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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2022

Prepared for	UNITED WAY OF ROCKBRIDGE, INC. P.O. BOX 1094 LEXINGTON, VA 24450
Prepared by	RAETZ & HAWKINS PC CPAS 128 SOUTH RANDOLPH STREET LEXINGTON, VA 24450-0916
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2022, or fiscal year beginning	, 2022, and ending	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN UNITED WAY OF ROCKBRIDGE, INC. 54-0506318 JENNIFER DENT Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here За Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a Form 4720 check here 7a Form 5227 check here 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of periury. I declare that 🐰 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | Lauthorize RAETZ & HAWKINS PC CPAS 89674 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 54233984879 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Date

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

ERO's signature

Form **8868**

(Rev. January 2022)

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.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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/e-file-providers/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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print UNITED WAY OF ROCKBRIDGE, INC. 54-0506318 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for P.O. BOX 1094 filing your return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 24450 LEXINGTON, VA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) 07 JENNIFER DENT The books are in the care of ► 218 SOUTH MAIN STREET - LEXINGTON, VA 24450 Telephone No. \blacktriangleright (540)463-4482 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

instructions.

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	2022 calendar year, or tax year beginning and ending	ng		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	UNITED WAY OF ROCKBRIDGE, INC.			
	Name change			54-05063	18
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 1094	n/suite	E Telephone number (540)463	
	—lreturn/ termin- ated			G Gross receipts \$	177,998.
	Amend		İ	H(a) Is this a group re	
	Application			for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	—
$\overline{\Gamma}$	Tax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		list. See instructions
	Websit			H(c) Group exemption	
K	Form of	organization: X Corporation Trust Association Other L	L Year o		1 State of legal domicile: VA
	art I	Summary			
Ф	1	Briefly describe the organization's mission or most significant activities: ${\color{red}{\sf GRANT}}$ A	ASSI	STANCE TO H	UMAN
Activities & Governance		SERVICE PROGRAMS IN ROCKBRIDGE COUNT $\overline{\mathtt{Y}}$, $\overline{\mathtt{VIRG}}$	SINI	A	
ř	2	Check this box if the organization discontinued its operations or disposed of	of more	than 25% of its net as	
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
<u>ھ</u>		Number of independent voting members of the governing body (Part VI, line 1b)			12
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	2
ΞĘ	6	Total number of volunteers (estimate if necessary)		6	0
dct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Revenue		Contributions and grants (Part VIII, line 1h)		214,732.	158,709.
		Program service revenue (Part VIII, line 2g)		0.	0.
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		5,394.	8,273.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		120.	1.cc 002
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		220,246.	166,983.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		231,100.	205,422.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		54,894. 0.	46,553.
eü	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 11,414.		0.	0.
Ä	b			49,316.	40,909.
	1/ '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	335,310.	292,884.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-115,064.	-125,901.
_ 0	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
sts	<u> </u>	Tatal assets (Dayt V. line 10)		415,791.	266,401.
ASSE Rais	20	Total assets (Part X, line 16)	·· —	2,281.	3,161.
Net Assets or Find Balances	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		413,510.	263,240.
	art II	Signature Block		113,3100	203,240.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of m	v knowledge and belief, it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr			,e,
			<u>'</u>		
Sig	ın	Signature of officer		Date	
He		JENNIFER DENT, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Pai	d	LUCAS C PENIX		if self-employe	P01792749
Pre	parer	Firm's name RAETZ & HAWKINS PC CPAS			4-1298267
Use	Only	Firm's address 128 SOUTH RANDOLPH STREET			
_		LEXINGTON, VA 24450-0916		Phone no. 54	0-463-7121
Ma	v the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Pai	rt 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: TO TAKE A LEADERSHIP ROLE IN IMPROVING THE QUALITY OF LIFE OF PEOPLE
	IN ROCKBRIDGE COUNTY, VIRGINIA BY ASSESSING NEEDS, RAISING AND
	ALLOCATING FUNDS, AND ENSURING THE APPROPRIATE USE OF THOSE RESOURCES.
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 \$224 , 243 •including grants of \$
	FUNDS RAISED ARE ALLOCATED TO AGENCIES THAT SUBMIT APPLICATIONS THAT
	ARE REVIEWED ANNUALLY BY COMMUNITY MEMBERS FUNCTIONING AS THE UWR
	ALLOCATIONS COMMITTEE. UWR ALSO SUPPORTS SPECIAL PROJECTS AND PROGRAMS.
	CURRENT PARTNER AGENCIES AND PROGRAMS INCLUDE:
	YOUTH AND FAMILIES: CAMPUS KITCHEN SCHOOL BACKPACK AND MOBILE FOOD
	PANTRY, COURT APPOINTED SPECIAL ADVOCATES FOR CHILDREN (CASA),
	ROCKBRIDGE REGIONAL LIBRARY, ROCKBRIDGE AREA YMCA, YELLOW BRICK ROAD
	EARLY LEARNING CENTER
	SAFETY NET: COMMUNITY TABLE, MEALS FOR SHUT-INS, NATURAL BRIDGE/GLASGOW
	FOOD PANTRY, ROCKBRIDGE AREA HEALTH CENTER, ROCKBRIDGE AREA RELIEF
	ASSOCIATION, ROCKBRIDGE AREA TRANSPORTATION SYSTEM
	SPECIAL NEEDS: BLUE RIDGE AUTISM & ACHIEVEMENT CENTER, BLUE RIDGE LEGAL
4b	(Code:) (Expenses \$ 4 , 340 • including grants of \$) (Revenue \$)
	READING AND BOOK DISTRIBUTION PROGRAM FUNDED WITH CONTRIBUTIONS THAT
	ARE RESTRICTED SPECIFICALLY BY THE DONORS FOR THAT PURPOSE, ARE NOT A
	PART OF THE REGULAR FEDERATED FUND RAISING CAMPAIGN AND ARE NOT
	OTHERWISE AVAILABLE FOR ALLOCATION TO MEMBER AGENCIES
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 228,583.

