efile Public Visual Render | ObjectId: 001 - Submission: 2015-01-16 | TIN: 20-5478191

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNITED WAY OF NORTHERN SHENANDOAH VALLEY INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
P O BOX 460 NO 201

City or town, state or province, country, and ZIP or foreign postal code
WINCHESTER, VA 22604

D Employer identification number
54-0525106

E Telephone number
(540) 662-9366

G Gross receipts $ 1,711,957

F Name and address of principal officer:
NADINE POTTINGA
P O BOX 460 NO 201
WINCHESTER, V A 22604

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UNITEDWAYNSV.ORG

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

L Year of formation: 1946

M State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHER

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	24
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	7
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	978,080	1,076,368
9	Program service revenue (Part VIII, line 2g)	60,249	48,249
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,780	11,586
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,430	70,286
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,129,539	1,206,489
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	615,410	707,993
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	296,756	337,713
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶67,181		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	161,536	138,409
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,073,702	1,184,115
19	Revenue less expenses. Subtract line 18 from line 12	55,837	22,374

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,129,118	2,158,011
21	Total liabilities (Part X, line 26)	593,742	568,084
22	Net assets or fund balances. Subtract line 21 from line 20	1,535,376	1,589,927

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date: 2020-11-25

▶ TED TROXELL TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-11-25		P00842330

Firm's name ▶ RUTHERFORD & JOHNSON PC — Firm's EIN ▶ 54-1782073

Firm's address ▶ 116 MEDICAL CIRCLE
WINCHESTER, VA 22601 — Phone no. (540) 662-7070

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 931,083 including grants of $ 581,843) (Revenue $ 17,883)

THE ORGANIZATION CONDUCTS AN ANNUAL CAMPAIGN TO BENEFIT NONPROFIT ORGANIZATIONS. ALLOCATIONS ARE PAID DIRECTLY TO THE NONPROFIT ORGANIZATIONS. IT ALSO CONDUCTS COMMUNITY SERVICES.

4b (Code:) (Expenses $ 71,261 including grants of $) (Revenue $)

FOR NEARLY TWO YEARS, UNITED WAY NSV HAS COLLABORATED WITH UNITED WAY AGENCIES ACROSS VIRGINIA ON THE ALICE PROJECT, WHICH SHINES A SPOTLIGHT ON THE NUMBER OF FAMILIES IN OUR COMMUNITY WHO ARE STRUGGLING TO MAKE ENDS MEET. THESE FAMILIES WORK HARD AND EARN MORE THAN THE FEDERAL POVERTY LEVEL, BUT CAN BARELY COVER THE BASICS: HOUSING, CHILD CARE, FOOD, HEALTH CARE, AND TRANSPORTATION. THE PROBLEM IS ALICE FAMILIES, WHO OFTEN DO NOT QUALIFY FOR SOCIAL SERVICES BENEFITS, OFTEN DON'T KNOW WHERE TO TURN WHEN A CRISIS OCCURS. THE VALLEY ASSISTANCE NETWORK (VAN) WAS CREATED TO FILL A GAP THAT OUR COMMUNITY DESPERATELY NEEDS. IT HAS PROVEN TO BE A SAFETY NET FOR HUNDREDS OF PEOPLE IN OUR COMMUNITY.

4c (Code:) (Expenses $ including grants of $ 126,150) (Revenue $)

DURING THE CURRENT FISCAL YEAR, THE UNITED WAY NSV DISBURSED $126,150 IN RELIEF TO NEEDY INDIVIDUALS AND FAMILIES SUFFERING FROM THE COVID-19 PANDEMIC FROM $94,193 RECEIVED IN CONTRIBUTIONS FROM DONORS AND $100,000 COMMITTED BY THE BOARD FOR THIS EFFORT.

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

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

4e **Total program service expenses** ▶ 1,002,344

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
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		No
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		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	25		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	24		
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**		No
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**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
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**		No
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**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
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**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ VA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶THE ORGANIZATION 329 N CAMERON STREET SUITE 201 WINCHESTER,VA 22601 (540) 536-1610

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, or 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.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILBORN ROBERSON CHAIR	2.00	X		X				0	0	0
(2) JAY RUDOLPH 1ST VICE CHAIR	2.00	X		X				0	0	0
(3) DAMON DEARMENT 2ND VICE CHAIR	2.00	X		X				0	0	0
(4) DARCUS BRENEMAN SECRETARY	2.00	X		X				0	0	0
(5) TED TROXELL TREASURER	2.00	X		X				0	0	0
(6) KURT BEYREIS BOARD MEMBER	2.00	X						0	0	0
(7) ADRIENNE BLOSS BOARD MEMBER	2.00	X						0	0	0
(8) SUSAN BROOKS BOARD MEMBER	2.00	X						0	0	0
(9) RICHIE CRIM BOARD MEMBER	2.00	X						0	0	0
(10) LORI EVERSOLE BOARD MEMBER	2.00	X						0	0	0
(11) CAROLYN FITZWATER BOARD MEMBER	2.00	X						0	0	0
(12) LORI BALES BOARD MEMBER	2.00	X						0	0	0
(13) TAMMY GASPER BOARD MEMBER	2.00	X						0	0	0
(14) JANET MICHAEL BOARD MEMBER	2.00	X						0	0	0
(15) WILLIAM NORDMAN BOARD MEMBER	2.00	X						0	0	0
(16) JENNY PIASECKI BOARD MEMBER	2.00	X						0	0	0
(17) MARK REED BOARD MEMBER	2.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRIS RUCKER BOARD MEMBER	2.00	X						0	0	0
(19) JOHN SCHUELER BOARD MEMBER	2.00	X						0	0	0
(20) MICHELLE THOMAS BOARD MEMBER	2.00	X						0	0	0
(21) KAREN VACCHIO BOARD MEMBER	2.00	X						0	0	0
(22) JASON VAN HEUKELUM BOARD MEMBER	2.00	X						0	0	0
(23) PETER WARREN BOARD MEMBER	2.00	X						0	0	0
(24) DOROTHY WELCH BOARD MEMBER	2.00	X						0	0	0
(25) NADINE POTTINGA PRESIDENT & CEO	40.00			X				83,546	0	9,787
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								83,546	0	9,787

