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CLIENT'S COPY

HARRIS, HARVEY, NEAL & CO., LLP CERTIFIED PUBLIC ACCOUNTANTS 231 E CHURCH STREET MARTINSVILLE, VA 24112 (276)632-9871

UNITED WAY OF HENRY CO & MARTINSVILLE P. O. BOX 951 MARTINSVILLE, VA 24114

UNITED WAY OF HENRY CO & MARTINSVILLE:

WE WILL BE PREPARING A 2017 FORM 8868 ON BEHALF OF THE ORGANIZATION. FORM 8868 EXTENDS THE DUE DATE OF THE ORGANIZATION'S FORM 990 RETURN UNTIL NOVEMBER 15, 2018.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 8868 FOR FORM 990 RETURN:

NO PAYMENT IS DUE WITH FORM 8868.

WE WILL INCLUDE A COPY OF THE 2017 EXTENSION FORM WITH THE COMPLETED RETURN.

WE WILL NOTIFY YOU UPON COMPLETION OF THE ORGANIZATION'S TAX RETURN. IF INFORMATION PERTINENT TO THE RETURN BECOMES AVAILABLE, PLEASE FORWARD IT TO US AS SOON AS POSSIBLE. IF YOU HAVE QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT OUR OFFICE.

VERY TRULY YOURS,

KIMBERLY A. SKINNER, CPA

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service , 2017, and ending

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

Internal Revenue Service Name of exempt organization

Employer identification number

54-0753318

20

UNITED WAY OF HENRY CO & MARTINSVILLE

Name and title of officer MONICA HATCHETT

PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

For calendar year 2017, or fiscal year beginning

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	879,423.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	Зb	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize HARRIS, HARVEY, NEAL & CO., LLP, CPA'S	to enter my PIN 24112
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within t is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also au enter my PIN on the return's disclosure consent screen.	.,
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature Date	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 54655424543 Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for th confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Mel <i>e-file</i> Providers for Business Returns.	0
ERO's signature ► HARRIS, HARVEY, NEAL & CO., LLP, CPA' Date ► 07,	/02/18
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	o So

	0	n	n
Form	J	J	U

EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax



U4284Number of independent voting members of the governing body (Part VI, line 1b)45Total number of individuals employed in calendar year 2017 (Part V, line 2a)56Total number of volunteers (estimate if necessary)6	For	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)							
A For the 2017 calendar year, or tax year beginning and ending B Check IF application: C Name of organization D Employer identification number Image: Control of organization UNITED WAY OF HENRY CO & MARTINSVILLE D Employer identification number Image: Control of Control of Organization UNITED WAY OF HENRY CO & MARTINSVILLE D Employer identification number Image: Control of	Department of the freasury								
B ctext: C Name of organization D Employer identification number									
Ordered Instant UNITED WAY OF HENRY CO & MARTINSVILLE 54-0753318 Doing business as Number and street (or P.0, box if mail is not delivered to street address) Room/suite E Telephone number 276-638-3946 Orgentation City or town, state or province, country, and ZIP or foreign postal code G cross receives a 879,423. MartINSVILLE, VA 24114 F Name and address of principal officer.MONICA HATCHETT SAME AS C ABOVE Ves X No H(b) Are all subordinates // Ves X No H(b) Are all subordinates // Ves X No H(b) Are all subordinates // Ves X No H(c) A									
Doing business as 54-0753318 Doing business as 54-0753318 Instant Room/suite E Telephone number Provestight Provestight Room/suite E Telephone number Instant Provestight Room/suite E Telephone number Instant Room/suite E Telephone number Room/suite E Telephone number Instant Room/suite Room/suite E Telephone number Room/suite R	B	Check if applicat	le: C Name of	cation number					
Long Dusiness as Dark 0 173318 Durbar and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Previous P. O. BOX 951 City or town, state or province, country, and ZIP or foreign postal code G cross receipts s 879, 423. MARTINSVILLE, VA 24114 Hame and address of principal officer.MONICA HATCHETT F Name and address of principal officer.MONICA HATCHETT F Name and address of principal officer.MONICA HATCHETT Has this a group return MartINSVILLE F Name and address of principal officer.MONICA HATCHETT F No., attach a list. (see instructions) J Website: WWW • UNITEDWAYOFHCM • ORG H(c) Are all subordinates includer? Yes No MartINSVILLE UNITES AND MOBILIZES THE COMMUNITY IN ASSESSING AND 2 2 Check this box > if the organization's mission or most significant activities: UNITED WAY OF HENRY COUNTY & MARTINSVILLE UNITES AND MOBILIZES THE COMMUNITY IN ASSESSING AND 2 Check this box > if the organization discontinue its operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 2 4 number of independent voting members of the governing body (Part VI, line 2a) 5 1 6 Total number of induviduas employed in calendary ser 2017				ED WAY OF HENRY CO & MARTINSVILLE					
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atted Chy or town, state or province, country, and zIP or foreign postal code G Gross recepts \$ 0 7 9, 4 2 3 - MARTINSVILLE, VA 24114 F Name and address of principal officer/MONICA HATCHETT F No, " attach alist. (see instructions) I tax-exempt status: X 001(c)(3) 501(c)(.) (insert no.) 4947(a)(1) or 527 I tax-exempt status: X 001(c)(3) 501(c)(.) (insert no.) 4947(a)(1) or 527 I tax-exempt status: X 001(c)(3) 501(c)(.) (insert no.) 4947(a)(1) or 527 I tax-exempt status: X corporation Trust Association 0ther ▶ L year of formation: 1937 M State of legal domicile: VP Partil Summary I Briefly describe the organization's mission or most significant activities: UNITED WAY OF HENRY COUNTY & MARTINSVILLE UNITES AND MOBILIZES THE COMMUNITY IN ASSESSING AND 3 268 I unmber of individuals employed in calendar year 2017 (Part V, line 1a) 3 268 300 7 I colal number of volon meens (estimate if necessary)		returr Final returr	Number	· · · · · · · · · · · · · · · · · · ·		638-3946			
Participa F Name and address of principal officer.MONICA HATCHETT for subordinates? Yes No I Tax-exempt status: X 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 Yes No I Briefy describe WWW UNITEDWAYOFHCM. ORG If "No," attach a list. (see instructions) H(b) Are all subordinates included? Yes No K Form of organization; X Corporation Trust Association Other ▶ L Year of formation: 1937 M State of legal domicile: VA Part I Summary Summary I Briefy describe the organization's mission or most significant activities: UNITED WAY OF HENRY COUNTY & MARTINSVILLE UNITES AND MOBILIZES THE COMMUNITY IN ASSESSING AND 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 28 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 12 6 Total number of voluntees (estimate if necessary) 6 3900 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 0 9 Program service revenue (Part VIII, line 1h) 996, 7344. 6, 3374. <		ated	City or to						
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b Net unrelated business taxable income from Form 990-T, line 34 7b 0. 8 Contributions and grants (Part VIII, line 1h) 996, 734. 865, 566. 9 Program service revenue (Part VIII, line 2g) 7, 934. 7, 520. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6, 374. 6, 337. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1, 011, 042. 879, 423. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 559, 260. 654, 555. 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) 163, 311. 156, 761. 16a Professional fundraising fees (Part IX, column (D), line 25) 69, 795. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a.11d, 11f.24e) 207, 698. 206, 360. 18 Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25) 930, 269. 1, 017, 676. 19 Revenue less expenses. Subtract line 18 from l	Acti	7 a	Total unrelated	d business revenue from Part VIII, column (C), line 12		0.			
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9 Program service revenue (Part VIII, line 2g) 7,934. 7,520. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,374. 6,337. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,011,042. 879,423. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 559,260. 654,555. 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), line 5-10) 163,311. 156,761. 16 Professional fundraising fees (Part IX, column (A), line 25) 69,795. 207,698. 206,360. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 207,698. 206,360. 360.,360. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 930,269. 1,017,676. 19 Revenue less expenses. Subtract line 18 from line 12 80,773. -138,253.									
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1, 011, 042. 879, 423. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 559, 260. 654, 555. 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) 163, 311. 156, 761. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 69, 795. 207, 698. 206, 360. 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 930, 269. 1, 017, 676. 19 Revenue less expenses. Subtract line 18 from line 12 80, 773. -138, 253.	ent	9	Program servi	ce revenue (Part VIII, line 2g)					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1, 011, 042. 879, 423. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 559, 260. 654, 555. 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) 163, 311. 156, 761. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 69, 795. 207, 698. 206, 360. 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 930, 269. 1, 017, 676. 19 Revenue less expenses. Subtract line 18 from line 12 80, 773. -138, 253.	3eV	10							
13 Grants and similar amounts paid (Part IX, column (A), lines 1·3) 559, 260. 654, 555. 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) 163, 311. 156, 761. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 69, 795. 207, 698. 206, 360. 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 930, 269. 1, 017, 676. 19 Revenue less expenses. Subtract line 18 from line 12 80, 773. -138, 253.	-	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-				
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15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 163,311. 156,761. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 69,795. 207,698. 206,360. 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 930,269. 1,017,676. 19 Revenue less expenses. Subtract line 18 from line 12 80,773. -138,253.		13							
16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00.0 b Total fundraising expenses (Part IX, column (D), line 25) ► 69,795. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 207,698.206,360. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 930,269.1,017,676. 19 Revenue less expenses. Subtract line 18 from line 12 80,773. -138,253.						•••			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 207,698.206,360. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 930,269.1,017,676. 19 Revenue less expenses. Subtract line 18 from line 12 80,773. -138,253.	ses	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 207,698.206,360. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 930,269.1,017,676. 19 Revenue less expenses. Subtract line 18 from line 12 80,773. -138,253.	ens	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)	0.	0.			
17 Other expenses (Part IX, Column (A), lines Tra-Trd, TT-24e) 2007,000 (2007,000) (2007,000) (2007,000 (2007,000 (2007,000 (2007,000) (2007,000 (2007,000 (2007,000 (2007,000 (2007,000 (2007,000 (2007,000 (2007,000)))						206 260			
19 Revenue less expenses. Subtract line 18 from line 12 80,773138,253.	_								
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,497,241. 1,342,155. 21 Total liabilities (Part X, line 26) 162,875. 144,794.									
Performing of current Year End of Year 20 Total assets (Part X, line 16) 1,497,241. 1,342,155. 21 Total liabilities (Part X, line 26) 162,875. 144,794.		19	Revenue less	expenses. Subtract line 18 from line 12	· · ·				
20 Total assets (Part X, line 10) 21 Total liabilities (Part X, line 26) 22 1 Total liabilities (Part X, line 26)	ance		Total accests "	Part V line 10					
	Asse Bal	20							
21 Fortal maximum contract, mine 20 22 Net assets or fund balances. Subtract line 21 from line 20	Net /	21				1,197,361.			