Form 990 (2022) UNITED WAY OF ROCKBRIDGE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 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			
Ū	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 donor-restricted endowments or in 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
	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
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			.,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	, 1 , , ,	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Ves." complete Schedule F. Parts Land IV.	14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	i-tu		
	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 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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	

Form 990 (2022) UNITED WAY OF ROCK Part IV Checklist of Required Schedules (continued)

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. 24 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 24th through 24d and complete Schedule K. If "No," go to line 25a 25a Section 50 (Lo(3), 80 (Lo(4)), and 50 (Lo(2)) organizations. Did the organization exert as an "on behalf of" issuer for bonds beyond a temporary period exception? 25a Section 50 (Lo(3), 80 (Lo(4)), and 50 (Lo(2)) organizations. Did the organization expense in a nexcess benefit transaction with a disqualified person during the year If I Yes," complete Schedule L, Part I 25a Section 50 (Lo(3), 80 (Lo(4)), and 50 (Lo(2)) organizations. Did the organization expense in a nexcess benefit transaction with a disqualified person during the year If I Yes, "complete Schedule L, Part I Test organization aware that it engaged in an excess benefit transaction with a disqualified person during the year If I Yes, "complete Schedule L, Part I Test organization aware that it engaged in an excess benefit transaction with a disqualified person during the year If I Yes, "complete Schedule L, Part I Test organization provide any of the organization's prior Forms 900 er 900-227 I Yes," complete Schedule L, Part II 25b I Did the organization provide any of the organization's prior Forms 900 er 900-227 I Yes, "complete Schedule L, Part II 25b I Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or incurrent or provided schedule L, Part IV, instructions for applicable litting thresholds, concilitions, and exceptions				Yes	No
23 Did the organization answer "Ver" to Part VII, Section A, Inc S, 4, or 5, about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 'complete Schedule Schedule L part II yes, and the second of the sact sky of the year, that was issued after December 31, 2002; If "Yes," answer fines 24b through 24d and complete Schedule K. If "No." ye no line 25a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV. 23		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule / Land Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the least day of the years, that was issued after December 31, 2002? If "Yes," enswer lines 24b through 24d and complete Schedule K. If "No." yo to line 23a. b Did the organization maintain an escrew account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? c Did the organization amaintain an escrew account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 24d	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
24a Dt the organization have a tax exempt bond issue with an outstanding principal amount of more than \$10,000 as of the isst day of the year, that was issued after December 31, 2002? If "Yes," amover lines 24b through 24d and complete \$25chedule K. If "No." or to line 25a. 24a		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24a Dit the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002 If "Yes," aware image 34b through 24d and complete Schedule K. If "No.", go to line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) 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 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes," complete Schedule L, Part I 25a Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes, "complete Schedule L, Part I Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity finculary an employee thereof) or almity member of any of these persons? If Yes, complete Schedule L, Part IV 27b Did the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions or applicable limp thresholds, conditions, and exceptions): 28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, complete Schedule L, Part IV. 28b Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule II, Part IV, III Did the organization neceive more than \$25,		Schedule J	23		X
Schedule K. If "No." po to line 25a	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain are scrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an *in or behalf of *issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25b Is the organization aware that the rangaged 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-E27 if *Yes,** complete Schedule L, Part I 25b X X Did the organization has not been reported on any of the organization's prior Forms 990 or 990-E27 if *Yes,** complete Schedule L, Part I 25b X X Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity family member of any of these persons? If *Yes,** complete Schedule L, Part II 26b X X 27b X 30b X 30		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year' 24d 2d		Schedule K. If "No," go to line 25a	24a		X
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28a 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 I., Part I. 25a Section 18d, Part I. 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 in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E2? If "Yes," complete Schedule I., Part I. 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ranning member of any of these persons? If "Yes," complete Schedule I., Part III. 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I., Part III. 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule I., Part III. 28 Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I., Part III. 28 Vas a Current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I., Part III. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions o	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an *On behalf of *Issuer for bonds outstanding at any time during the year? 248 259 Sectino 501(52), 501(64), and 501(62) organizations. Old the organization engage in an excess benefit transaction with a disqualified person during the year? If *Yes,* complete Schedule L, Part I 250 251 b Is the organization aware that It organged 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 spor for 500 of 500-271 If *Yes,* complete Schedule L, Part I 252 Did the organization proof any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any citre assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of receivable and part or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or a 35% controlled entity of not applicable filing thresholds, conditions, and exceptions): 250 a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If *Yes,* complete Schedule L, Part IV 288 Xex Xe	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d Did the organization act as an *On behalf of *Issuer for bonds outstanding at any time during the year? 248 259 Sectino 501(52), 501(64), and 501(62) organizations. Old the organization engage in an excess benefit transaction with a disqualified person during the year? If *Yes,* complete Schedule L, Part I 250 251 b Is the organization aware that It organged 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 spor for 500 of 500-271 If *Yes,* complete Schedule L, Part I 252 Did the organization proof any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any citre assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of receivable and part or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or a 35% controlled entity of not applicable filing thresholds, conditions, and exceptions): 250 a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If *Yes,* complete Schedule L, Part IV 288 Xex Xe		any tax-exempt bonds?	24c		
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 E27 if "Yes," complete Schedule L, Part I	d		24d		
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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 25		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Schedule L, Part I 25 bit the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV 27 29 Late of the party to a business transaction with one of the following parties (see the Schedule L, Part IV 28 29 Late of A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b 29 Late of the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28c 29 Late of the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Late on the following parties or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 Late Organization in crecive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 Late Organization in Contributions of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-2 an	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
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or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II 27 X 28 X 28 X 28 X 28 X 28 X 29 X 28 X 29 X 28 X 29 X 28 X 28 X 29 X 28		Schedule L, Part I	25b		X
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entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28a X 28b X c A 359% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization increases the schedule M. 31 Did the organization increases the schedule M. Part II. 32 Did the organization increases experations? If "Yes," complete Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part	27				
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instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b	28				
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"Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If "Yes," complete Schedule L, Part IV 28c	а				
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c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?// "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Section 501(c)(3) organizations. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 If "Yes," complete Schedule R, Part V, line 2 38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 39 Note: All	b				Х
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contributions? If "Yes," complete Schedule M 30	29		29		Х
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Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			34		Х
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	35 a	51.11	35a		Х
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	b	• • • • • • • • • • • • • • • • • • • •			
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			35b		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	36				
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable payments to vendors and reportable gaming		If "Yes," complete Schedule R, Part V, line 2	36		X
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The Inter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	37				
Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Note: All Form 990 filers are required to complete Schedule O The schedule O contains a response or note to any line in this Part V Yes Note: All Form 990 filers are required to complete Schedule O The schedule O contains a response or note to any line in this Part V Yes Note: All Form 990 filers are required to complete Schedule O The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The sch		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Note: All Form 990 filers are required to complete Schedule O	38	X	
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable					No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1a				
	b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
(gambling) winnings to prize winners?	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
		(gambling) winnings to prize winners?	1c	Х	