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,076,368			
g Noncash contributions included in lines 1a - 1f: $	1g				
h **Total.** Add lines 1a-1f		1,076,368			
Program Service Revenue	Business Code				
2a COMMUNITY EVENTS	900099	37,033	37,033		
b SERVICE FEE REVENUE	541900	11,216	11,216		
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f		48,249			
3 Investment income (including dividends, interest, and other similar amounts)		41,950			41,950
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents 6a					
b Less: rental expenses 6b					
c Rental income or (loss) 6c					
d Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a	448,089				
b Less: cost or other basis and sales expenses 7b	478,453				
c Gain or (loss) 7c	-30,364				
d Net gain or (loss)		-30,364	-30,364		
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a	97,303			
b Less: direct expenses	8b	27,015			
c Net income or (loss) from fundraising events		70,288			70,288
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a OTHER INCOME	900099	-2	-2		
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d		-2			
12 **Total revenue.** See instructions		1,206,489	17,883	0	112,238

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	707,993	707,993		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	93,333	60,177	18,177	14,979
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	188,786	122,508	37,718	28,560
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,131	21,045	4,485	601
9 Other employee benefits	13,914	8,795	2,564	2,555
10 Payroll taxes	15,549	9,782	2,815	2,952
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,744		14,744	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,863		8,863	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,756	6,017	1,561	1,178
12 Advertising and promotion	199	159		40
13 Office expenses	20,854	13,824	4,006	3,024
14 Information technology				
15 Royalties				
16 Occupancy	22,475	16,377	3,475	2,623
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	10,094		10,094	
22 Depreciation, depletion, and amortization	7,169	4,228	1,676	1,265
23 Insurance	3,547	2,092	829	626
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY EVENTS	18,901	18,901		
b CAMPAIGN EXPENSES	6,072			6,072
c DUES & SUBSCRIPTIONS	5,819	3,762	1,172	885
d AUTO EXPENSE	5,469	3,314	1,228	927
e All other expenses	5,447	3,370	1,183	894
25 **Total functional expenses.** Add lines 1 through 24e	1,184,115	1,002,344	114,590	67,181
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		477,300	1	630,151
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		349,876	3	307,803
	4	Accounts receivable, net		7,272	4	212
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		17,626	9	8,001
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 77,303			
	b	Less: accumulated depreciation	10b 48,539	33,968	10c	28,764
	11	Investments—publicly traded securities		1,243,076	11	1,183,080
	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)		2,129,118	16	2,158,011
Liabilities	17	Accounts payable and accrued expenses		17,990	17	14,289
	18	Grants payable			18	
	19	Deferred revenue		10,750	19	1,500
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			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 Schedule D		565,002	25	552,295
	26	**Total liabilities.** Add lines 17 through 25		593,742	26	568,084
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,514,907	27	1,574,872
	28	Net assets with donor restrictions		20,469	28	15,055
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,535,376	32	1,589,927
	33	Total liabilities and net assets/fund balances		2,129,118	33	2,158,011

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	**1**	1,206,489
2	Total expenses (must equal Part IX, column (A), line 25)	**2**	1,184,115
3	Revenue less expenses. Subtract line 2 from line 1	**3**	22,374
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	**4**	1,535,376
5	Net unrealized gains (losses) on investments	**5**	32,180
6	Donated services and use of facilities	**6**	
7	Investment expenses	**7**	
8	Prior period adjustments	**8**	
9	Other changes in net assets or fund balances (explain in Schedule O)	**9**	-3
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column	**10**	1,589,927

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	**2a**		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	**2b**	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	**2c**	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	**3a**		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	**3b**		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990 or 990EZ)

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN SHENANDOAH VALLEY INC

Employer identification number
54-0525106

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	961,093	984,304	951,377	928,591	1,076,368	4,901,733
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	961,093	984,304	951,377	928,591	1,076,368	4,901,733
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). .						1,587,563
6 **Public support.** Subtract line 5 from line 4.						3,314,170

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	961,093	984,304	951,377	928,591	1,076,368	4,901,733
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	12,424	22,372	32,929	48,515	41,950	158,190
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	250					250
11 **Total support.** Add lines 7 through 10						5,060,173

12	Gross receipts from related activities, etc. (see instructions)	12	536,617

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	65.500 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	68.120 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☑

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization
UNITED WAY OF NORTHERN SHENANDOAH VALLEY INC

