
4 24	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	11100 0, 00, 100	, 100,
	100, 10, and 17 b, as applicable. Also complete this part to promes any assistant morniage.		
_			
			
			
_			
		<u> </u>	
			
_			
3320A	83 09-12-13 Schedule G (Fo	rm 990 or 990-E	Z) 2013

	UNITED WAY OF NORTHERN SHENANDOAH	
Schedule G (Form 990 or 990-EZ)	VALLEY, INC.	54-0525106 Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	ormation (continued)	
-		
-		
		
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	· · · · · · · · · · · · · · · · · · ·	
		····
		Schedule G (Form 990 or 990-E2

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Part

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

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

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

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	to Form 990.
	Attach
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OMB No 1545-0047	2013	Open to Public	Inspection

Employer identification number 54-0525106 X Yes 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 UNITED WAY OF NORTHERN SHENANDOAH General Information on Grants and Assistance criteria used to award the grants or assistance? VALLEY, Name of the organization

2

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part#

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

1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (d) and or government (a) EIN (f) applicable cash grant	(a)	(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
SALVATION ARMY-WINCHESTER PO BOX 2745	58-0660607	SO1(C) 3 PUBLIC	20 000	0			FOOD AND SHELTER AND LIFE SKILLS TRANING FOR THOSE IN NEED.
THE LAUREL CENTER P.O. BOX 14							BASIC NEEDS FOR VICTIMS OF SEXUAL ASSULT AND
WINCHESTER, VA 22604	54-1262535	501(C) 3 PUBLIC	11,043.	o			DOMESTIC VIOLENCE VICTIMS
AMERICAN RED CROSS W/F 561 FORTRESS DRIVE							SUPPORT FOR FAMILIES TO
WINCHESTER, VA 22603	54-0554000	501(C) 3 PUBLIC	11,000.	0.			MEET BASIC NEEDS - FIRES
PAITH IN ACTION							STRENGTHEN CAPACITY &
333 W. CORK STREET, SUITE 727							PROGRAM EXPANSION TO
WINCHESTER, VA 22601	26-2937544	501(C) 3 PUBLIC	10,571.	0.			RURAL AREAS
							CHILD CARE
WINCHESTER DAY NURSERY							SCHOLARSHIPS/STAFF
133 LINCOLN STREET							TRAINING/CLASSROOM
WINCHESTER, VA 22601	54-6002886	501(C) 3 PUBLIC	15,000.	0.			SUPPLIES AND EQUIPMENT
Public Ambre And American							APTER SCHOOL AS WELL AS
BOIS & GIKLS CLUB/ CARBIANERS							
598 N. KENT STREET							SCHOOL BREAK AND SUMMER
WINCHESTER, VA 22601	54-1810019	501(C) 3 PUBLIC	47,000.	0.			PROGRAMS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government o	rganizations listed in th	ne line 1 table				
2 Entertotal number of other organizations listed to the line 1 table	s listed in the line	1 table					•

3 Enter total number of other organizations listed in the line 1 table

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2013)

332101 10-29-13

54-0525106

Page 1

Schedule I (Form 990) VALLEY, INC.

Schedule I (Form 990) VALLEY (Form 990), Part III.)