UNITED WAY OF ROCKBRIDGE, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2 a	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 2	1		37
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		X
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
b	If "Yes," enter the name of the foreign country	- (FD 4 D)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action the appropriate of providing the appropriate of the providing of the p		-		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction for the line Form 2006 T2		5b 5c		- 22
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		30		
ua			6a		Х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.		- Oa		
b	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
	reme william to the state of th	visco provided to the payor.	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
•	to file Form 8282?	•	7c		Х
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 or	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion 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? \dots		9b		
10	Section 501(c)(7) organizations. Enter:	ı			
а		10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	446			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	I	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	-		
	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.		100.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	i i i i i i i i i i i i i i i i i i i	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 on Schedul	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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 on Schedule O. See instructions

	to line oa, ob, or 10b below, describe the circumstances, processes, or changes on schedule of see instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	-		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
	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			37
	of officers, directors, 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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v
	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			37
_	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:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
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	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	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		v	
	on Schedule O how this was done	12c	Х	X
13	Did the organization have a written whistleblower policy?	13	v	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	- V
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	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			
	JENNIFER DENT - (540)463-4482			
	218 SOUTH MAIN STREET, LEXINGTON, VA 24450			

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(do	not c	Pos	C) ition) than	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle	ss pe	rson	is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ANNABELLE HOOVER INTERIM EXECUTIVE DIRECTOR	35.00	-		x				15,587.	0.	0.
(2) SARAH HUGG CENTORINO	0.00			 				23/30/1		
PRESIDENT		X		x				0.	0.	0.
(3) FRANK SETTLE	0.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) CHRISTIAN WORTH	0.00									
SECRETARY		X		Х				0.	0.	0.
(5) MIKE SMITKA	0.00									
TREASURER		Х		Х				0.	0.	0.
(6) JANET LEMMER	0.00									
DIRECTOR		Х						0.	0.	0.
(7) MALCOLM BROWNLEE	0.00									
DIRECTOR		Х						0.	0.	0.
(8) LIZ ELIZONDO SCHROEPFER	0.00	ļ								
DIRECTOR		Х						0.	0.	0.
(9) DEBBIE POLLARD	0.00	١							_	•
DIRECTOR	0.00	Х						0.	0.	0.
(10) ROGER CROCKETT	0.00	4		37					0	•
DIRECTOR	1 0 00			Х				0.	0.	0.
(11) PAUL ROBBLEE	0.00	X						0.	0.	0.
DIRECTOR (12) DANIEL DICKMAN	0.00	^						0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(13) REV. MCKINLEY A. WILLIAMS	0.00	^						0.	0.	•
DIRECTOR	0.00	X						0.	0.	0.
(14) PATTE WOOD	0.00	122						0.	0.	•
DIRECTOR	0.00	1		x				0.	0.	0.
(15) JENNIFER DENT	35.00			 				•	•	
EXECUTIVE DIRECTOR				Х				0.	0.	0.
		-								