Employer identification number
54-0525106

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
UNITED WAY OF NORTHERN SHENANDOAH VALLEY INC

Employer identification number
54-0525106

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
UNITED WAY OF NORTHERN SHENANDOAH VALLEY INC

Employer identification number
54-0525106

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization
UNITED WAY OF NORTHERN SHENANDOAH VALLEY INC

Employer identification number
54-0525106

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ **$** _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN SHENANDOAH VALLEY INC

Employer identification number
54-0525106

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	**1c**
d	Additions during the year	**1d**
e	Distributions during the year	**1e**
f	Ending balance	**1f**

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	957,078	910,213	862,921	763,797	354,536
b Contributions . . .				27,955	400,000
c Net investment earnings, gains, and losses	51,369	47,498	67,921	71,169	9,261
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	91,567	633	20,629		
f Administrative expenses					
g End of year balance	916,880	957,078	910,213	862,921	763,797

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶ 100.000 %
- **b** Permanent endowment ▶ .....
- **c** Temporarily restricted endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations . . . . . **3a(i)**		No
(ii) related organizations . . . . . **3a(ii)**		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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		77,303	48,539	28,764
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				28,764

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	552,295

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 ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,230,985
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	32,180		
b	Donated services and use of facilities	2b	109,846		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	27,012		
e	Add lines **2a** through **2d**			2e	169,038
3	Subtract line **2e** from line **1**			3	1,061,947
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	144,542		
c	Add lines **4a** and **4b**			4c	144,542
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	1,206,489

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	1,176,434
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	109,845		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	27,016		
e	Add lines **2a** through **2d**			2e	136,861
3	Subtract line **2e** from line **1**			3	1,039,573
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	144,542		
c	Add lines **4a** and **4b**			4c	144,542
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	1,184,115

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4:	THE BOARD OF DIRECTORS HAS DESIGNATED A GENERAL ENDOWMENT FUND TO SUPPORT THE MISSION OF THE ORGANIZATION.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES 27,015. ROUNDING -3.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATIONS RECEIVED 135,679. INVESTMENT EXPENSES NETTED ON THE FINANCIAL STATEMENTS 8,863.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES 27,015. ROUNDING 1.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATIONS EXPENSED 135,679. INVESTMENT EXPENSES NETTED ON THE FINANCIAL STATEMENTS 8,863. ROUNDING
FORM 990, PART X, LINE 10A AND 10B	IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, 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 ADJUSTING ITEM TO THE NET INCOME REPORTED ON THE ORGANIZATION'S FORM 990.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN SHENANDOAH VALLEY INC

Employer identification number
54-0525106

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

2a 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? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
			Yes	**No**			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on 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.

Revenue / Direct Expenses		(a) Event #1 RUBBERMAIL SALE (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	97,303			97,303
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	97,303			97,303
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	27,015			27,015
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				27,015
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				70,288

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ **Yes** ☐ **No**

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ **Yes** ☐ **No**

b If "Yes," explain: _____

11 Does the organization conduct 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 conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information:

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

Additional Data Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN SHENANDOAH VALLEY INC

Employer identification number
54-0525106

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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.