ON FOUNDATION THE LANE TAY 22645 AN 22645 AN 22645 AN 22641 AN 22645 AN 22641 AN 22641 AN 22641 AN 22641 AN 22641 AN 22641 AN 22641 AN 22641 AN 22641 AN 22641 AN 22641 AN 22641 AN 22644 AN 22641 AN 22644	(a) Name and address of fapplicable cash grant non-cash valuation nor	(a)	(c) IRC section f applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TON POUNDATION VA 22645 VA 22645 VA 22661 VA 22661 VA 22661 VA 22661 VA 22661 VA 22661 VA 22661 VA 22661 VA 22661 VA 22664 VA 22660 VA 22664 VA 22664 VA 22664 VA 22664 VA 22664 VA 22664 VA 22664 VA 22664 VA 22664 VA 22664 VA 22664 VA 22664 VA 22664 VA 22664 VA 22664 VA 22664 VA 22660 VA 22664 VA 22660 VA 22664 VA 22600 VA 22664 VA 22600 VA 22664 VA 22600 VA 22660 VA 22600					assistance	appraisal, other)		
HIRE LANE 1.1 NA 22645 1.2 A 10247624 1.2 A	LFCC EDUCATION FOUNDATION							
NOW STREET, SULTE 201 SA-1097847 501(C) 3 FUBLIC 10,428. 0. CUSING VA 22661 54-1485313 501(C) 3 FUBLIC 30,000. 0. VA 2261 54-1485313 501(C) 3 FUBLIC 30,000. 0. LEAST STREET VA 22601 62-1366707 501(C) 3 FUBLIC 15,000. 0. LEAST STREET VA 22601 62-1366707 501(C) 3 FUBLIC 8,771. 0. LEAST STREET VA 22601 54-1048944 501(C) 3 FUBLIC 20,000. 0. VA 22664 54-1522270 501(C) 3 FUBLIC 10,000. 0. VA 22664 54-1522270 501(C) 3 FUBLIC 10,000. 0. VA 22664 54-1522270 501(C) 3 FUBLIC 26,000. 0. VA 22664 54-152270 501(C) 3 FUBLIC 26,000. 0. VA 22664 54-1522270 501(C) 3 FUBLIC 26,000. 0. VA 22664 54-1522270 501(C) 3 FUBLIC 26,000. 0. VA 22664 54-1522270 501(C) 3 FUBLIC 26,000. 0.	HER	54-0247624	m		0.			MIDDLE COLLEGE PROGRAM SPECIALISTS/CASE MANAGER
NA 22601 VA 22601 VA 22601 VA 22601 VA 22601 VA 22601 VA 22601 VA 22601 VA 22601 VA 22601 S4-1047847 S01(C) 3 PUBLIC S0 000. S4-1045313 S01(C) 3 PUBLIC S0 000. S4-1045313 S01(C) 3 PUBLIC S0 000. S4-1045067 VA 22604 VA 22604 VA 22604 VA 22604 VA 22604 VA 22604 S4-1048944 S4-10502979 S01(C) 3 PUBLIC S0 000. S4-1048944 S4-10502979 S01(C) 3 PUBLIC S0 000. S4-1048944 S4-10502979 S01(C) 3 PUBLIC S0 000. S4-1048944 S4-10502979 S01(C) 3 PUBLIC S0 000. S4-10502979 S4-10502970 S4-10502979 S4-10502979 S4-10502979 S4-10502979 S4-105029			ł					
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T 54-0505979 501(C) 3 PUBLIC 10,000. 0. INPASTRUCTRE TO HOME VISITATION PARENTING SKILLS	PO BOX 759							NEED/BUILD STAFF
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10079 4		54-0505979	501(C) 3 PUBLIC	26,000.	0			PARENTING SKILLS