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title		(B) Average hours per week	(do box offi	not c		c) ition more erson	1 than is bot	one th an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate lount o other	-
		(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orga and	pensat om the anizati I relate nizatio	e on ed
			_											
			<u> </u>											
			_											
			-											
С	Subtotal Total from continuation sheets to Part VI	II, Section A							15,587.		0.			0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization								15,587. eceived more than \$100),000 of reportabl				0.
3	Did the organization list any former officer,	director trust	ee l	kev e	emp	love	e o	r hic	nhest compensated emr	olovee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	uch individual										3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	for s	uch	pers	son					5		X
1	Complete this table for your five highest co the organization. Report compensation for	-	-								ipens			
	(A) Name and business	address	N	INC	€				(B) Description of s	ervices	C	(C compen		1
2	Total number of independent contractors (i \$100,000 of compensation from the organi	_	ot li	mite	d to		se li 0	stec	d above) who received m	nore than				

Form 990 (2022) UNITED V
Part VIII Statement of Revenue

		Check if Schedule O	contains a r	response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D) Revenue excluded
						Total revenue	Related or exempt function revenue	Unrelated business revenue	former kerry consider.
							Tariotion revenue	Business revenue	sections 512 - 514
nts	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
S, (С	Fundraising events		1c					
直	d	Related organizations		1d					
ini,	е	Government grants (contr	ributions)	1e					
r ioi	f	All other contributions, gifts,	grants, and						
		similar amounts not included	above	1f	158,709.				
da	g	Noncash contributions included in	lines 1a-1f	1g \$					
<u>8</u> 0	h	Total. Add lines 1a-1f				158,709.			
					Business Code				
e S	2 a								
Program Service Revenue	b								
en S	С								
ev ev	d								
S F	е								
۱ ۵	f	All other program service	revenue						
	g	Total. Add lines 2a-2f							
	3	Investment income (include	ding divider	nds, intere	est, and				
		other similar amounts)				4,033.			4,033.
	4	Income from investment of	of tax-exem	pt bond p	roceeds				
	5	Royalties							
			(i)	Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss	<u></u>						
	7 a	Gross amount from sales of	1 1 1	ecurities	(ii) Other				
		assets other than inventory	_{7a} 15	,255.					
_	b	Less: cost or other basis							
en		and sales expenses	_{7b} 11	,015.					
ther Revenue	С	Gain or (loss)	7c 4	,240.					
<u>چ</u> ا	d	Net gain or (loss)		<u></u>		4,240.			4,240.
he	8 a	Gross income from fundraising	ng events (ne	ot					
₽		including \$		of					
		contributions reported on	line 1c). Se	ee					
		Part IV, line 18		8a					
	b	Less: direct expenses		8b					
		Net income or (loss) from							
	9 a	Gross income from gamin							
		Part IV, line 19							
	b	Less: direct expenses		9b					
	С	Net income or (loss) from	gaming act	ivities					
	10 a	Gross sales of inventory,	ess returns	3					
		and allowances		10a					
	b	Less: cost of goods sold		10b					
\Box	С	Net income or (loss) from	sales of inv	entory					
छ					Business Code				
e e	11 a	OTHER INCOME			900099	1.	1.		
Miscellaneous Revenue	b								
Se Se	С								
Ĕ		All other revenue			-				
		Total. Add lines 11a-11d				1.			0 050
	12	Total revenue. See instruction	ns			166,983.	1.	0.	8,273.

Part IX | Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX										
Do not include amounts reported on lines 6h (A) (B) (C) (D)										
	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	005 400	005 400							
	and domestic governments. See Part IV, line 21	205,422.	205,422.							
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 5	Benefits paid to or for members									
5	trustees, and key employees	42,503.	12,751.	25,502.	4,250.					
6	Compensation not included above to disqualified	12/3031	12//310	23/3021	1,2301					
Ü	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan accruals and contributions (include									
Ū	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes	4,050.	1,215.	2,430.	405.					
11	Fees for services (nonemployees):	-	-	-	_					
а	Management									
	Legal									
	Accounting	2,800.		2,800.						
	Lobbying									
	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	300.		300.						
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A), amount, list line 11g expenses on Sch O.)	3,845.		3,845.	4 500					
12	Advertising and promotion	1,702.		450	1,702.					
13	Office expenses	452.		452.						
14	Information technology	6,159.		6,159.						
15	Royalties	9,100.	2,730.	5,460.	910.					
16	Occupancy	9,100.	4,730.	3,400.	910.					
17	Travel									
18	Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials Conferences, conventions, and meetings	186.	186.							
19 20		100.	100.							
21	Payments to affiliates	2,863.			2,863.					
22	Depreciation, depletion, and amortization	276.	83.	165.	28.					
23	Insurance	2,729.	819.	1,637.	273.					
24	Other expenses. Itemize expenses not covered			-						
-	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),									
	amount, list line 24e expenses on Schedule O.)									
а	OTHER PROGRAM EXPENSES	4,340.	4,340.							
b	TELEPHONE & INTERNET	2,471.	741.	1,483.	247.					
С	SUPPLIES	1,065.		661.	404.					
d	MISCELLANEOUS	716.		716.						
е	All other expenses SEE SCH O	1,905.	296.	1,277.	332.					
25	Total functional expenses. Add lines 1 through 24e	292,884.	228,583.	52,887.	11,414.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2022)					
	0 10 10 00									