(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 noncash assistance	(h) Purpose of grant or assistance
(1) SALVATION ARMY-WINCHESTER PO BOX 2745 WINCHESTER,VA 22604	58-0660607	501(C) 3 PUBLIC	34,770				TO SUPPORT THE FOOD COSTS TO SERVE 3 MEALS A DAY TO RESIDENTS AND THE COMMUNITY, AS WELL AS TO FUND UTILITY ASSISTANCE FOR LOW-INCOME FAMILIES, AND TO FUND BUS TICKETS TO PROVIDE RESIDENTS WITH THE TRANSPORTATION NECESSARY TO BECOME MORE SELF-SUFFICIENT.
(2) THE LAUREL CENTER PO BOX 14 WINCHESTER,VA 22604	54-1262535	501(C) 3 PUBLIC	24,016				TO SUPPORT THE 24/7 EMERGENCY SHELTER AS IT FEEDS, CLOTHES, AND HOUSES ITS RESIDENTS ALONG WITH PROVIDING PROTECTION, AND SERVICES AND RESOURCES THAT ENABLE WOMEN AND THEIR CHILDREN TO RECOVER FROM VIOLENCE
(3) FAITH IN ACTION 333 W CORK STREET SUITE 727 WINCHESTER,VA 22601	26-2937544	501(C) 3 PUBLIC	6,818				TO PROVIDE NON-EMERGENCY MEDICAL TRANSPORTATION TO RESIDENTS LIVING IN THE CITY OF WINCHESTER AND CLARKE, FREDERICK AND SHENANDOAH COUNTIES.
(4) WINCHESTER DAY NURSERY 133 LINCOLN STREET WINCHESTER,VA 22601	54-6002886	501(C) 3 PUBLIC	7,711				TO PROVIDE SCHOLARSHIPS TO FAMILIES WHO COULD NOT AFFORD A QUALITY PRESCHOOL EDUCATION.
(5) LITERACY VOL WINC 301 N CAMERON STREET WINCHESTER,VA 22601	62-1366707	501(C) 3 PUBLIC	21,893				TO EXPAND COMPUTER CLASSES VIA INCREASED SUPPORT TO INSTRUCTORS AND THE PURCHASE OF THREE DESKTOP COMPUTERS FOR STUDENT USE; AS WELL AS TO SUPPORT CITIZENSHIP/NATURALIZATION TEST PREPARATION COURSES; AND TO CONTINUE WORKING WITH WINCHESTER RESCUE MISSION CLIENTS ON RESUME DEVELOPMENT, INTERVIEW SKILLS, AND CASE MANAGEMENT.
(6) HEALTHY FAMILIES - SHEN CO 759 S MAIN STREET WOODSTOCK,VA 22664	54-0490687	501(C) 3 PUBLIC	6,091				TO PROVIDE FREE IN-HOME HEALTH AND WELLNESS SCREENINGS AND EDUCATION TO FAMILIES WHO ARE ALICE OR IN POVERTY AND LACK THE TRANSPORTATION NEEDED FOR MEDICAL AND PREVENTION SERVICES.
(7) BLUE RIDGE LEGAL SERVICES 119 S KENT STREET WINCHESTER,VA 22601	54-1048944	501(C) 3 PUBLIC	14,382				PROVIDE FREE LEGAL ASSISTANCE TO LOW INCOME RESIDENTS OF NSV.
(8) SHENANDOAH COUNTY FREE CLINIC PO BOX 759 WOODSTOCK,VA 22664	54-2032008	501(C) 3 PUBLIC	43,503				TO PROVIDE 20 HOURS PER WEEK OF COUNSELING SERVICES FOR STUDENTS IN SHENANDOAH COUNTY SCHOOLS BY A PROFESSIONAL COUNSELOR.
(9) SHENANDOAH DENTAL CLINIC PO BOX 759 WOODSTOCK VA 22664 WOODSTOCK,VA 22664	68-0657235	501(C) 3 PUBLIC	20,094				TO PROVIDE ONE DAY OF DENTAL CARE MONTHLY TO UNINSURED CHILDREN AND ADULTS WITH INCOMES BELOW THE ALICE THRESHOLD.
(10) FREMONT STREET NURSERY 533 FREMONT STREET WINCHESTER,VA 22601	54-0636119	501(C) 3 PUBLIC	25,077				FUNDS FIVE ENRICHMENT PROGRAMS IN ORDER TO PROVIDE HIGH-QUALITY CHILDCARE TO LOW INCOME AND SINGLE-PARENTS, NEW CAREGIVERS, AND AT-RISK YOUTHS. FUNDED PROGRAMS INCLUDE: PHYSICAL FITNESS, GARDENING, SUMMER ENRICHMENT ACTIVITIES, MUSIC THERAPY, AND EARLY LEARNING ASSESSMENT.
(11) SHENANDOAH AREA AGENCY ON AGING 207 MOSBY LANE FRONT ROYAL,VA 22630	54-1008875	501(C) 3 PUBLIC	7,884				TO PROVIDE THE LOCAL CASH MATCH FOR ONE OF THE FOUR VANS APPLIED FOR IN THE FY 19/20 DEPARTMENT OF RAIL AND PUBLIC TRANSPORTATION VAN REPLACEMENT GRANT. THIS VAN IS NEEDED TO REPLACE A 2004 VAN WITH 139,590 MILES ON IT.
(12) WINCHESTERFREDERICK CO CHILD ADVOCACY CENTER 411 N CAMERON STREET WINCHESTER,VA 22601	73-1666744	501(C) 3 PUBLIC					TO PROVIDE CHILD ABUSE ASSESSMENTS, TRAUMA SCREENINGS, AND MENTAL HEALTH TREATMENT SERVICES FOR ABUSE VICTIMS AND THEIR NON-OFFENDING CARETAKERS AT BOTH THE WINCHESTER AND SHENANDOAH COUNTY LOCATIONS.
(13) DENTAL CLINIC OF NORTHERN SHENANDOAH VALLEY INC 301 N CAMERON STREET SUITE 200 WINCHESTER,VA 22601	45-0573607	501(C) 3 PUBLIC	12,197				TO PROVIDE DENTAL SERVICES TO INDIVIDUALS WITHOUT INSURANCE OR THAT CANNOT PAY FOR SERVICES AND TO PROVIDE DENTAL SCREENINGS DURING THE HEALTHY LIVING EVENTS IN EXCHANGE FOR A HEALTHY FOOD VOUCHER.