UNITED WAY OF NORTHERN SHENANDOAH

Schedu	ile I (Form 990)	VALLEY,	INC.
Part	Continuation of	Grants and Ot	ner Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 1990), Fair III.)	ssistance to Go	vernments and Organ	izations in the Or	ned States (Scried	Jule I (FOIII 990), FAI	<i>(</i> ·III.)	
(a) Name and address of organization or government	(a)	(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
AIDS RESPONSE EFFORT 333 W CORK STREET SUITE 740							COLLABORATIVE EDUCATION
STER VA 22601	54-1585248	501(C) 3 PUBLIC	0.	0.			PROGRAM
							PROVIDE
FREE MEDICAL CLINIC NSV							
301 N. CAMERON STREET, SUITE 100							HEALTH CARE FOR PEOPLE IN
WINCHESTER, VA 22601	54-1373296	501(C) 3 PUBLIC	10,000.	0.			NEED
CARLA DE ARBUMA DE COMPANSA DE							HIRE AN ADDITIONAL
ָּבְיבָּיבְיבָּיבְיבָּיבְיבָּיבְיבָּיבְיבָיבְיבָיבְיבָיבְיבָיבְיבָיבְיבְיבְיבְיבְיבְיבְיבְיבְיבְיבְיבְיבְי							DENTIST AND SUPPORT STAFF
PO BOX /59 WOUDSTOCK, VA 22004 WOODSTOCK VA 22664	68-0657235	501(C) 3 PUBLIC	7,000.	0			
JE							
533 FREMONT STREET							PROVIDE NURSERY SERVICES
WINCHESTER VA 22601	54-0636119	501(C) 3 PUBLIC	15,500.	0.			TO LOW INCOME FAMILIES
J ~				1	1		PROVIDE SHELTER, FOOD,
HOUSE COMMUNITY INC 512 S.							COUNSELING, AND ASSISTANCE
ശ							TO ALCOHOLICS AND DRUG
	54-0988956	501(C) 3 PUBLIC	7,000.	0.			ADDICTS
ROTHERS/BIG SISTERS							
YOUTH DEVELOPMENT CT - WINCHESTER,		01 tarrer 6 (0) 102	200	c			PROVIDE ONE ON ONE MENTORING AT SCHOOL
VA 22602	54-0929513						TOOLS IN OUT OF THE
SHENANDOAH AREA AGENCY ON AGING							PROVIDE HOME CARE AND
207 MOSBY LANE							HOUSEKEEPING TO AGING
FRONT ROYAL, VA 22630	54-1008875	501(C) 3 PUBLIC	8,500.	0.			INDIVIDUALS
TATELY CO ACAMAGAGA CO.							PROVIDE MENTAL HEALTH
WINCHESTER/FREDERICA CO CRIED							ASSESSMENT AND TREAMENT
ADVOCACI CENIER - 411 N CREENON	73-1666744	501(C) 3 PUBLIC	15 285.	0			TO CHILDREN
WINCHESTER AND AND AND AND AND AND AND AND AND AND		·	, , , , , , , , , , , , , , , , , , , ,				
WINCHESTER EDUCATION FOUNDATION		-					
12 N WASHING ST.							HEALTH CARE, EQUIPMENT
WINCHESTER, VA 22601	54-2009704	501(C) 3 PUBLIC	0.	0.			AND TESTING
1							Schedule I (Form 990)

SHENANDOAH	
NORTHERN	
WAY OF	INC.
UNITED	VALLEY,

Page 1

Schedule (Form 990) VALLEY	INC					5	54-0525106 Page 1
n of Grants and Oth	Assistance to Go	overnments and Organ	izations in the Ur	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II.)	ל וו.)	•
(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
C.L.E.A.N., INC. 129 YOUTH DEVELOPMENT COURT WINCHESPIRE VA 22602	54-1419474	SO1(C) 3 PUBLIC	0000	0			TO REDUCE THE DEMAND FOR AND ABAILABILITY OF ALCOHOL, TOBACCO AND OTHER DRUGS
DENTAL CLINIC OF NORTHERN SHENANDOAH VALLEY, INC 301 N. CAMERON STREET, SUITE 200 - WINCHESTER, VA 22601	45-0573607	m	8,000.	0			TO PROVIDE DENTAL CARE
FAITHWORKS, INC. 12451 HAYES COURT #201 FAIRFAX VA 22033	01-0551546	501(C) 3 PUBLIC	.000,21	0.			TO DEVELOP AFFORDABLE HOUSING AND FACILITIES
SCHOOL STEAM	54-1825504	501(C) 3 PUBLIC	14,000.	.0			CHILDHOOD EDUCATION
SSTER) VA 22604	91-1884818	_ m	10,000.	0			TO ELIMINATE STIGMA SURROUNDING MENTAL ILLNESS
	54-1132487	m	11,000.	.0			EMPLOYMENT ASSISTANCE/LIPE SKILLS
I EDU	54-2009704	501(C) 3 PUBLIC	12,500.	0.			TO ENHANCE THE FUNDING OF WINCHESTER FUBLIC SCHOOLS
ADULT CARE CENTER 411 N CAMERON STREET WINCHESTER VA 22601	54-1617292	501(C) 3 PUBLIC	.000 8	• 0			TO PROVIDE QUALITY ADULT HEALTH DAY CARE
WINCHESTER AREA TEMPORARY THERMAL SHELTER - 217 OPEQUON CHURCH ROAD - WINCHESTER, VA 22602	27-1325266		5,000.	0.		:	TO PROVIDE TEMPORARY SHELTER AND SUPPORT TO THE HOMELESS

Schedule I (Form 990)

UNITED WAY OF NORTHERN SHENANDOAH

VALLEY, INC.