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 MONICA HATCHETT, PRESI Type or print name and title	DENT	Date					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	KIMBERLY A. SKINNER	KIMBERLY A. SKINNE	R 07/02/18	3 self-employed P00141097				
Preparer	Firm's name HARRIS , HARVEY ,	NEAL & CO., LLP, CP.	A'S Firm	's EIN ▶ 54-0643136				
Use Only	Firm's address 231 E. CHURCH ST	REET						
	MARTINSVILLE, VA 24112 Phone no. (276)632-9871							
May the IF	Aay the IRS discuss this return with the preparer shown above? (see instructions)							
732001 11-2	³²⁰⁰¹ 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)							
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STAT	EMENT CONT	TINUATION				

	990 (2017) UNITED WAY OF HENRY CO & MARTINSVILLE 54-0753318 Page 2
Pa	t 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:
	UNITED WAY OF HENRY COUNTY & MARTINSVILLE UNITES AND MOBILIZES THE
	COMMUNITY IN ASSESSING AND MEETING THE CRITICAL HUMAN SERVICE NEEDS IN
	MARTINSVILLE-HENRY COUNTY, VIRGINIA.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$ 789,137. including grants of \$ 654,555.) (Revenue \$ 7,520.)
Ĩ	ALLOCATIONS TO CHARITIES THROUGHOUT THE MARTINSVILLE-
	HENRY COUNTY AREA.
4b	(Code:) (Expenses \$ 105,063. including grants of \$) (Revenue \$)
	VARIOUS EXPENSE ALLOCATIONS TO PROGRAM SERVICES NECESSARY
	TO ADMINISTER FUNDS TO SUPPORT AGENCIES THROUGHOUT THE
	HENRY COUNTY - MATINSVILLE AREA
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other preserves convices (Describe in Schedule O)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 1,345. including grants of \$) (Revenue \$)
40	
40	Total program service expenses ► 895,545.

732003 11-28-17

complete Schedule G, Part III

UNITED	WAY	OF	HENRY	CO	&	MARTINSVILLE

	990 (2017) UNITED WAY OF HENRY CO & MARTINSVILLE 54-0753	318	P	age 3
Pa	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
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		Х
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		х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
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		х
с	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		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>

Form **990** (2017)

X

19

Form 990 (2017)	UNITED	WAY	OF	HENRY	CO	&	MARTINSVILLE
Part IV	Checklist of	Required Sc	hedul	es (co	ntinued)			

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	Х	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
~~	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		
34		34		x
350	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
5	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?	000		<u> </u>
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	- <u>-</u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

Form	990 (2017) UNITED WAY OF HENRY CO & MARTINSVILLE 54-0753	318	F	Page 5	
Pa					
	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 6				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c	Х		
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 12				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country:				
	See 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		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6a		X	
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).				
а					
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?				
с	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	
g	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.				
а	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:				
а	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	4			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a	4			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
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.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
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				
с	Enter the amount of reserves on hand 13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

Form 990 (2017)	Form	990	(2017)
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 28			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion 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		Х
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	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," 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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	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 - 276 638-3946 P. O. BOX 951, MARTINSVILLE, VA 24114			
	P. O. BOX 951 MARTINSVILLE VA 24114			

Part VII	Co	mpensation o	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensat	ed
	์ Em	ployees, and	Independe	ent Contra	ctors				