(14) FAITHWORKS INC 12451 HAYES COURT 201 FAIRFAX,VA 22033	01-0551546	501(C) 3 PUBLIC	13,118				TO SUPPLEMENT THE EMERGENCY FINANCIAL ASSISTANCE PROGRAM (PAY IT FORWARD) AVAILABLE TO FAMILIES EXPERIENCING TEMPORARY CRISIS. FUNDS WILL SUPPORT ALICE FAMILIES IN PAYING RENT/MORTGAGE,UTILITIES, OR UTILITY PAYMENTS WHEN AN UNEXPECTED EMERGENCY OCCURS.
(15) ABBACARE INC 200 WEEMS LANE WINCHESTER,VA 22601	54-1427080	501(C) 3 PUBLIC	10,701				CHILDHOOD EDUCATION
(16) AIDS RESPONSE EFFORT INC 124 W PICCADILLY ST WINCHESTER,VA 22601	54-1585248	501(C) 3 PUBLIC	7,160				TO ELIMINATE STIGMA SURROUNDING MENTAL ILLNESS
(17) CHILD SAFE CENTER 411 N CAMERON STREET WINCHESTER,VA 22601	73-1666744	501(C) 3 PUBLIC	25,814				TO PROVIDE HELP FOR INDIVIDUALS DEALING WITH DOMESTIC ABUSE
(18) ADULT CARE CENTER 411 N CAMERON STREET WINCHESTER,VA 22601	54-1617292	501(C) 3 PUBLIC					TO IMPLEMENT A DEMENTIA-SPECIFIC INFORMATION AND REFERRAL ARM OF THE ADULT CARE CENTER THAT WILL HELP FAMILIES ACCESS RESOURCES THEY CURRENTLY NEED OR MAY POTENTIALLY NEED DOWN THE ROAD AS THEY CARE FOR A LOVED ONE WITH DEMENTIA, SUCH AS BI-WEEKLY SUPPORT GROUPS, SHARING SESSIONS, AND FINANCIAL PLANNING.
(19) WINCHESTER AREA TEMPORARY THERMAL SHELTER 217 OPEQUON CHURCH ROAD WINCHESTER,VA 22602	27-1325266	501(C) 3 PUBLIC	14,184				TO PROVIDE TEMPORARY SHELTER AND SUPPORT TO THE HOMELESS
(20) CONCERN HOTLINE 301 N CAMERON STREET WINCHESTER,VA 22601	54-1097847	501(C) 3 PUBLIC	7,141				TO PROVIDE GIRLS COURAGE, CONFIDENCE, AND CHARACTER TO MAKE WORLD A BETTER PLACE.
(21) HIGHLAND FOOD PANTRY INC PO BOX 1762 WINCHESTER,VA 22604	46-4661240	501(C) 3 PUBLIC	9,887				TO FUND THE SPECIAL DELIVERY PROJECT, WHICH REDUCES FOOD INSECURITY AMONG SENIOR CITIZENS BY PROVIDING BAGS OF NUTRITIOUS FOOD TO IDENTIFIED PERSONS-ATRISK EACH MONTH.
(22) SHENANDOAH VALLEY DISCOVERY MUSEUM 19 W CORK ST WINCHESTER,VA 22601	54-1692942	501(C) 3 PUBLIC	13,895				TO SUPPORT SCHOLARSHIPS FOR A SUMMER CAMP PROGRAM FOR UP TO 50 CHILDREN IN PARTNERSHIP WITH THE NAACP.
(23) NORTHERN SHENANDOAH VALLEY SUBSTANCE ABUSE COALITION 301 N CAMERON STREET SUITE 100 WINCHESTER,VA 22601	47-3755186	501(C) 3 PUBLIC	11,085				PROVIDES FUNDING TO CONTINUE THE PEER SUPPORT SPECIALIST PROGRAM WHICH PROVIDES ASSISTANCE AND SUPPORT TO THOSE SUFFERING WITH ADDICTION.
(24) SHENANDOAH ALLIANCE FOR SHELTER 109 N MAIN ST LAWYERS ROW SUITE 114 114 WOODSTOCK,VA 22664	54-1520502	501(C) 3 PUBLIC	14,321				TO SUPPORT THE MANAGEMENT OF CENTRALIZED HOUSING INTAKE (CHI) AND HELP ESTABLISH A COORDINATED ENTRYPROCESS IN ORDER TO RESPOND MORE QUICKLY AND EFFECTIVELY TO THE CALLS RECEIVED.
(25) HABITAT FOR HUMANITY 145 BAKER ST WINCHESTER,VA 22601	54-1816368	501(C) 3 PUBLIC	38,930				TO SUPPORT THE CRITICAL HOME REPAIR PROGRAM IN WINCHESTER, FREDERICK COUNTY, AND CLARKE COUNTY. THE PROGRAM IS OPEN TO HOMEOWNERS LIVING AT OR BELOW 60% AREA MEDIAN INCOME, WITH PRIORITY TOWARDS AGING ADULTS WHO HAVE MOBILITY AND ACCESSIBILITY ISSUES, TO HELP KEEP HOMEOWNERS IN THEIR HOMES.
(26) BLUE RIDGE HOSPICE 333 W CORK STREET SUITE 405 WINCHESTER,VA 22601	54-1126227	501(C) 3 PUBLIC	21,310				TO MAKE QUALITY END OF LIFE CARE AVAILABLE TO INDIVIDUALS AND FAMILIES FACING SERIOUS ILLNESS.
(27) FREE MEDICAL CLINIC 301 N CAMERON STREET WINCHESTER,VA 22601	54-1373296	501(C) 3 PUBLIC					TO ENHANCE SERVICES FOR DIABETES CARE BY IMPLEMENTING A COMPREHENSIVE DIABETES CARE CLINIC WITHIN THE CLINIC TO OFFER DIABETES MANAGEMENT SERVICES AND ACCESS TO THE TOOLS NEEDED FOR MONITORING AND SELF-CARE.
(28) DEMENTIAMATTERS 1078 KENNEL RD BOYCE,VA 22620	84-2424819	501(C) 3 PUBLIC	5,068				TO SUPPORT LFCC IN PROVIDING A CHALLENGING AND ENRICHING LEARNING-CENTERED ENVIRONMENT FOR ALL STUDENTS, EMPLOYEES AND COMMUNITY MEMBERS THAT PREPARES THEM TO SUCCEED IN THE 21ST CENTURY.