Page 2

54-0525106

Schedule I (Form 990) (2013) VALLEY, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in	quired in Part I, lin	e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information.	dditional information.	
PART I, LINE 2:					
EXPLANATION: GRANT APPLICATIONS ARE	R SECURE	SECURED IN FEBRUARY.		A COMMITTEE OF	
VOLUNTEERS REVIEWS REQUESTS IN APRIL AND RECOMMENDS LEVELS OF SUPPORT.	RIL AND R	ECOMMENDS	LEVELS OF	SUPPORT.	
GRANTS ARE APPROVED BY THE BOARD O	BOARD OF DIRECTORS	ORS IN MAY.	. ORGANIZATIONS	ATIONS	
RECEIVING GRANTS SUBMIT QUARTERLY OUTCOMES	OUTCOMES	REPORTS	OR REVIEW	FOR REVIEW IN ADVANCE OF	
THEIR GRANT PAYMENTS.					

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: SHENANDOAH COUNTY FREE CLINIC

332102 10-29-13

Schedule I (Form 990)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

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

► 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.

2013
Open to Public Inspection

Name of the organization

UNITED WAY OF NORTHERN SHENANDOAH VALLEY, INC.

Employer identification number 54-0525106

FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE BOARD RECEIVES A DRAFT OF THE 990 PRIOR TO THE BOARD MEETING. AT THE BOARD MEETING, THE BOARD REVIEWS THE 990 FOR COMPLETENESS AND ACCURACY AND FINALLY APPROVES THE DRAFT. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: THE BOARD OF DIRECTORS REVIEWS ANY INTERESTS WHICH MAY GIVE RISE TO CONFLICTS ON AN ANNUAL BASIS. FORM 990, PART VI, SECTION B, LINE 15: EXPLANATION: THE POLICY FOR DETERMING COMPENSATION OF THE ORGANIZATION'S CHIEF EMPLOYED EXECUTIVE INCLUDES 1) REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS, 2) USE OF DATA AS TO COMPARABLE COMPENSATION AND 3) CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: FINANCIAL STATEMENTS ARE PREPARED MONTHLY AND SUBMITTED AS PART OF THE BOARD MEETINGS. AN ANNUAL FINANCIAL SUMMARY IS PROVIDED AS PART OF THE UNITED WAY ANNUAL REPORT TO THE PUBLIC. CONFLICT OF INTEREST COPIES ARE ON FILE STATEMENTS ARE COMPLETED BY BOARD AND STAFF ANNUALLY. AND WOULD BE MADE AVAILABLE AS REQUESTED. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN DESIGNATIONS FROM PRIOR YEAR TO CURRENT YEAR 12,486. -393,737.PRIOR PERIOD ADJUSTMENT -381,251. TOTAL TO FORM 990, PART XI, LINE 9 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization UNITED WAY OF NORTHERN SHENANDOAH **Employer identification number** VALLEY, INC. 54-0525106 FORM 990, PART XII, LINE 2C EXPLANATION: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. THERE IS A COMMITTEE IN PLACE THAT ASSUMES RESPONSBILITY FOR OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. FORM 990, PART VIII, LINE 1F EXPLANATION: THE ADJUSTMENT FOR THE ORGANIZATION'S ALLOWANCE FOR DOUBTFUL PLEDGES IS INCLUDED IN THE TOTAL CONTRIBUTION REVENUE REPORTED. THE ALLOWANCES ARE PROVIDED FOR AMOUNTS ESTIMATED TO BE UNCOLLECTIBLE BASED UPON PRIOR EXPERIENCE AND MANAGEMENT'S JUDGEMENT OF THE COLLECTIBILITY OF ACCOUNTS. FORM 990, PART III, LINE 1 EXPLANATION: EDUCATION - THE UNITED WAY OF NSV PROVIDED LITERACY-BASED PROGRAMS FOR CHILDREN AND ADULTS TO OVER 450 FAMILIES; PROVIDED PROGRAMS TO OVER 400 AT-RISK YOUTH TO REDUCE TRUANCY AND DROPOUT RATES AND SUPPORTED SCHOOL READINESS PROGRAMS ASSISTING OVER 400 STUDENTS.. INCOME - THE UNITED WAY OF NSV PROVIDED CRITICAL HOME REPAIRS FOR OVER 50 ELDERLY AND LOW-INCOME FAMILIES; AND PROVIDED FAMILIES FACING FINANCIAL HARDSHIP WITH BASIC NEEDS BY SERVING OVER 37,000 MEALS AND OFFERED CASE MANAGEMENT TO OVER 1,000 INDIVIDUALS. HEALTH - THE UNITED WAY OF NSV OFFERED OVER 10,000 AFFORDABLE/ACCESSIBLE HEALTH AND DENTAL CARE VISITS FOR PEOPLE IN NEED