Form 990 (2022)

Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to a	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			112,127.	1	84,001.
	2	Savings and temporary cash investments	27,456.	2	17,812.		
	3	Pledges and grants receivable, net			49,563.	3	18,327.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			2,010.	9	1,112.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,933.			
	b	Less: accumulated depreciation	10b	969.	1,240.	10c	964.
	11	Investments - publicly traded securities			85,759.	11	49,294.
	12	Investments - other securities. See Part IV, line			137,136.	12	94,391.
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			500.	15	500.
	16	Total assets. Add lines 1 through 15 (must eq			415,791.	16	266,401.
	17	Accounts payable and accrued expenses			2,281.	17	3,161.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	mer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
jab		controlled entity or family member of any of the	ese pers	ons		22	
_	23	Secured mortgages and notes payable to unre	lated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	es 17-24). Complete Part X			
		of Schedule D			0.004	25	2.464
	26	Total liabilities. Add lines 17 through 25			2,281.	26	3,161.
Ś		Organizations that follow FASB ASC 958, ch	eck he	e X			
nce		and complete lines 27, 28, 32, and 33.			204 216		042 701
ala	27	Net assets without donor restrictions			394,316.	27	243,701.
ф	28	Net assets with donor restrictions			19,194.	28	19,539.
Ë		Organizations that do not follow FASB ASC	958, ch	eck here			
٥		and complete lines 29 through 33.					
)ts	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i		—	/12 E10	31	262 240
ž	32	Total net assets or fund balances			413,510.	32	263,240.
	33	Total liabilities and net assets/fund balances			415,791.	33	266,401.

Form **990** (2022)

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		<u>6,9</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,8	
3	Revenue less expenses. Subtract line 2 from line 1	3	-12		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,5	
5	Net unrealized gains (losses) on investments	5	-2	4,3	<u>69.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	26	3,2	40.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	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 on Sci				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

UNITED WAY OF ROCKBRIDGE, INC. 54-0506318 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			<u></u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	275,063.	202,410.	283,039.	214,732.	156,591.	1131835.
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	0.55	000 110	000	014 500	456 504	4404005
4	Total. Add lines 1 through 3	275,063.	202,410.	283,039.	214,732.	156,591.	1131835.
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,						FF 04F
	column (f)						75,915.
	Public support. Subtract line 5 from line 4.						1055920.
	etion B. Total Support	1 () 22/2 1	#1.0040	() 0000	(" 000 (() 0000	(0.7
	ndar year (or fiscal year beginning in)	(a) 2018 275, 063.	(b) 2019 202, 410.	(c) 2020 283, 039.	(d) 2021 214,732.	(e) 2022 156,591.	(f) Total 1131835.
	Amounts from line 4	273,003.	202,410.	203,039.	214,732.	130,391.	1131033.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2,962.	3,381.	7,826.	8,404.	19,288.	41,861.
_	and income from similar sources	2,902.	3,301.	7,020.	0,404.	19,200.	41,001.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)			480.	120.	1.	601.
11	Total support. Add lines 7 through 10				2200		1174297.
	Gross receipts from related activities,	etc (see instruction	ns)			12	
	First 5 years. If the Form 990 is for the			fourth or fifth tax	vear as a section F		
	organization, check this box and stor	-	ot, occorra, triira,	iourii, or martux	your do a doction o	70 1(0)(0)	
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2022 (line 6, column (f), d	livided by line 11,	column (f))		14	89.92 %
	Public support percentage from 2021					15	92.18 %
	33 1/3% support test - 2022. If the					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he i	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and st	op here. Explain in	Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s 🔲

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.)

Se	ction A. Public Support	, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			•	•	•	•
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	. ,		` '		, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital			1			
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
-	check this box and stop here	•		,			,
Se	ction C. Computation of Publ						
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2021. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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		
- Gu		
3b		
3с		
00		
4a		
4b		
TU		
_		
4c		
_		
5a		
5b		
5c		
6		
7		
-		
8		
9a		
9b		
9c		
30		
10a		
10b		

Pa	rt IV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	_		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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,			
0	supervised, or controlled the supporting organization.	2		<u> </u>
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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1	ш	Ь
360	tion b. All Type III Supporting Organizations		· ·	
	Did the consideration and ideas and of the constant and an article to the last deviction of the CON constant at the		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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	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 on line 2, above, 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	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	ns).	
2	Activities Test. Answer lines 2a and 2b 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		<u> </u>
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	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.