(29) HEALTHY FAMILIES NSV 301 N CAMERON STREET WINCHESTER,VA 22601	54-0505979	501(C) 3 PUBLIC	5,546				TO SUPPORT THE CAR SEAT SAFETY PROJECT AND CRIBS FOR KIDS SERVICE PROJECT WHICH DISTRIBUTES 30 INFANT CAR SEATS AND 50 SAFE SLEEP SURVIVAL "KITS" ANNUALLY TO FAMILIES IN NEED IN THE COMMUNITY THROUGH PARTNERSHIPS WITH THE DEPARTMENT OF SOCIAL SERVICES AND THE LORD FAIRFAX HEALTH DEPARTMENT. ALSO TO IMPLEMENT A MONTHLY PARENTING EDUCATION CLASS FOR 50+ PARENTS OF CHILDREN AGE 0-5 YEARS IN FREDERICK AND CLARKE COUNTIES, AND THE CITY OF WINCHESTER THROUGH A PARTNERSHIP WITH THE DEPARTMENT OF SOCIAL SERVICES, VIRGINIA DEPARTMENT OF HEALTH, AND THE LOCAL SCHOOL SYSTEMS.
(30) SINCLAIR HEALTH CLINIC 301 N CAMERON STREET WINCHESTER,VA 22601	54-1373296	501(C) 3 PUBLIC	35,093				TO UNITE CARING DONORS IN THE WORKPLACE WITH OUR NATION'S MOST TRUSTED HEALTH CHARITIES.
(31) KIDS CLUB OF NSV 2400 ROOSEVELT BOULEVARD WINCHESTER,VA 22601	54-1810019	501(C) 3 PUBLIC					TO PROVIDE HIGH QUALITY OUT-OF-SCHOOLPROGRAMS TO STUDENTS AGES 6-18 WHERE THEY HAVE SUPPORT AND ENCOURAGEMENT FOR EDUCATIONAL SUCCESS, AS WELL AS AGEAPPROPRIATE COLLEGE AND CAREER PREPARATION FOR MIDDLE AND HIGH SCHOOL STUDENTS, AND TO REDUCE SUBSTANCE USE AND ABUSE THROUGH POSITIVE ACTION DRUG PREVENTION PROGRAMS.
(32)							TO SUPPORT THE MOBILE LITERACY PROGRAM "GUS BUS" DURING SUMMER MONTHS. THE GUS BUS GOES TO NEIGHBORHOODS IN PAGE COUNTY TO BRING READING AND WRITING ACTIVITIES TO CHILDREN. STOPS ARE ESPECIALLY FOCUSED ON NEIGHBORHOODS WHERE THERE IS A HIGH RATE OF NEED AS IDENTIFIED BY THE SCHOOL SYSTEM.
(33) BLUE RIDGE HOUSING NETWORK 134 PEYTON STREET SUITE A FRONT ROYAL,VA 22630	54-1773623	501(C) 3 PUBLIC	5,071				SUPPORT CLIENTS WITH FUNDING FOR SECURITY DEPOSITS OR FIRST MONTH'S RENT TO HELP HOMELESS FAMILIES SECURING HOUSING AS WELL AS PROVIDING FINANCIAL ASSISTANCE TO COVER RENT OR UTILITY BILLS DURING A TEMPORARY FINANCIAL CRISIS.
(34) HAGERSTOWN GOODWILL 14515 PENNSYLVANIA AVE HAGERSTOWN,MD 21742	52-0660403	501(C) 3 PUBLIC					TO SUPPORT AND EXPAND THE GET ONBOARD! JOB READINESS PROGRAM THROUGH THE PURCHASE OF A LICENSE TO THE NORTHSTAR DIGITAL LITERACY PLATFORM, WHICH WOULD ALLOW THOSE IN THE COURSE TO PARTICIPATE IN ASSESSMENTS AND TRAINING TO FURTHER THEIR DIGITAL LITERACY, AS WELL AS COMPLETE MICROSOFT OFFICE CERTIFICATIONS AT NO COST TO THEM.
(35) CHOICES 216 WEST MAIN STREET LURAY,VA 22835	54-1388637	501(C) 3 PUBLIC	8,094				TO ASSIST VICTIMS OF DOMESTIC VIOLENCE TO BECOME FINANCIALLY STABLE. THIS INCLUDES ASSISTING WITH CHILDCARE EXPENSES TO HELP WOMEN FIND AND MAINTAIN EMPLOYMENT, HELPING WITH CAR REPAIRS OR REGISTRATION FEES, AND PROVIDING CLOTHING AND FOOD TO WOMEN AND CHILDREN FLEEING DOMESTIC VIOLENCE.
(36) FAMILY PROMISE OF SHENANDOAH PO BOX 733 WOODSTOCK,VA 22664	47-1024116	501(C) 3 PUBLIC	6,690				TO PROVIDE SUPPORT SERVICES TO HOMELESS FAMILIES IN CRISIS TOWARDS FINANCIAL STABILITY INCLUDING CHILD CARE ASSISTANCE, REQUIRED DOCUMENT ASSISTANCE, AND RENTAL ASSISTANCE.
(37) PAGE ONE 42 WEST MAIN STREET LURAY,VA 22835	52-9918313	501(C) 3 PUBLIC					TO ASSIST LOW INCOME FAMILIES OF PAGE COUNTY WITH EMERGENCY FINANCIAL NEEDS, SUCH AS FUEL AND ELECTRICITY.
(38) COMMUNITY CARE & LEARNING CENTER 189 EAST LEE HIGHWAY NEW MARKET,VA 22844	83-3104944	501(C) 3 PUBLIC	10,950				TO PROVIDE TUITION ASSISTANCE TO WORKING PARENTS AND QUALITY PROGRAMMING FOR THE CHILD CARE CENTER.
(39) PAGE ALLIANCE FOR COMMUNITY ACTION PO BOX 723 LURAY,VA 22835	54-1913216	501(C) 3 PUBLIC					TO ASSIST WITH THE COST OF RANDOM DRUG SCREENINGS FOR ATHLETES AND DRIVERS FOR PAGE COUNTY HIGH SCHOOLS.
(40) CLARKE COUNTY EDUCATION FOUNDATION PO BOX 1252 BERRYVILLE,VA 22611	54-1606545	501(C) 3 PUBLIC					TO FUND 10 MONTHS OF SERVICE FOR SMARTSPOT DEVICES.
(41) A FARM LESS ORDINARY 73 PROVIDENCE LANE BLUEMONT,VA 20135	81-1191778	501(C) 3 PUBLIC	28,135				TO FUND THE DELIVERY AND DISTRIBUTION OF MORE THAN 3,500 LBS. OF FRESH, ORGANICALLY GROWN PRODUCE TO FAMILIES IN NEED IN CLARKE COUNTY.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . ▶