Schedule O (Form 990 or 990-EZ) (2013)

AND PROVIDED TRANSPORTATION TO OVER 2,000 SENIORS AND DISABLE

Name of the organization UNITED WAY OF NORTHERN SHENANDOAH VALLEY, INC.	Employer identification number 54-0525106
INDIVIDUALS TO HEALTH APPOINTMENTS.	34-0323100
THROUGH MONTHLY UNITED WAY RUBBERMAID SALES THE UNIT	ED WAY OF NSV
GENERATED APPROXIMATELY \$65,000 TO HELP AREA NON-PRO	FIT PARTNER
AGENCIES.	
THROUGHOUT THE FISCAL YEAR OVER 2,835 VOLUNTEERS PRO	VIDED OVER 37,825
HOURS OF SERVICE THROUGH THE UNITED WAY OF NSV.	
	
	<u> </u>
	

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			\blacktriangleright X
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of t	his form).		
Do not	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868.	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tim	e to file (6	months for a	corporation
equirec	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fil	e Form 88	368 to request	an extension
of time t	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers /	Associated Wi	th Certain
Persona	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	n the elec	tronic filing of	this form,
	w.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part	Automatic 3-Month Extension of Time	. Only s	submit original (no copies nee	eded).		
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and c	omplete		
Part I or	nly					▶ □
	r corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	
o file in	come tax returns.			Enter file	r's identifying	g number
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	dentification	number (EIN) or
print	UNITED WAY OF NORTHERN SHE	NANDO	AH			
Talanta ana	VALLEY, INC.				54-052	5106
file by the	or Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number	(SSN)
illng your eturn See		201				
nstruction		oreign add	ress, see instructions.			
	WINCHESTER, VA 22601					
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			0 1
		,	<u> </u>			
Applica	tion	Return	Application			Return
s For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)		·—	07
Form 99	90-BL	02	Form 1041-A			08
Form 47	720 (Individual)	03	Form 4720 (other than individual)			09
Form 99		04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			
Form 99	90-T (trust other than above)	06	Form 8870			12
	THE ORGANIZATION					20621
	books are in the care of > 329 N CAMERON S	STREE'		CHEST	ER, VA	22601
Telep	phone No. ► 540-536-1610		Fax No. ▶			. \square
	e organization does not have an office or place of business					
• If the	s is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole gr	oup, check this
<u> </u>			ich a list with the names and EINs of		ers the extens	ion is for.
1 1	request an automatic 3-month (6 months for a corporation					
_	FEBRUARY 15, 2015, to file the exemp	t organiza	tion return for the organization name	d above.	The extension	1
IS	for the organization's return for:					
•	calendar year or		TIDI 20 2014			
•	X tax year beginning JUL 1, 2013	, an	d ending <u>JUN</u> 30, 2014		_ ·	
			m m.	_		
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return I	Final retur	n	
	Change in accounting period					
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			0
_	onrefundable credits. See instructions.			3 <u>a</u>	<u> </u>	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069					0
_	stimated tax payments made. Include any prior year overp			3b_	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa			_		^
	y using EFTPS (Electronic Federal Tax Payment System).			3c	1.5	0.
	n. If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879	EO for payment
Instruct		<u> </u>				
LHA	For Privacy Act and Paperwork Reduction Act Notice.	see instr	uctions.		Form 88	68 (Rev. 1-2014)