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 is former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(da	(do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	nd a d I	lirecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		/ee	mpen		(***2/109910130)		and related
	below	d ual 1	Institutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indivi	Institu	Officer	Keye	Highe	Former			J. J
(1) GLENN WOOD	1.00									
HUMAN RESOURCE CHAIR		X						0.	0.	0.
(2) GARY COLLINS	1.00									
FINANCE CHAIR		X						0.	0.	0.
(3) AMANDA WITT	1.00									
DIRECTOR		X						0.	0.	0.
(4) MICHAEL SCALES	1.00									
2ND VP/CAMPAIGN CO-CHAIR		X		X				0.	0.	0.
(5) ROB GEHMAN	1.00									
SECRETARY/TREASURER		X		X				0.	0.	0.
(6) CAROLYN SHOUGH	1.00									
COMMUNITY INVESTMENT CHAIR		X						0.	0.	0.
(7) PHILIP WENKSTERN	40.00									
EXECUTIVE DIRECTOR		X		Х				19,218.	0.	0.
(8) TOMMY HUDGINS	1.00									
IMMEDIATE PAST PRESIDENT		X						0.	0.	0.
(9) LATALA HODGES	1.00									
DIRECTOR		Х						0.	0.	0.
(10) DALE WAGONER	1.00									
DIRECTOR		Х						0.	0.	0.
(11) PAM FOLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(12) MARY NESTER	1.00									_
DIRECTOR		Х						0.	0.	0.
(13) ROBIN CAMPBELL	1.00									_
DIRECTOR		Х						0.	0.	0.
(14) SEBRENA SMITH	1.00									
AGENCY & VOLUNTEER RELATIONS CHAIR		X						0.	0.	0.
(15) JACKIE HUGHES	1.00									
DIRECTOR		х						0.	0.	0.
(16) RONNIE FULTZ	1.00								_	
DIRECTOR		X						0.	0.	0.
(17) DRU INGRAM	1.00									<u>^</u>
1ST VP/CAMPAIGN CHAIR		Х		Х				0.	0.	0. Form 990 (2017)

Form 990 (2017) UNITED WA	AY OF HI	ENI	RY	CC	<u>)</u>	<u>ƙ</u>	I A	RTINSVILLE	54-075	331	. 8 Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average	(do		Pos heck) than	one	Reportable	Reportable		Estimate	d
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		amount	of
	week		cer an	a a a	recto	or/trus	tee)	from	from related		other	
	(list any	recto						the	organizations	C	ompensa	
	hours for related	or di	ee			sated		organization	(W-2/1099-MISC)		from th	
	organizations	ustee	trust		e	ubeu		(W-2/1099-MISC)			organizat and relat	
	below	lual tr	tional		yolqr	st cor yee	_				rganizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				gamzati	0110
(18) SCOTT GRIFFIN	1.00	-	-		×		-					
DIRECTOR		x						0.	0	•		0.
(19) GREG PEITZ	1.00											
DIRECTOR		X						0.	0	•		0.
(20) PAT CALDARERA	1.00											
DIRECTOR		Х						0.	0	•		0.
(21) MONICA HATCHETT	1.00											
PRESIDENT		Х		Х				0.	0	•		0.
(22) BRIAN HENDERSON	1.00											_
DIRECTOR		х						0.	0	•		0.
(23) KATHY DRAPER	1.00											•
DIRECTOR	1 00	X						0.	0	•		0.
(24) JONATHAN MUNN	1.00							0	0			0
DIRECTOR	1.00	X						0.	0	•		0.
(25) CINDY MORGAN	1.00	x						0.	0			0.
DIRECTOR (26) TORY SHEPHERD	1.00	^						0.	0	•		0.
DIRECTOR	1.00	x						0.	0			Ο.
1b Sub-total								19,218.	0			0.
c Total from continuation sheets to Part VI								36,919.	0			0.
d Total (add lines 1b and 1c)								56,137.	0			0.
2 Total number of individuals (including but n							no r	received more than \$100	.000 of reportable			
compensation from the organization						,			, I			0
<u> </u>											Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplc	oyee,	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3	3	Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J i	for such individual		4	L I	X
5 Did any person listed on line 1a receive or a								•				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	uch ,	pers	son .				5	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	•	•								nsatio	on from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.			
(A) Name and business	address	NIC	ONE	7				(B) Description of s	ervices	Com	(C) pensatio	n
		TAC		<u> </u>			_	Beschption of a		0011	pensatio	
2 Total number of independent contractors (ii	ncluding but n	ot li	mite	d to	tho	se lie	ster	l d above) who received m	ore than			
¢100,000 of comparation from the exception	•			0		0						

	AY OF HI	ENI	RY	CC) (£ 1	I AI	RTINSVILLE	54-075	3318
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	mplo	oyee	s, a	nd H	High	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	to				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direc				d em		(W-2/1099-MISC)	(112/1000/11100)	organization
	related	tee or	ustee			en sate				and related
	organizations	al trus	nal tr		lo yee	dmoc				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
	line)	pu	lns	æ	Ke	Ξĵ	ي ق			
(27) JIM TOBIN	1.00	x						0.	0.	0
DIRECTOR	1.00	^						0.	0.	0.
(28) ZEB TALLEY	1.00	x						0	0	0
DIRECTOR	1.00	<u> </u>						0.	0.	0.
(29) KATHY VERNON	1.00	x						0.	0.	0.
DIRECTOR (30) KIM ADKINS	40.00	^						0.	0.	0.
FORMER EXECUTIVE DIRECTOR	40.00	x		x				36,919.	0.	0.
		11						50,515.	0.	0.
		1								
						1				
								26 010		
Total to Part VII, Section A, line 1c								36,919.		

				HENRY C	O & MARTIN	SVILLE	54-0753	318 Page 9
Pa	rt VII	I Statement of Rever	nue					_
_		Check if Schedule O cont	ains a response	or note to any lin		(B)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a	503,898.				
Gran		Membership dues						
ts, (Am	с	Fundraising events	1c					
Gifl	d	Related organizations	1d					
ns,		Government grants (contribut	· · · · · · · · · · · · · · · · · · ·	50,973.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gran similar amounts not included abor		310,695.				
d Or	g	Noncash contributions included in lines		_				
anc		Total. Add lines 1a-1f		▶	865,566.			
				Business Code				
e	2 a	NONPROFIT LEADE	RS NETW	900099	7,520.	7,520.		
ervi	b							
n Si	С							
Program Service Revenue	d							
roc	е							
ш.	f	All other program service reve			7 5 2 0			
	g	Total. Add lines 2a-2f			7,520.			
	3	Investment income (including			6,337.			6,337.
	4	other similar amounts) Income from investment of ta			0,557.			0,557.
	4 5	Royalties		r i i i i i i i i i i i i i i i i i i i				
	5	noyanes	(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		.		►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		····· •				
ne	8 a	Gross income from fundraisin	•					
Other Revenue		including \$						
Re		contributions reported on line	,					
her	h	Part IV, line 18						
đ		Less: direct expenses Net income or (loss) from func						
		Gross income from gaming ac		▶				
	υu	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
	с	Net income or (loss) from sale	s of inventory	►				
		Miscellaneous Revenu	е	Business Code				
	11 a			ļ				
	b							
	c							
	d							
	e 10	Total. Add lines 11a-11d Total revenue. See instructions.			879,423.	7,520.	0.	6,337.
	12			🔽 🖌	J, J, HIJ.	1 1,540.0	• •	

UNITED WAY OF HENRY CO & MARTINSVILLE

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 respon	Ise or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				•
	and domestic governments. See Part IV, line 21	654,555.	654,555.		
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	56,137.	25,262.	11,227.	19,648.
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	54,995.	26,457.	10,072.	18,466.
8	Pension plan accruals and contributions (include	,			· ·
-	section 401(k) and 403(b) employer contributions)	6,951.	3,235.	1,332.	2,384.
9	Other employee benefits	30,272.	14,088.	5,802.	2,384. 10,382.
10	Payroll taxes	8,406.	3,912.	1,611.	2,883.
11	Fees for services (non-employees):	-,	-,	,	,
	Management				
b					
	Accounting	14,700.		14,700.	
d					
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	7,732.	5,799.	967.	966.
14	Information technology	950.	713.	119.	118.
15	Royalties				
16	Occupancy	10,480.	7,860.	1,310.	1,310.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,386.	1,040.	173.	173.
20	Interest				
21	Payments to affiliates	9,162.	9,162.		
22	Depreciation, depletion, and amortization	3,362.	1,345.	672.	1,345.
23	Insurance	2,881.		2,881.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	FINANCIAL STABILITY INI	129,694.	129,694.		
b	CAMPAIGN EXPENSES	12,098.			12,098.
с	PLEDGES TO OTHER UNITED	7,400.	7,400.		
d	NONPROFIT LEADERS NETWO	4,888.	4,888.		
е	All other expenses	1,627.	135.	1,470.	22.
25	Total functional expenses. Add lines 1 through 24e	1,017,676.	895,545.	52,336.	69,795.
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 Figure 16 following SOP 98-2 (ASC 958-720)				
70004	n 11-99-17				Form 990 (2017)

UNITED	WAY	OF	HENRY	CO	&	MARTINSVILLE

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

		Check if Schedule O contains a response of ho	ite to an	y line in this Part A			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,176,101.	2	1,030,637.
	3	Pledges and grants receivable, net			311,442.	3	280,250.
	4	Accounts receivable, net			3,000.	4	0.
	5	Loans and other receivables from current and f					
		trustees, key employees, and highest compens					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqua				-	
		section 4958(f)(1)), persons described in sectio	-				
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instr				6	
	7	Notes and loans receivable, net		F		7	
	8	Inventories for sale or use				8	
	9					9	700.
1	0a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	86,963.			
	b	Less: accumulated depreciation		83,626.	6,698.	10c	3,337.
1	1	Investments - publicly traded securities				11	3,337. 27,231.
1	2	Investments - other securities. See Part IV, line				12	
1	3	Investments - program-related. See Part IV, line				13	
1	4	Intangible assets				14	
1	5	Other assets. See Part IV, line 11				15	
1	6	Total assets. Add lines 1 through 15 (must equ			1,497,241.	16	1,342,155.
1	7	Accounts payable and accrued expenses			5,921.	17	3,872.
1	8	Grants payable				18	
1	9	Deferred revenue			21,003.	19	22,929.
2	0	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Complete				21	
2	2	Loans and other payables to current and forme	r officer	s, directors, trustees,			
		key employees, highest compensated employe	es, and	disqualified persons.			
		Complete Part II of Schedule L				22	
2	3	Secured mortgages and notes payable to unre	ated thi	rd parties		23	
2	4	Unsecured notes and loans payable to unrelate	d third	parties		24	
2	5	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X of			
		Schedule D			135,951.	25	117,993.
2	6	Total liabilities. Add lines 17 through 25			162,875.	26	144,794.
		Organizations that follow SFAS 117 (ASC 95		k here ► 🔽 and			
		complete lines 27 through 29, and lines 33 a			000 560		054 101
2	7	Unrestricted net assets			922,562.	27	854,181.
	8	Temporarily restricted net assets		411,804.	28	343,180.	
2	9		······		29		
		Organizations that do not follow SFAS 117 (A	ASC 958	3), check here ▶ 📖			
	_	and complete lines 30 through 34.					
	0	Capital stock or trust principal, or current funds			30		
3		Paid-in or capital surplus, or land, building, or e			31		
	2	Retained earnings, endowment, accumulated in			1,334,366.	32	1,197,361.
	3	Total net assets or fund balances			1,497,241.	33	1,342,155.
3	4	Total liabilities and net assets/fund balances			1,49/,4410	34	,J=2,1JJ•

Form **990** (2017)

Part X | Balance Sheet

Earm	000	(2017)
Form	990	(2017)

Assets

Liabilities

Net Assets or Fund Balances

Form	UNITED WAY OF HENRY CO & MARTINSVILLE	54-07	53318	Pag	ge 12
Pa	rt XI Reconciliation 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			23.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,01		
3	Revenue less expenses. Subtract line 2 from line 1	3	-138		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,334		
5	Net unrealized gains (losses) on investments	5	-	L,2	48.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,197	7,3	61.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2017)

SCHEDULE A	
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(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2017
Open to Public Inspection

		of the Treasury nue Service		► Go to www.irs.go	Open to Pu Inspecti							
Nar	ne of t	the organizati	on	-					Employer	identification	number	
			UNIT	ED WAY OF	HENRY CO & M	ARTIN	SVILL	E	5	4-075331	L8	
Pa	art I	Reason	for Public	Charity Status (All organizations must co	omplete th	is part.) Se	e instruction	S.			
The	organ				(For lines 1 through 12, c							
1	Ŭ		•		on of churches described		,	I)(A)(i).				
2												
3		 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 										
4					njunction with a hospita)(iii). Enter	the hospital's n	ame.	
		city, and stat			,				~ /		,	
5		-		or the benefit of a co	ollege or university owned	d or opera	ted by a q	overnmental	unit descrik	bed in		
		-	-	Complete Part II.)	0 ,		, ,					
6					mental unit described in	section 17	70(b)(1)(A)	(v).				
7	X				antial part of its support f				the general	public describe	ed in	
				omplete Part II.)		U			U			
8					(1)(A)(vi). (Complete Par	t II.)						
9					in section 170(b)(1)(A)(ed in conju	inction with a	land-grant	college		
					culture (see instructions).							
		university:			. ,							
10		An organizati	ion that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	ind gross receip	ots from	
					ct to certain exceptions,							
					(less section 511 tax) fr							
		See section	509(a)(2). (Co	mplete Part III.)								
11		An organizati	on organized a	and operated exclus	ively to test for public sa	ifety. See	section 50)9(a)(4).				
12		An organizati	ion organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of o	ne or	
		more publicly	v supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in	ı	
		_lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, ar	d 12g.			
á	a 🗋	Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	' giving		
		the suppor	ted organizatio	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting		
		organizatio	n. You must c	complete Part IV, Se	ections A and B.							
k		Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	iving		
		control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported		
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.							
C		Type III fur	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,		
	_	its support	ed organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.				
C		Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	orted organi	zation(s)		
		that is not	functionally int	tegrated. The organi	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness		
		- ·			nplete Part IV, Sections							
e			•		written determination fro			а Туре I, Туре	e II, Type III			
					onally integrated support		zation.					
1												
<u></u>		vide the follow i) Name of supp		n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) is the orga	inization listed	(v) Amount o	fmonotony	(vi) Amount o	fothor	
	,	organizatior			(described on lines 1-10	in your governi	ing document?	support (see i		support (see inst		
		- 3-	-		above (see instructions))	Yes	No		,		,	
Tot	al											

Schedule A (Form 990 or 990-EZ) 2017 UNITED WAY OF HENRY CO & MARTINSVILLE 54-0753318 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	989,493.	911,305.	926,384.	1,004,668.	873,086.	4,704,936.
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3	989,493.	911,305.	926,384.	1,004,668.	873,086.	4,704,936.
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)						202,721.
	Public support. Subtract line 5 from line 4.						4,502,215.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	989,493.	911,305.	926,384.	1,004,668.	873,086.	4,704,936.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	1,942.	2,273.	4,511.	6,374.	6,337.	21,437.
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.)						
11	Total support. Add lines 7 through 10						4,726,373.
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor	bhere					
-	ction C. Computation of Publ						05 26
	Public support percentage for 2017 (•			14	95.26 %
	Public support percentage from 2016					15	97.47 %
1 6a	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies						
D	33 1/3% support test - 2016. If the c						
47	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fact				-	-	
	meets the "facts-and-circumstances"						
D	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
40	organization meets the "facts-and-cire		•		,		
18	Private foundation. If the organization	л аю пот спеск а	box on line 13, 16	a, 100, 17a, or 17b	o, check this dox a	ind see instruction	s 🕨 📖

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 UNITED WAY OF HENRY CO & MARTINSVILLE 54-0753318 Page 3 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	ı) ► (a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do n	ot					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that	ıt					
are not an unrelated trade or bus iness under section 513	-					
4 Tax revenues levied for the organ	l-				1	
ization's benefit and either paid to	0					
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit the organization without charge	to					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, a						
3 received from disqualified perso						
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	ı) ► (a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 busines	ses					
acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated busin activities pat included in line 10b 	ess					
activities not included in line 10b whether or not the business is regularly carried on						
12 Other income. Do not include gai 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 i	is for the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organ	ization,
check this box and stop here					<u></u>	
Section C. Computation of P		-				
15 Public support percentage for 20			column (f))		15	%
16 Public support percentage from 2					16	%
Section D. Computation of Ir						
17 Investment income percentage for	or 2017 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage fr					18	%
19a 33 1/3% support tests - 2017. It	f the organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3% , and line	17 is not
more than 33 1/3%, check this b						▶∟
b 33 1/3% support tests - 2016. If						
line 18 is not more than 33 1/3%						
20 Private foundation. If the organiz	zation did not check a	ι box on line 14, 19	9a, or 19b, check t	his box and see ir	structions	<u> </u>

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **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.*
- 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.
- **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.*
- **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.*
- **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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, Ioan, 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).*
- 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).*
- **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.**
- **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.**
- **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.**
- **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 10b below.*
 - **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.)

	Yes	No
1		
2		
3a		
01-		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
ð		
9a		
9b		
9c		
10a		
401		
10b		

Schedule A (Form 990 or 990-EZ) 2017 UNITED WAY OF HENRY CO & MARTINSVILLE 54-0753318 Page 5

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	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		
Sec	tion 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		
Sec	tion 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		
Sec	tion 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		
Sec	tion 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 yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	L The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	ructions	<i>s).</i>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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		
	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in</i> Part VI.	3a	i I	

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

Schedule A	(Form §	990 or 9	90-EZ)	2017	UNITED	WAY	OF	HENRY	CO	&	MART	INSVILLE	54-0753318	Page 6
	_						=				<u> </u>			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See inst

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.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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 nen functional	vintoara		

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

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 UNITED WAY OF HENRY CO & MARTINSVILLE 54-0753318 Page 7

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <u>(continued)</u>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	าร		
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	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 17a or 17b; Part III, line 17a or 17b; 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	318 Page 8 ne 12; 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, lines 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	e 1e: Part V.
(See instructions.)	

Identification of Excess Contributions Included on Part II, Line 5

54-0753318

2017

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BASSETT FURNITURE INDUSTRIES	125,000.	30,473
HOOKER FURNITURE CORP	211,302.	116,775
DIETEL PARTNERS, LLC	150,000.	55,473
Total Excess Contributions to Schedule A, Part II, Line 5		202,721

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

7		5 1

UNITED WAY OF HENRY CO & MARTINSVILLE
Organization type (check one):

-	Λ	_	Δ	7	E	2	2	1	0
7	д	_			_	- ٦			~

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organizatio	п	
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54-0753318

UNITED WAY OF HENRY CO & MARTINSVILLE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HOOKER FURNITURE CORPORATION PO BOX 4708 MARTINSVILLE, VA 24115	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BASSETT FURNITURE INDUSTRIES PO BOX 626 BASSETT, VA 24055	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HARVEST FOUNDATION PO BOX 5183 MARTINSVILLE, VA 24115	\$129,375.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 DIETEL PARTNERS, LLC C/O FIDELITY CHARITABLE FUND PO BOX 309 FLINT HILL, VA 22627	Total contributions	Type of contribution Person X Payroll
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 HENRY-MARTINSVILLE DEPT OF SOCIAL SERVICES PO BOX 4946 MARTINSVILLE, VA 24115	Total contributions \$17,473.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	VIRGINIA COMMUNITY ACTION PTNRSHIP 707 EAST FRANKLIN STREET, SUITE B RICHMOND, VA 23219	\$22,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

UNITED WAY OF HENRY CO & MARTINSVILLE

54-0753318

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

Name of orga	inization		Employer identification number
UNITED	WAY OF HENRY CO & MART	INSVILLE	54-0753318
Part III		putions to organizations described	in section 501(c)(7), (8), or (10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 o	r less for the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			[
·			
· ·			
		(e) Transfer of gif	t
	Transferee's name, address, and	1 ZI P + 4	Relationship of transferor to transferee
Γ.	· · ·		·
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of git	it I
-	Transferee's name, address, and		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 gif	<u>a</u>
		(e) transfer of gi	l.
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
(a) No.	1		1
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·			
Γ		(e) Transfer of gif	it
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
F.			
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.



Name of the organization

UNITED WAY OF HENRY CO & MARTINSVILLE

Employer identification number 54-0753318

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 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 advi	sed 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 a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str	ructure included in (a)	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ►		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
_	►\$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
Do	conservation easements. t III Organizations Maintaining Collections o	f Art Historical Tracquires or (Nthar Similar Acasta
Fa	t III Organizations Maintaining Collections o Complete if the organization answered "Yes" on Form		Strief Similar Assets.
	-		
Ia	If the organization elected, as permitted under SFAS 116 (AS	<i>,,,</i> 1	
	historical treasures, or other similar assets held for public exit		ance of public service, provide, in Part XIII,
L	the text of the footnote to its financial statements that describe		
a	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items:		► ¢
	(i) Revenue included on Form 990, Part VIII, line 1		N +
0		anguran or other similar aports for financi	
2	If the organization received or held works of art, historical tree the following amounts required to be reported under SEAS 1		ar yanı, provide
~	the following amounts required to be reported under SFAS 1 Revenue included on Form 990, Part VIII, line 1		▶ €
a b	Revenue included on Form 990, Part VIII, line 1		
<u>u</u>	Assets included in Form 990, Part X		🚩 🎙

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Schedule D (Form 990) 2017

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 3 Using the organization acquisition, accession, and other records, check any of the following that are a significant use of its collection items a Public exhibition d Loan or exhange programs b Scholarly research e Other c Preservation for future generations e Other d Provide a description of the organization collection? reservation for future generations c Description of norms 300, Part X, Ine 21. Yee No Part V Escrow and Custodial Arrangements. Complete the following table: Yee No reported an amount on form 900, Part X, Ine 21. Test Mamount Yee No b If 'Yes,' explain the arrangement in Part XIII end organization count in the second or part and the organization and and the organization and th			WAY OF HEN	RY CO &	MARTINSV	ILLE	54-07	53318	Page 2
icheck all that apply:: icheck all that apply:: a Dybie exhibition b Schdarly research c Dreservation for future generations b Controp the year, did the organization is collections and explain how they further the organization is exempt purpose in Part XIII. 5 Dring the year, did the organization soluctors and explain how they further the organization assess iche set of that apply: Interaction is collection? Yes 7 Provide a description of the organization assess not included on form 900, Part X, line 21, ine 21. 1a Is the organization and provide an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Yes > Distributions during the year 1a 1d Distributions Contpleter if the explanation insize ben provided on Part XIII.	Par	t III Organizations Maintaining C	Collections of A	rt, Historical	Treasures, c	or Other	Similar Asse	ts(continu	ied)
a Public exhibition d L Can or exchange programs b Scholarly research e Other	3	Using the organization's acquisition, access	ion, and other record	ls, check any of	the following tha	t are a sigr	nificant use of its	collection	items
b Scholary research e Other									
c Preservation for future generations 4 Provide a description of 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? Ves No Part IV Excrement 42 Custodial Arrangements. Computed if the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Yes No c Beginning balance It It It It It It d Additions during the year It It <th>а</th> <th>Public exhibition</th> <th>d</th> <th>I 🔄 Loan or</th> <th>exchange progra</th> <th>ims</th> <th></th> <th></th> <th></th>	а	Public exhibition	d	I 🔄 Loan or	exchange progra	ims			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization as objection? Part W Pscrow 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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is diditions during the year Is Is diditions Is diditions Is diditions Is diditions Is diditions Is diditions Is Is Is diditions Is	b	Scholarly research	e	Other					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Ive No Part IV Excrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. Is the organization an agement in Part XII. Ves No I Is the organization angement. Insuese, custodian or other intermediary for contributions or other assets not included on Form 980, Part X Ives No If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Id Id C Beginning balance Id	С	Preservation for future generations							
top sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. for escrow or custodial account liability? Image: Control of Control	4	Provide a description of the organization's c	ollections and explai	n how they furth	er the organization	on's exemp	ot purpose in Par	t XIII.	
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 // Explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X // Explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account tability? No b If 'Yes', explain the arrangement in Part XII. Deck where if the explanation has been provided on Part XIII Image: Complete intermediary for escrew or custodial account tability? Ves No b If 'Yes', 'explain the arrangement in Part XII. Deck where if the explanation has been provided on Part XIII Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance [a] Current year (b) Prior year (c) Two years back (d) Three years back (d) forme years back in the asset and programs. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance [a] (Durent year ind) Part AV Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance [5							_	
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, line 21, for escretary of the organization form 990, Part X, line 21, for escretary or custodial account liability? c Beginning balance 1c d Additions during the year 1e e Distributions during the year 1e d Ide organization include an amount on Form 990, Part X, line 21, for escretary or custodial account liability? Yes No b If Yees, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If Yees, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If Yees, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b Contributions 50, 000. (o) Four years back in the part of the current year end balance (line 1g, column (a)) held as: a Bead designated or quasi-indemover the set of the current year end balance (line 1g, column (a)) held as: a Part of year balance 96 Yes No f Administratife percentage of the current year end balance (line 1g, column (a)) held as: Bead designated or quasinzations 36		N 10 N							No No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7 Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance 1c Amount Id d Additions during the year 1d Id Id 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 on Part XIII. Pert V Fedowment Funds. Complete if the organization answered "Yes" on Form 990, Part XIII. Pert V If the expansion answered "Yes" on Form 990, Part XIII. Pert V Exploring of year balance 0. Provide the astimate expension. Image: Part Arrangement in Part XIII. Pert Arrangemen	Par			ete if the organiz	ation answered "	Yes" on Fe	orm 990, Part IV,	line 9, or	
on Form 990, Part X7 Yes No b If 'Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2a Distributions during the year 1d 2a Dist horizontal answerd Yes' on Form 990, Part X, line 21, for escrow or custodial account lability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part X Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Grants or scholarships 2, 234. e Other expenditures for facilities and programs 1 1 1 e Other expenditures for facilities and programs 1 1 1 f Administrative expenses 52, 234. 1 1 1 2 Provide the estimated percentage of the current year and balance (line 1g, column (a)) held as: a baard designated or quasi-endowment >									
b If "Yes," explain the arrangement in Part XII and complete the following table: Amount a Beginning balance Id Id<!--</th--><th>1a</th><th></th><th></th><th></th><th></th><th></th><th></th><th>-</th><th></th>	1a							-	
c Beginning balance Id d Additions during the year Id e Distributions during the year Id 1 Ending balance If 2 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 on Part XIII. Image: Check here if the organization answered "Yes" on Form 990, Part XI, line 10. Fart V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Image: Check here if the explanation the text of the organization of the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Do the investment earnings, gains, and losses 2, 234. Image: Check here years back		on Form 990, Part X?					L	Yes	└── No
c Beginning balance id d Additions during the year id e Distributions during the year id f Ending balance if 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 on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Three years back (e) Four years back b Contributions 50,000, c Other expenditures for facilities and programs e Other expenditures for facilities and programs g End of year balance 100.0 % <t< th=""><th>b</th><th>If "Yes," explain the arrangement in Part XIII</th><th>and complete the fo</th><th>llowing table:</th><th></th><th></th><th></th><th></th><th></th></t<>	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 50,000 - - - - - 1a Grants or scholarships 50,000 - <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>Amount</th><th></th></t<>								Amount	
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 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 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 50,000.									
f Ending balance									
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 on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part K, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part K, line 10. 1a Beginning of year balance 0. 0. Image: Complete if the organization answered 'Yes' on Form 990, Part K, line 10. c No thinvestment earnings, gains, and losses 2, 234. Image: Complete if the organization answered 'Yes' on Form 990, Part K, line 21. Image: Complete if the organization answered 'Yes' on Form 990, Part K, line 10. c Other expenditures for facilities Image: Complete if the organization answered 'Yes' on Form 990, Part K, line 10. Image: Complete if the organization for the organizations Image: Complete if the organizations g End of year balance Image: Complete if the organization for the organization for theorganizations is endowment Image: Com	e								
b If *Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 50,000. - - - c Net investment earnings, gains, and losses 2,234. - - c Other expenditures for facilities - - - and programs - - - - g End of year balance 52,234. - - - g End of year balance 52,234. - - - - g End of year balance -	f								
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 0. 0. 0. 0. 0. b Contributions 50,000. 0. 0. 0. 0. 0. c Net investment earnings, gains, and losses 2,234. 0.									
ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Two years back back back back back back back back									
1a Beginning of year balance 0. 50,000. b Contributions 50,000.	Fai	Endowment Funds. Complete							vaara baak
b Contributions 50,000. c Net investment earnings, gains, and losses 2,234. d Grants or scholarships	4	Designing of year balance		(b) Prior year	(C) Two year	s Dack (a	Three years back	(e) Four y	Pears Dack
c Net investment earnings, gains, and losses 2,234.	1a 5		_						
d Grants or scholarships	D								
e Other expenditures for facilities and programs	C		2,234.						
and programs									
f Administrative expenses 52,234. Image: Signated of year balance g End of year balance 52,234. Image: Signated of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a Board designated or quasi-endowment ▶ 100.00 % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) (i) unrelated organizations 3a(ii) X ii) related organizations 3a(iii) X d Describe in Part XIII the intended uses of the organization's endowment funds. 3b Image: Signate of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Image: Signate of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Image: Description of property (a) Cost or other (b) Cost or other (c) Acccumulated (d) Book value <th>е</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	е								
g End of year balance 52,234. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.00 % 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: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations and (iii), are the related organization's endowment funds. Yes No 9a(ii) X 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 (other) (b) Buildings									
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% 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: (i) unrelated organizations	ı a		52 234						
a Board designated or quasi-endowment ▶ 100.00 % 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: % (i) unrelated organizations % (ii) related organizations % 3a(ii) X 3a(ii) X 3b J 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 (other) b Buildings	y o	-	,	o (lino 1a, oolun					
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:					in (a)) neiù as.				
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: (i) unrelated organizations Yes No (i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X (iii) related organizations 3a(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 4 Part VI Land, Buildings, and Equipment. 3b 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value basis (other) (c) Accumulated depreciation 1a Land b b Buildings 4 55(0) 3(0		-							
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: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings (c) Accumulated depreciation (d) Equipment (d) Equipment		·	i						
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X (ii) related organizations 3a(ii) X (ii) related organizations 3a(ii) X 3a(iii) X 3a(ii) X 3a(iii) X 3b 1 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. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings	C	· · · · · · · · · · · · · · · · · · ·							
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements d Equipment e Other (b) Cost or other (c) Accumulated (c) Book value (c)	39		-	ation that are he	ld and administe	red for the	organization		
(i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings 5 5 5 c Leasehold improvements 5 5 3 d Equipment 86,963. 83,626. 3,337.	ou						organization		es No
(ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land		-							
b If "Yes" on line 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 1a Land									
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 Buildings (d) Book value c Leasehold improvements 86,963. d Equipment 86,963. e Other 0	b	If "Yes" on line 3a(ii), are the related organize	ations listed as requi	red on Schedule	R?			3b	
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 1a Land	4								
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 1a Land	Par								
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land), Part IV, line 11	a. See Form 990	, Part X, lir	ne 10.		
b Buildings			(a) Cost or o	ther (b) C	ost or other	(c) Acc	umulated	(d) Book	value
b Buildings	- 1a	Land	· · ·	,	. ,	1.			
c Leasehold improvements									
d Equipment 86,963. 83,626. 3,337. e Other									
e Other					86,963.	6	33,626.	3	,337.
							I		
				X, column (B), li	ne 10c.)		>	3	,337.

Schedule D (Form 990) 2017

Schedule D) (Form 990) 2017	UNITED WA	AY OF	HENRY	CO &	MARTINSVI	LLE	54-0753318	Page 3
Part VII		Other Securities	S.						
	Complete if the orga	anization answered "	Yes" on F	orm 990, Pa	rt IV, line	11b. See Form 990,	Part X, line 12.		
(a) Descrip	otion of security or categ	Ory (including name of secu	urity)	(b) Book va	lue	(c) Method of v	aluation: Cost c	or end-of-year market v	/alue
(1) Financi	al derivatives								
(2) Closely	-held equity interests								
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
	b) must equal Form 990	, Part X, col. (B) line 12	.) 🕨						
	Investments - I								
		anization answered "		orm 990. Pa	rt IV. line	11c. See Form 990.	Part X. line 13.		
	(a) Description of			(b) Book va				or end-of-year market v	/alue
(1)								-	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	b) must equal Form 990	, Part X, col. (B) line 13	.) 🕨						
Part IX		, , , ,	/-						
	Complete if the orga	anization answered "	Yes" on F	orm 990, Pa	rt IV, line	11d. See Form 990,	Part X, line 15.		
			(a) Desc	cription				(b) Book va	alue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Total. (Colu	ımn (b) must equal Fo	rm 990, Part X, col. (B) line 15.)				🕨	
Part X	Other Liabilitie	s.							
	Complete if the orga	anization answered "	Yes" on F	orm 990, Pa	rt IV, line	11e or 11f. See Forn	n 990, Part X, lir	ne 25.	
1.	(a) De	scription of liability				b) Book value			
(1) Fea	deral income taxes								
(2) DC	NOR DESIGN	ATIONS				117,993.			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	ımn (b) must equal Fo	rm 990 <u>,</u> Part X, col. (B) line 25.)		117,993.			
2. Liability	for uncertain tax pos	itions. In Part XIII, pr	ovide the	text of the fo	otnote to	the organization's f	inancial statem	ents that reports the	
organiz	ation's liability for und	ertain tax positions u	under FIN	48 (ASC 740). Check	here if the text of th	e footnote has l	been provided in Part	

54-0753318 Page 3

-	dule D (Form 990) 2017 UNITED WAY OF HENRY CO &				0753318 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With I	Revenue per F	leturr	۱.
	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	880,671.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,248.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	1,248.
3	Subtract line 2e from line 1			3	879,423.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	879,423.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	tements With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	1,017,676.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,017,676.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,017,676.
Pa	rt XIII Supplemental Information.				
Drov	ide the departmentions required for Dart II, lines 2, 5, and 0; Dart III, lines 1, and 4;	Dart IV/ linea 1h a	nd 2h: Dart V line	1. Dort	V line Q. Dort VI

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.

PART X, LINE 2

CONTRIBUTIONS OR PLEDGES RECEIVED FOR SPECIFIC UNITED WAY AGENCIES

SCHEDULE I (Form 990) Department of the Treasury	Go	Grants and Oth vernments, an lete if the organization	nd Individual n answered "Yes" Attach to For	s in the Ŭni on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the organization	V OF HENE	RY CO & MART	TNOVILLE				Employer identification number 54-0753318
Part I General Information on Grants a			TUPATUR				J4-075510
1 Does the organization maintain records a criteria used to award the grants or assisted to aw	stance?						
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to					nization answord "Y	as" on Form 000 Par	t IV line 21 for any
recipient that received more than s	-				anization answered f	es on Form 990, Fan	try, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADULT DAY CARE CENTER 431 COMMONWEALTH BLVD MARTINSVILLE, VA 24112	54-1491588	501(C)(3)	9,617.	0.			ALLOCATIONS
AMERICAN RED CROSS 1081 SPRUCE STREET MARTINSVILLE, VA 24112	54-0788022	501(C)(3)	12,638.	0.			ALLOCATIONS
BOY SCOUTS OF AMERICA, BLUE RIDGE MOUNTAINS COUNCIL - PO BOX 7606 - ROANOKE, VA 24019	54-0912706	501(C)(3)	16,500.	0.			ALLOCATIONS
BOYS & GIRLS CLUBS 6 EAST MAIN STREET SUITE MARTINSVILLE, VA 24112	26-3166453	501(C)(3)	25,343.	0.			ALLOCATIONS
CITIZENS AGAINST FAMILY VIOLENCE PO BOX 352 MARTINSVILLE, VA 24114	54-1199987	501(C)(3)	30,000.	0.			ALLOCATIONS
MARTINSVILLE & HENRY COUNTY YMCA 3 STARLING AVENUE MARTINSVILLE, VA 24112	54-0839746		48,202.	0.			ALLOCATIONS
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization LHA For Paperwork Reduction Act Notice 	s listed in the line	1 table					Schedule I (Form 990) (2017)

Schedule I (Form 990) UNITED WAY OF HENRY CO & MARTINSVILLE

54-0753318	Page 1
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOCUS							
PO BOX 1164							
MARTINSVILLE, VA 24114	54-1030641	501(C)(3)	25,000.	0.			ALLOCATIONS
			, -				
GIRL SCOUTS OF VIRGINIA SKYLINE							
COUNCIL, INC 3663 PETERS CREEK							
ROAD, NW - ROANOKE, VA 24019	54-0737207	501(C)(3)	11,500.	0.			ALLOCATIONS
GRACE NETWORK OF MARTINSVILLE							
PO BOX 3902	00 0111500	501 (3) (2)	40.000				
MARTINSVILLE, VA 24115	20-3111703	501(C)(3)	40,000.	0.			ALLOCATIONS
MARC WORKSHOP, INC.							
PO BOX 3749							
MARTINSVILLE, VA 24115	54-0848363	501(C)(3)	22,000.	0.			ALLOCATIONS
/			, -				
PATRICK HENRY COMMUNITY COLLEGE							
FOUNDATION - 645 PATRIOT AVENUE -							
MARTINSVILLE, VA 24112	54-1185803	501(C)(3)	8,535.	0.			ALLOCATIONS
PIEDMONT COMMUNITY SERVICES							
24 CLAY STREET							
MARTINSVILLE, VA 24112	23-7376013	501(C)(3)	24,333.	0.			ALLOCATIONS
THE SALVATION ARMY							
603 S. MEMORIAL BLVD							
MARTINSVILLE, VA 24112	58-0660607	501(C)(3)	23,057.	0.			ALLOCATIONS
STEPPING STONES							
600 NORTHSIDE DRIVE							
MARTINSVILLE, VA 24112	54-1496712	501(C)(3)	8,000.	0.			ALLOCATIONS
VIRGINIA LEGAL AID SOCIETY							
PO BOX 6200							
LYNCHBURG, VA 24505	51-0226448	501(C)(3)	18,200.	Ο.			ALLOCATIONS

Schedule I (Form 990)

Schedule I (Form 990) UNITED WAY OF HENRY CO & MARTINSVILLE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANCHOR COMMISSION							
313 E MARKET STREET							
MARTINSVILLE, VA 24112	54-0921514	501(C)(3)	23,505.	0.			ALLOCATIONS
r			, -				
CHRIST EPISCOPAL CHURCH							
311 E CHURCH STREET							
MARTINSVILLE, VA 24112	54-0553801	501(C)(3)	26,667.	0.			ALLOCATIONS
PIEDMONT VA DENTAL HEALTH							
FOUNDATION - 407 STARLING AVENUE -							
MARTINSVILLE, VA 24112	20-1468244	501(C)(3)	6,667.	0.			ALLOCATIONS
STEP, INC.							
200 DENT STREET							
ROCKY MOUNT, VA 24151	54-0801556	501(C)(3)	13,333.	0.			ALLOCATIONS

Schedule I (Form 990)

Schedule I (Form 990) (2017) UNITED WAY OF HENRY CO & MARTINSVILLE

54-0753318

Page 2

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 non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	ie 2; Part III, column	ı (b); and any other a	dditional information.			
PART I, LINE 2:							
THE BOARD HAS A WRITTEN MONITORING POLICY WHICH STATES, "WITH OVERSIGHT OF							
THE UNITED WAY'S AGENCY & VOLUNTEE	R RELATI	ONS COMMIT	TEE, MONIT	ORING			
ACTIVITIES WILL BE CONDUCTED FOUR TO SIX MONTHS AFTER THE GRANT AWARD, AND							
APPROPRIATE RECOMMENDATIONS WILL BE GIVEN WHEN EVIDENCE INDICATES THAT SUCH							

RECOMMENDATIONS ARE NEEDED IN THE AREAS OF ADMINISTRATIVE, FINANCIAL AND

PROGRAM DOCUMENTATION." GENERAL MONITORING PROCEDURES AND A PROCESS FOR

SPECIAL INVESTIGATIONS IF WARRANTED ARE INCLUDED IN THIS POLICY AS WELL.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

EZ
OMB No. 1545-0047
2017
Open to Public
Inspection
Employer identification number

54-0753318

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

MEETING THE CRITICAL HUMAN SERVICE NEEDS IN MARTINSVILLE-HENRY COUNTY,

UNITED WAY OF HENRY CO & MARTINSVILLE

VIRGINIA.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE VETS THE FORM 990 PRIOR TO BOARD APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS SIGNS A CONFLICT OF INTEREST STATEMENT ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE HUMAN RESOURCE COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF EMPLOYEE

FORM 990, PART VI, SECTION C, LINE 19:

ON THE ORGANIZATION'S WEBSITE, UNDER "ABOUT US," REQUIRED PUBLIC REPORTING

AND POLICIES ARE LISTED. ALSO, THE ORGANIZATION IS A GOLD MEMBER OF GUIDE STAR.

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					Enter filer's identifying number		
Type or print	r Name of exempt organization or other filer, see instructions. En				Employer identification number (EIN) of		
-	UNITED WAY OF HENRY CO & I	ENRY CO & MARTINSVILLE				53318	
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.ScP. O. BOX 951Sc				Social security number (SSN)		
instructions	City, town or post office, state, and ZIP code. For a MARTINSVILLE, VA 24114	a foreign add	lress, see instructions.				
Enter the	Return Code for the return that this application is for	(file a separa	te application for each return)			0 1	
Application Return Application			Application			Return	
ls For	or Code Is For			Co			
Form 990	m 990 or Form 990-EZ 01 Form 990-T (corporation)				07		
Form 990	D-BL	02 Form 1041-A				08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990	D-PF 04 Form 5227				10		
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 990	090-T (trust other than above) 06 Form 8870 THE ORGANIZATION				12		
● If this box ▶ 1 I re	organization does not have an office or place of busine is for a Group Return, enter the organization's four dig 	it Group Exe and atta NOVE	emption Number (GEN) I uch a list with the names and EINs o MBER 15, 2018 , to file	f this is fo f all memb	r the whole goers the exte	nsion is for.	
	X calendar year 2017 or						
	tax year beginning		d ending		·		
2 If t	he tax year entered in line 1 is for less than 12 months Change in accounting period	, check reas	on: L Initial return	Final retur	'n		
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 472	20, or 6069,	enter the tentative tax, less any				
no	nonrefundable credits. See instructions.					0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						•	
					\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						0	
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$					\$	0.	
Caution: instructio	: If you are going to make an electronic funds withdraw ons.	/al (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 887	9-EO for payment	
LHA F	For Privacy Act and Paperwork Reduction Act Notic	e, see instr	uctions.		Form 8	868 (Rev. 1-2017)	

Form 8868 (Rev. 1-2017)