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	ORGANIZATIONS CAN RECEIVE ASSISTANCE FROM THE UNITED WAY IN TWO WAYS: FIRST, DONORS TO THE UNITED WAY MAY DESIGNATE ORGANIZATIONS TO RECEIVE THEIR DONATED FUNDS. SECONDLY, THE UNITED WAY PROVIDES IMPACT GRANT TO ORGANIZATION FROM FUNDS RAISED WHICH WERE NOT DESIGNATED FOR A SPECIFIC ORGANIZATION. THE APPLICATIONS FOR IMPACT GRANTS ARE SECURED IN FEBRUARY. A COMMITTEE OF VOLUNTEERS REVIEWS REQUESTS IN APRIL AND RECOMMENDS LEVELS OF SUPPORT. GRANTS ARE APPROVED BY THE BOARD OF DIRECTORS IN MAY. ORGANIZATIONS RECEIVING GRANTS SUBMIT QUARTERLY OUTCOMES REPORTS FOR REVIEW IN ADVANCE OF THEIR GRANT PAYMENTS.

Additional Data

Return to Form

Software ID:

Software Version:

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 Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED WAY OF NORTHERN SHENANDOAH VALLEY INC

Employer identification number
54-0525106

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE COMMITTEE IS APPOINTED BY THE BOARD AND ACTS TO REVIEW AND APPROVE THE 990 PRIOR TO SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS REVIEWS ANY INTERESTS WHICH MAY GIVE RISE TO CONFLICTS ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION B, LINE 15	THE POLICY FOR DETERMING COMPENSATION OF THE ORGANIZATION'S CHIEF EMPLOYED EXECUTIVE INCLUDES 1) REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS, 2) USE OF DATA AS TO COMPARABLE COMPENSATION AND 3) CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING.
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE PREPARED MONTHLY AND SUBMITTED AS PART OF THE BOARD MEETINGS. AN ANNUAL FINANCIAL SUMMARY IS PROVIDED AS PART OF THE UNITED WAY ANNUAL REPORT TO THE PUBLIC. CONFLICT OF INTEREST STATEMENTS ARE COMPLETED BY BOARD AND STAFF ANNUALLY. COPIES ARE ON FILE AND WOULD BE MADE AVAILABLE AS REQUESTED.
FORM 990, PART XI, LINE 9:	ROUNDING -3.
PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.
FORM 990, PART VIII, LINE 1F	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	EDUCATION - THE UNITED WAY OF NSV PROVIDED IMPACT GRANTS WHICH MADE IT POSSIBLE FOR CHILDREN TO HAVE ACCESS TO BASIC NEEDS, PRESCHOOL AGED CHILDREN TO HAVE ACCESS TO AFFORDABLE, HIGH-QUALITY, EARLY LEARNING PROGRAMS THAT PREPARE THEM FOR KINDERGARTEN, STUDENTS TO HAVE ACCESS TO HIGH-QUALITY, ENRICHING OUT OF SCHOOL PROGRAMS WHERE STUDENTS HAVE SUPPORT AND ENCOURAGEMENT FOR EDUCATIONAL SUCCESS FROM ENGAGED PARENTS/ADVOCATES AND MENTORS AND MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS TO HAVE ACCESS TO AGE-APPROPRIATE COLLEGE AND CAREER PREPARATION AND GRADUATE EQUIPPED WITH SKILLS FOR SUCCESS. THROUGH OUR IMPACT GRANT AWARDS, 15 CHILDREN RECEIVED SCHOLARSHIPS TO ATTEND PRESCHOOL, SUMMER LEARNING PROGRAMS WERE OFFERED TO 78 CHILDREN, 210 AFTER SCHOOL CLASSES TAUGHT TO 115 CHILDREN, 36,001 FREE BOOKS WERE SENT TO CHILDREN AND 125 AT RISK CHILDREN EACH RECEIVED HOMEWORK ASSISTANCE AND MENTORING. INCOME - THE UNITED WAY OF NSV PROVIDED IMPACT GRANTS TO PROMOTE FINANCIAL STABILITY AND INDEPENDENCE. THE UNITED WAY OF NSV PROVIDED IMPACT GRANTS WHICH MADE IT POSSIBLE FOR