Sche	dule A (Form 990) 2022 UNITED WAT OF ROCKBRIDG			34-0300310 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st comple	te 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 0.015 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 0.035.	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 0.85 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). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Schedule A (Form 990) 2022

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sect	ion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes 1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported	
	organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations 3	
4	Amounts paid to acquire exempt-use assets 4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive	
	(provide details in Part VI). See instructions.	
9	Distributable amount for 2022 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

<u></u>	Line of amount divided by line 9 amount		. 10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
<u>e</u>	Excess from 2022			
			_	

Schedule A (Form 990) 2022

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

Schedule B

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

Employer identification number

OMB No. 1545-0047

UNITED WAY OF ROCKBRIDGE, INC. 54-0506318 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$______\$

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

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

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

UNITED WAY OF ROCKBRIDGE, INC.

54-0506318

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	CLEVELAND AND RAE HICKMAN 160 KENDAL DRIVE #1007 LEXINGTON, VA 24450	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LEROY E. EULER 261 REID ROAD LEXINGTON, VA 24450	\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ANNA MASTROIANNI 38 FALCON LANE LEXINGTON, VA 24450	\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MOHAWK CARPET FOUNDATION P.O. BOX 1448 DALTON, GA 30722-1448	\$5,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	rume, addi 635, and £ir T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

UNITED WAY OF ROCKBRIDGE, INC.

54-0506318

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

Name of organization Employer identification number 54-0506318 UNITED WAY OF ROCKBRIDGE, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

UNITED WAY OF ROCKBRIDGE, INC. Employer identification number 54-0506318

	organization answered "Yes" on Form 990, Part IV, line		
		(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 v	•	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor o		
D -	impermissible private benefit?		Yes No
Pa), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	· —	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the for	
	day of the tax year.		Held at the End of the Tax Yea
a			
b	· · · · · · · · · · · · · · · · · · ·		
C	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	• • •	
_	historic structure listed in the National Register		· · · · · · · · · · · · · · · · · · ·
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by t	he organization during the tax
	year		
4	Number of states where property subject to conservation eas		-
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing co	onservation easements during the year
7	Amount of expanses incurred in monitoring inspecting hand	ling of violations, and enforcing conserv	vation apparents during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and emorcing conser	vation easements during the year
0	Does each conservation easement reported on line 2(d) abov	a satisfy the requirements of section 1	70(b)(4)(P)(i)
8		·	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
9	balance sheet, and include, if applicable, the text of the footn	·	
		lote to the organization's illiancial state	inents that describes the
Pa	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Treasures, or	Other Similar Assets
	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under FASB ASC 95		t and halance sheet works
ıu	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finar		
h	If the organization elected, as permitted under FASB ASC 95		
J	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	oximplion, education, or research in tu	Tallorando di public sci vice,
	•		\$
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	acuros, or other cimilar accets for finance	•
2			biai gaiii, provide
_	the following amounts required to be reported under FASB A	_	¢
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		 \$
n	Accale inclined in Form Will Part X		*

	t III Organizations Maintaining C	ollections of A		easures. o	r Othe	r Simil	ar Asse	ts/contin		ige Z
	Using the organization's acquisition, accession		•						<u>,</u>	
Ū	collection items (check all that apply):	on, and other record	o, oncor any or the	Tollowing that	. marco oi	grimoarie	450 01 115			
а	Public exhibition	d	L can or exc	hange progra	m					
b	Scholarly research	e e		nange progra	'''					
C	Preservation for future generations	e								
4	Provide a description of the organization's co	Moctions and ovalai	a how thoy further th	ho organizatio	n'e ovon	nnt nurn	sco in Dan	· VIII		
5	During the year, did the organization solicit o						ose III Fai	ı AIII.		
3	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran									1110
ı uı	reported an amount on Form 990, Par		te ii tile organizatio	ii alisweleu	165 011	1 01111 990	, raitiv,	iii le 9, 0i		
12	Is the organization an agent, trustee, custodi		liany for contribution	s or other ass	sets not	included				
ıa								Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and the arrangement in Part XI	and complete the fo	llowing table:					J 163		1110
b	Tres, explain the arrangement in rait Am	and complete the lo	llowing table.					Amount		
•	Beginning balance					1c				
	Additions during the year Distributions during the year									
	Ending balance									
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					·y:		103		
Par						0				<u></u>
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	years l	back
1a	Beginning of year balance	222,895.	257,248.		,322.		77,378.	()		935.
	Contributions	0.	3,010.		,118.		2,806.		239,	
	Net investment earnings, gains, and losses	-16,396.	16,091.		,368.		7,138.			756.
	Grants or scholarships	,,,,,,			, , , , ,		,			
	Other expenditures for facilities									
Ŭ	and programs	62,514.	53,266.	61	,560.					
f	Administrative expenses	300.	188.		, , , , ,					137.
	End of year balance	143,685.	222,895.		,248.	2	87,322.		277,	
	Provide the estimated percentage of the curr	· · · · · ·			, -		,			
	Board designated or quasi-endowment	one your one balanc	%	2), 11014 40.						
	Permanent endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	•	ation that are held a	nd administer	red for th	ne				
	organization by:							Γ	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations								$\neg \dagger$	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?					3b	$\neg \dagger$	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value	
	,	basis (investn		(other)		reciation		. ,		
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			1,933.		9	59.		96	64.
_	Othor			•						

Schedule D (Form 990) 2022

964.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2022 UNITED WAY	OF ROCKBRIDGE,	, INC.	54-0506318 _{Page} ;
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) WELLS FARGO ADVISORS CASH	10 221		
(B) FUND	12,331.	END-OF-YEAR MARKI	
(C) CERTIFICATES OF DEPOSIT	82,060.	END-OF-YEAR MARKI	ET VALUE
(D)			
(E)			
(F)			
(G)			
(H)	04 201		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	94,391.		
Part VIII Investments - Program Related.	5 000 B . N/ II . /		
Complete if the organization answered "Yes" (
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	F 000 D+ IV II 4	1.1 O Farm 000 Bart V line 15	
Complete if the organization answered "Yes" (1d. See Form 990, Part X, line 15.	(h) Dealcuelus
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	• 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

(6) (7) (8)

Pa	rt XI	Reconciliation of Revenue per Audited Financial S	tatements With Reven	ue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Donat	ted services and use of facilities	2b		
С	Recov	veries of prior year grants	2c		
d		(Describe in Part XIII.)			
е	Add li	nes 2a through 2d		2e	
3	Subtr	act line 2e from line 1		3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial S	Statements With Expen	ses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total	expenses and losses per audited financial statements		1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:			
а	Donat	ted services and use of facilities	2a		
b		year adjustments			
С		losses			
d	Other	(Describe in Part XIII.)			
е		nes 2a through 2d	<u>-</u>	2e	
3	Subtr	act line 2e from line 1			
4		ints included on Form 990, Part IX, line 25, but not on line 1:			
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С		nes 4a and 4b	·	4c	
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
Pa	rt XIII	Supplemental Information.			
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and $\frac{1}{2}$		art V, line 4; Part X, line 2; Part	t XI,
lines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2022

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Open to Publi Inspection

Name of the organization

Employer identification number 54-0506318

UNITED WA	Y OF ROCE	(BRIDGE, INC	<i>.</i> .				54-0506318
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records							
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	_				anization answered "	Yes" on Form 990, Part	: IV, line 21, for any
recipient that received more than	1	· ·	1		(f) Mathad of		1
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							HELP PROVIDE EMERGENCY
ROCKBRIDGE AREA RELIEF ASSOCIATION							AID, INCLUDING UTILITIES,
P.O. BOX 640							RENT, SHELTER, ESSENTIAL
LEXINGTON, VA 24450	23-7303807	501(C)(3)	38,000.	0.			TRANSPORTATION, HEATING
BOXERWOOD EDUCATIONAL CENTER 963 ROSS ROAD LEXINGTON, VA 24450	54-1937944	501(C)(3)	8,000.	0.			HORTICULTURAL EDUCATION
BLUE RIDGE LEGAL SERVICES 215 S. MAIN STREET LEXINGTON, VA 24450	54-1048944	501(C)(3)	12,500.	0.			PROVIDE LEGAL SERVICES TO LOW-INCOME INDIVIDUALS
BLUE RIDGE CASA FOR CHILDREN 119 WEST FREDERICK STREET STAUNTON, VA 24401	54-1721227	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ROCKBRIDGE AREA TRANSPORTATION SYSTEM - 712 N. MAIN STREET - LEXINGTON, VA 24450	04-3586915	501(C)(3)	9,000.	0.			GENERAL SUPPORT
ROCKBRIDGE AREA YMCA 790 N. LEE HIGHWAY LEXINGTON, VA 24450	54-2070140	501(C)(3)	17,000.	0.			GENERAL SUPPORT

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

())	4 > 5 1 1	()	(0 4		(5) 14 11 1 5	() 5	#NB ()
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCKBRIDGE REGIONIAL LIBRARY							
138 S. MAIN STREET							
LEXINGTON, VA 24450	54-6001156	501(C)(3)	7,500.	0.			GENERAL SUPPORT
VALLEY PROGRAM FOR AGING SERVICES							
P.O. BOX 415				_			
BUENA VISTA, VA 24416	54-0958526	501(C)(3)	18,000.	0.			GENERAL SUPPORT
YELLOW BRICK ROAD CHILDCARE							
SERVICES - 410 YELLOW BRICK ROAD -							
LEXINGTON, VA 24450	54-1101888	501(C)(3)	30,000.	0.			GENERAL SUPPORT
·			,				

(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 red	I Juired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
ALLOCATIONS: ORGANIZATIONS RECEIV	VING "DIS	CRETIONARY	" FUNDING	FROM UNITED	
NAY:					
1) UNDERGO INTENSIVE PRE-SCREENIN	IG BEFORE	BEING AWA	ARDED FUNDI	NG. SUCH	
SCREENING INCLUDES: A) AN APPLIC	CATION PRO	OCESS THAT	r includes	EXPLANATION	
OF THE PROPOSED USE AND RESULTS FF	OM USE O	F THE FUNI	OING; B) S	ITE VISIT	
WITH APPROPRIATE STAFF AND VOLUNTE				FINANCIAL	
REVIEW OF THE ORGANIZATION TO GAIN					
CEVIEW OF THE OKGANIZATION TO GAIN	• ч пплеп	OF ADDUK	JIACE THAT I	1113	

Part IV	Supplemental Informat	ti

Part IV Supplemental Information
2) ARE REQUIRED TO NOTIFY UNITED WAY OF ANY CHANGE IN THEIR PROGRAMS AND
SERVICES THAT WILL AFFECT THE DISPOSITION AND USE OF UNITED WAY FUNDS, AND
3) MAY BE REQUIRED TO SUBMIT SPECIAL PROGRESS REPORTS DURING THE COURSE OF
THE YEAR.
DONOR DESIGNATIONS: ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS
THROUGH UNITED WAY WILL HAVE THEIR CURRENT STATUS AS AN IRS CODE SECTION
501(C)(3) OR GOVERNMENTAL STATUS VERIFIED.
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: ROCKBRIDGE AREA RELIEF ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: HELP PROVIDE EMERGENCY AID,
INCLUDING UTILITIES, RENT, SHELTER, ESSENTIAL TRANSPORTATION, HEATING
FUELS AND MEDICATIONS, TO LOCAL HOUSEHOLDS. HELP DISTIRBUTE FOOD FROM
THE FOOD PANTRY.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

UNITED WAY OF ROCKBRIDGE, INC.

Employer identification number 54-0506318

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SERVICES, THE COFFEE HOUSE FOR DISABLED ADULTS, ROCKBRIDGE AREA OCCUPATIONAL CENTER, THE TALKING BOOK CENTER, VALLEY PROGRAM FOR AGING SERVICES FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE COMMITTEE AND THE EXECUTIVE DIRECTOR REVIEW THE FORM 990 BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY "CODE OF ETHICS", STATES ANY KNOWN OR POSSIBLE BREACH OF THE CODE SHOULD BE DISCLOSED TO THE BOARD OF DIRECTORS FOR PROMPT INVESTIGATION. FORM 990, PART VI, SECTION B, LINE 15A: THE PERSONNEL COMMITTEE PERFORMS AN ANNUAL EVALUATION OF THE EXECUTIVE DIRECTOR. THE BOARD VOTES TO APPROVE THE EXECUTIVE DIRECTOR'S COMPENSATION PACKAGE. MINUTES ARE RECORDED. FORM 990, PART VI, SECTION C, LINE 18: FORM 990 IS AVAILABLE AT WWW.GUIDESTAR.ORG OR UPON REQUEST IN HARD COPY. FORM 990, PART VI, SECTION C, LINE 19:

FORM 990, PART IX, LINE 11G, OTHER FEES:

DOCUMENTATION IS AVAILABLE UPON REQUEST IN HARD COPY.

Schedule O (Form 990) 2022 Page **2**

Schedule O (Form 990) 2022	Page 2
Name of the organization UNITED WAY OF ROCKBRIDGE, INC.	Employer identification number 54-0506318
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,845.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,845.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,845.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSI	ES:
PRINTING & REPRODUCTION:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	686.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	686.
MAINTENANCE & REPAIR:	
PROGRAM SERVICE EXPENSES	184.
MANAGEMENT AND GENERAL EXPENSES	368.
FUNDRAISING EXPENSES	61.
TOTAL EXPENSES	613.
UTILITIES:	
PROGRAM SERVICE EXPENSES	112.
MANAGEMENT AND GENERAL EXPENSES	223.
FUNDRAISING EXPENSES	37.
TOTAL EXPENSES	372.
PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	0.
222212 10 29 22	Schedule () (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

FUNDRAISING EXPENSES 234. TOTAL EXPENSES 234.	Name of the organization UNITED WAY OF ROCKBRIDGE, INC.	Employer identification number 54-0506318
TOTAL EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 1,905. FORM 990, PART XII, LINE 2 C THE FINANCE COMMITTEE OF THE UNITED WAY OF ROCKBRIDGE COUNTY ASSUMES	MANAGEMENT AND GENERAL EXPENSES	0.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 1,905. FORM 990, PART XII, LINE 2 C THE FINANCE COMMITTEE OF THE UNITED WAY OF ROCKBRIDGE COUNTY ASSUMES	FUNDRAISING EXPENSES	234.
FORM 990, PART XII, LINE 2 C THE FINANCE COMMITTEE OF THE UNITED WAY OF ROCKBRIDGE COUNTY ASSUMES	TOTAL EXPENSES	234.
THE FINANCE COMMITTEE OF THE UNITED WAY OF ROCKBRIDGE COUNTY ASSUMES	TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 1,905.
	FORM 990, PART XII, LINE 2 C	
RESPONSIBILITY FOR FINANCIAL REPORTING OVERSIGHT.	THE FINANCE COMMITTEE OF THE UNITED WAY OF ROCKBRIDGE COU	INTY ASSUMES
	RESPONSIBILITY FOR FINANCIAL REPORTING OVERSIGHT.	