FAMILIES IN OUR COMMUNITY ARE SELF-SUFFICIENT AND MOVE FROM FINANCIAL INSTABILITY TO FINANCIAL STABILITY, VULNERABLE SENIORS ARE ABLE TO ACCESS SERVICES THAT IMPROVE THEIR QUALITY OF LIFE AND MAINTAIN INDEPENDENCE, LOW OR NO INCOME INDIVIDUALS ACQUIRE THE SKILLS NECESSARY TO SECURE AND RETAIN SELF/OR FAMILY-SUSTAINING EMPLOYMENT AND HELP PEOPLE IN CRISIS MEET THEIR BASIC NEEDS AND BECOME SELF-SUFFICIENT. THROUGH OUR IMPACT GRANT AWARDS, 82 LOCAL FAMILIES RECEIVED DISASTER RELIEF SERVICES AFTER CATASTROPHIC EVENTS, 38 FAMILIES WERE MOVED INTO STABLE HOUSING, 27 PEOPLE TRANSITIONED FROM CRISIS TO STABILITY AFTER VISITING THE VALLEY ASSISTANCE NETWORK, 1,588 FOOD BAGS WERE DELIVERED TO FOOD-INSECURE SENIORS AND 37,009 MEALS WERE SERVED TO THE HUNGRY. HEALTH - THE UNITED WAY OF NSV PROVIDED IMPACT GRANTS WHICH MADE IT POSSIBLE FOR FAMILIES AND INDIVIDUALS TO ACCESS QUALITY AND AFFORDABLE HEALTHCARE WHICH INCLUDES PHYSICAL, DENTAL, MENTAL HEALTH AND WELLNESS, CHILDREN AND YOUTH HAVE ACCESS TO EMERGENCY AND ONGOING MENTAL HEALTH AND COUNSELING SERVICES, REDUCE SUBSTANCE USE/ABUSE AND ALL ITS DEVASTATING CONSEQUENCES ON INDIVIDUALS, FAMILIES AND COMMUNITIES AND PREVENT AND RESPOND TO DOMESTIC VIOLENCE. THROUGH OUR IMPACT GRANT AWARDS, 207 AIDS/HIV TESTS WERE ADMINISTERED TO AT RISK COMMUNITY MEMBERS, 1,920 HOURS OF SPECIALIZED TRAUMA FOCUSED THERAPY SERVICES WERE PROVIDED TO ABUSED CHILDREN, 720 EMERGENCY DENTAL SCREENINGS WERE PROVIDED, 1,925 LIFE SUSTAINING MEDICAL TRANSPORT TRIPS WERE MADE SO HOMEBOUND AND HANDICAPPED INDIVIDUALS COULD RECEIVE MEDICAL TREATMENTS AND 578 HOME CHECKUP VISITS WERE MADE TO NEW AT-RISK FAMILIES WITH INFANTS. UNITED WAY NSV RELEASED IT'S 2017-2020 COMMUNITY NEEDS ASSESSMENT AND PARTNERED WITH THE UNITED WAYS IN VIRGINIA TO RELEASE THE ALICE REPORT. BOTH OF THESE PUBLICATIONS ARE IMPORTANT TO THE ADVOCACY OF UNITED WAY NSV AND IT'S IMPACT ON THE COMMUNITY. THE VALLEY ASSISTANCE NETWORK, IS A NEW INITIATIVE LED BY UNITED WAY NSV THAT CONNECTS ALL OF OUR COMMUNITY PARTNERS. IT WAS LAUNCHED IN OCTOBER 2017 AS A DIRECT RESULT OF OUR COMMUNITY NEEDS ASSESSMENT AND THE ALICE REPORT. ALICE FAMILIES OFTEN DON'T KNOW WHERE TO TURN WHEN A CRISIS OCCURS. THROUGH THE VALLEY ASSISTANCE NETWORK, UNITED WAY NSV IS MEETING A CRITICAL NEED FOR WORKING FAMILIES. A HOME FOR THE HOLIDAYS CAMPAIGN WAS INSPIRED BY 8-YEAR-OLD DAVID. WHEN ASKED TO MAKE A CHRISTMAS WISH LIST, HE DREW A PICTURE OF A HOUSE. DAVID, HIS FOUR SIBLINGS, AND HIS MOM BOUNCED AROUND BETWEEN CRAMPED MOTEL ROOMS AND LIVING ROOMS FOR SIX MONTHS. DESPITE BEING HOMELESS, HIS MOM, MARY, MAINTAINED A FULL-TIME JOB. BUT LIKE MANY ALICE FAMILIES, SHE STRUGGLED TO FIND A SAFE PLACE SHE COULD AFFORD ON HER INCOME AT A CONVENIENCE STORE. GENEROUS DONATIONS FROM THE COMMUNITY HELPED TO PAY FOR SUPPORTIVE SERVICES LIKE THE SECURITY DEPOSIT, FIRST MONTH'S RENT, AND UTILITY DEPOSITS, FOR THE 10 FAMILIES. THROUGHOUT THE YEAR OVER 2,000 VOLUNTEERS PROVIDED OVER 40,000+ HOURS OF SERVICE THROUGH THE UNITED WAY OF NSV WITH A TOTAL VALUE OF OVER $1,000,000.

Additional Data

Return to Form

Software ID:

Software Version: