

Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning _____, and ending _____

55-0562858

UNITED WAY OF SOUTHERN WV, INC.

Net Asset / Fund Balance at Beginning of Year		<u>334,065</u>
Revenue		
Contributions	<u>732,723</u>	
Program service revenue		
Investment income	<u>1,381</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>371,617</u>	
Direct expenses	<u>119,943</u>	
Net income	<u>251,674</u>	
Other income	<u>26,945</u>	
Total revenue		<u>1,012,723</u>
Expenses		
Program services	<u>1,302,544</u>	
Management and general	<u>51,994</u>	
Fundraising	<u>53,726</u>	
Total expenses		<u>1,408,264</u>
Excess / (deficit)		<u>-395,541</u>
Changes		
Net Asset / Fund Balance at End of Year		<u><u>-61,476</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>1,159,434</u>
Less:	
Unrealized gains	
Donated services	<u>26,768</u>
Recoveries	
Other	<u>119,943</u>
Plus:	
Investment expenses	
Other	
Total revenue per return	<u><u>1,012,723</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,554,975</u>
Less:	
Donated services	<u>26,768</u>
Prior year adjustments	
Losses	
Other	<u>119,943</u>
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u>1,408,264</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>850,687</u>	<u>527,067</u>	
Liabilities	<u>516,622</u>	<u>588,543</u>	
Net assets	<u>334,065</u>	<u>-61,476</u>	<u>-395,541</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/18
Failure to file penalty _____

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2017, or fiscal year beginning, 2017, and ending, 20

Department of the Treasury
Internal Revenue Service

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

2017

Name of exempt organization

UNITED WAY OF SOUTHERN WV, INC.

Employer identification number

55-0562858

Name and title of officer

**ANNA LESTER
DIRECTOR OF FINANCE****Part I Type of Return and Return Information (Whole Dollars Only)**

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	1,012,723
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

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

Officer's PIN: check one box only

I authorize MARK COLLINS CPA to enter my PIN 24994 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2017 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.

Officer's signature } _____

Date } **09/28/18****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

55148424994**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization 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's signature } **MARK A. COLLINS, CPA**Date } **09/28/18****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So****For Paperwork Reduction Act Notice, see back of form.**Form **8879-EO** (2017)

Form **990**

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning , **and ending**

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

C Name of organization
UNITED WAY OF SOUTHERN WV, INC.

Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. 5456

City or town, state or province, country, and ZIP or foreign postal code
BECKLEY WV 25801

D Employer identification number
55-0562858

E Telephone number
304-253-2111

G Gross receipts\$ **1,132,666**

F Name and address of principal officer:
MICHELLE ROTELLINI
P.O. BOX 546
BECKLEY WV 25801

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **WWW.UNITEDWAYS WV.ORG** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1965** **M** State of legal domicile: **WV**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	
	7b	Net unrelated business taxable income from Form 990-T, line 34	
Revenue	8	Prior Year	Current Year
	9	939,012	732,723
	10		0
	11	964	1,381
	12	269,138	278,619
Expenses	13	553,024	1,095,424
	14		0
	15	244,226	198,690
	16a		0
	16b	53,726	
Net Assets or Fund Balances	17	128,782	114,150
	18	926,032	1,408,264
	19	283,082	-395,541
	20	Beginning of Current Year	End of Year
	21	850,687	527,067
	22	516,622	588,543
		334,065	-61,476

Part II Signature Block

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

Sign Here

Signature of officer: **ANNA LESTER** Date: _____
 Type or print name and title: **DIRECTOR OF FINANCE**

Paid Preparer Use Only

Print/Type preparer's name: **MARK A. COLLINS, CPA** Preparer's signature: **MARK A. COLLINS, CPA** Date: **10/04/18** Check if self-employed PTIN: **P00136193**

Firm's name: **MARK COLLINS CPA** Firm's EIN: **27-3479045**
 Firm's address: **P.O. BOX 513 Mabscott, WV 25871** Phone no.: **304-255-8928**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ **724,954** including grants of \$ **574,168**) (Revenue \$)

UNITED WAY MAKES ALLOCATION/SUPPORT PAYMENTS TO APPROXIMATELY 44 NON-PROFIT AGENCIES IN RALEIGH, NICHOLAS, SUMMERS, WYOMING, FAYETTE, MCDOWELL AND MERCER COUNTIES IN SOUTHERN WEST VIRGINIA AND THE TOWN OF BLUEFIELD, VIRGINIA. IT ALSO PROVIDES DIRECT ASSISTANCE TO INDIVIDUALS THROUGH ITS INTERNALLY MANAGED LITERACY PROGRAM, 2-1-1 SOCIAL SERVICES AND INFORMAITIONAL HOTLLINE, FEEDING INITIATIVE, PREGNANCY EDUCATION, AND EQUAL FOOTING SHOE PROGRAM.

4b (Code:) (Expenses \$ **557,947** including grants of \$ **521,256**) (Revenue \$)

DURING THE 2016 YEAR, THE ORGANIZATION ENTERED IN TO CERTAIN FISCAL SPONSORSHIP ARRANGEMENTS WITH NON INCORPORATED ENTITIES WHICH WERE ESTABLISHED IN ORDER TO PROVIDE ELEMENTS OF RELIEF TO CERTAIN FLOOD RAVAGED AREAS, SPECIFICALLY FAYETTE AND NICHOLAS COUNTIES IN SOUTHERN AND CENTRAL WEST VIRGINIA. FURTHER, AS AN INTERNAL PROGRAM, THE ORGANIZATION OPERATED SIMILAR RELIEF ACTIVITIES IN THE SOUTHERN WEST VIRGINIA COUNTY OF RALEIGH.

4c (Code:) (Expenses \$ **19,643** including grants of \$) (Revenue \$)

THE ORGANIZATION ALSO OPERATED AS THE PRINCIPAL CAMPAIGN FUND ORGANZIATION (PCFO) FOR THE MOUNTIAN STATE COMBINED FEDERAL CAMPAIGN (CFC) . AS THE MOUNTIAN STATE PCFO THE ORGANIZATION WAS RESPONSIBLE FOR THE ADMINSTRATION OF THE CFC FOR A THIRTY-FIVE COUNTY AREA OF WEST VIRGINIA AND ACTED AS FISCAL AGENT UNDER THE DIRECTION OF THE LOCAL FEDERAL COORDINATING COMMITTEE. THIS ADMINSTRATION IN GENERAL ENTALES SOLICITATION AND COLLECTION OF CONTRIBUTIONS FROM FEDERAL EMPLOYEES IN THE WORKPLACE ON THE BEHALF OF CHARITABLE ORGANIZATIONS. IT THEN IS RESPONSIBLE FOR THE DISBURSEMENT OF THESE FUNDS TO THE APPLICABLE CHARITABLE ORGANIZATIONS INACCORDANCE WITH THE DESIGNATIONS BY GIVERS. DIRECT EXPENSES OF OPERATING THIS FUNCTION ARE REIMBURSABLE FROM AMOUNTS COLLECTED. THIS ACTIVITY WAS

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

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

4e Total program service expenses **u 1,302,544**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	26	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	6		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u** None
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

ANNA LESTER **PO BOX 5456**
BECKLEY

WV 25801-5456 304-253-2111

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROLYN LONG	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(2) KATHY HOUSH	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(3) JEFF MILLER	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(4) JIMMY SONGER	1.00									
PARLIMENTARIAN	0.00	X		X			0	0	0	
(5) ANNA ZIEGLER	0.50									
Board Member	0.00	X					0	0	0	
(6) JESSE BAKER	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(7) TRENA DACAL	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(8) CINDY DRAGAN	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(9) DONNA WILLIAMS	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(10) MAXINE BRAUNE	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(11) ANGIE CROOK	0.50									
BOARD MEMBER	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) GREG URTSO	1.00									
VP of ADMINISTRATION	0.00	X		X			0	0	0	
(13) MARSHALL WASHINGTON	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(14) MORI WILLIAMS	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(15) CHAD WYKLE	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(16) JOE WILKINS	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(17) ABAGAIL SCOTT	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(18) RONN ROBINSON	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(19) JOE RIZZO	0.50									
BOARD MEMBER	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A							71,255			
d Total (add lines 1b and 1c)							71,255			

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,750			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	729,973			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u	732,723			
Program Service Revenue		Busn. Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f	u					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	1,381			1,381
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	371,617			
	b Less: direct expenses	b	119,943			
	c Net income or (loss) from fundraising events	u	251,674			251,674
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	Busn. Code					
11a CFC REIMBURSEMENTS			26,945		26,945	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u	26,945				
12 Total revenue. See instructions.	u	1,012,723	0	0	280,000	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	574,168	574,168		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	521,256	521,256		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	71,255	48,457	11,409	11,389
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	41,844	29,291	2,092	10,461
7 Other salaries and wages	40,480	36,184	8,402	-4,106
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	45,111	32,790	6,807	5,514
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,547	3,900	10,647	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	4,566	3,295	702	569
13 Office expenses	16,475	11,783	2,506	2,186
14 Information technology	10,769	7,771	1,656	1,342
15 Royalties				
16 Occupancy	4,844	3,495	745	604
17 Travel	6,879	4,964	1,058	857
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,813	5,639	1,201	973
23 Insurance	5,835	2,862	2,480	493
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CFC APPLICATION AND LIST	13,525			13,525
b UNITED WAY AMERICA DUES	8,099	8,099		
c DIRECT CAMPAIGN EXPENSES	6,145			6,145
d DUES, SUBSCRIPTION & FEES	3,924	2,832	604	488
e All other expenses	10,729	5,758	1,685	3,286
25 Total functional expenses. Add lines 1 through 24e	1,408,264	1,302,544	51,994	53,726
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	512,698	1	203,957
	2	Savings and temporary cash investments	22,038	2	22,038
	3	Pledges and grants receivable, net	82,267	3	63,051
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	2,518
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 265,990		
	b	Less: accumulated depreciation	10b 34,161	10c	231,829
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,674	15	3,674
16	Total assets. Add lines 1 through 15 (must equal line 34)	850,687	16	527,067	
Liabilities	17	Accounts payable and accrued expenses	28,776	17	31,238
	18	Grants payable	470,000	18	539,033
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	17,846	25	18,272
	26	Total liabilities. Add lines 17 through 25	516,622	26	588,543
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-19,605	27	-148,601
	28	Temporarily restricted net assets	339,966	28	73,421
	29	Permanently restricted net assets	13,704	29	13,704
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	334,065	33	-61,476	
34	Total liabilities and net assets/fund balances	850,687	34	527,067	

Part 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	1,012,723
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,408,264
3	Revenue less expenses. Subtract line 2 from line 1	3	-395,541
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	334,065
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-61,476

Part XII Financial Statements and Reporting

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) TERRI MUSCARI	0.50									
BOARD MEMBER	0.00	X						0	0	
(21) DEBBIE KINCELL	0.50									
BOARD MEMBER	0.00	X						0	0	
(22) BETH JARRELL	0.50									
BOARD MEMBER	0.00	X						0	0	
(23) TERI HALE	0.50									
BOARD MEMBER	0.00	X						0	0	
(24) DANIEL DUNN	0.50									
BOARD MEMBER	0.00	X						0	0	
(25) ANNA LESTER	40.00									
DIRECTOR OF FINANCE	0.00			X				42,830	0	
(26) MICHELLE ROTELLINI	40.00									
EXECUTIVE DIRECTOR	0.00			X				28,425	0	
1b Sub-total								71,255		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

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

u Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF SOUTHERN WV, INC.

Employer identification number

55-0562858

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	434,411	379,454	682,588	939,012	732,723	3,168,188
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	434,411	379,454	682,588	939,012	732,723	3,168,188
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						3,168,188

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	434,411	379,454	682,588	939,012	732,723	3,168,188
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	813	736	1,350	964	1,381	5,244
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	346,738	433,927	380,566	358,308	398,562	1,918,101
11 Total support. Add lines 7 through 10						5,091,533

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	62.22 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	60.79 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

Part II, Line 10 - Other Income Detail

\$ 1,519,539

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

UNITED WAY OF SOUTHERN WV, INC.

55-0562858

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization UNITED WAY OF SOUTHERN WV, INC.	Employer identification number 55-0562858
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MASSEY FOUNDATION 5002 MONUMENT AVENUE RICHMOND VA 23230	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NORFORK SOUTHERN FOUNDATION PO BOX 3040 NORFORK VA 23514	\$ 16,435	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	L&S TOYOTA 248 AUTO PLAZA BECKLEY WV 25801	\$ 25,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THOMAS JARRETT 1333 LAKE DRIVE DANIELS WV 25832	\$ 15,276	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BRAD PAISLEY FOUNDATION WESBANCO - 1 BANK PLAZA WHEELING WV 26003-3562	\$ 43,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CATHOLIC CHARITIES OF WEST VIRGINIA 2000 MAIN STREET WHEELING WV 26003	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF SOUTHERN WV, INC.	Employer identification number 55-0562858
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NICHOLAS COUNTY COMMUNITY FOUNDATION P.O. BOX 561 SUMMERSVILLE WV 26651	\$ 58,111	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CATHOLIC CHARITIES 2000 MAIN STREET, SUTIE 214 WHEELING WV 26003	\$ 35,379	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

UNITED WAY OF SOUTHERN WV, INC.

Employer identification number

55-0562858

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

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question number, Description, Held at the End of the Tax Year. Includes questions 1-8 regarding conservation easements.

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

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

Table with 3 columns: Question number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Temporarily restricted endowment **u**

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		45,000		45,000
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		220,990	34,161	186,829
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		u		231,829

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CFC CUSTODIAL LIABILITY	18,272	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	18,272	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,159,434
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b	26,768	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	119,943	
	e Add lines 2a through 2d	2e		146,711
3	Subtract line 2e from line 1		3	1,012,723
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,012,723

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

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

1	Total expenses and losses per audited financial statements		1	1,554,975
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	26,768	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	119,943	
	e Add lines 2a through 2d	2e		146,711
3	Subtract line 2e from line 1		3	1,408,264
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,408,264

Part XIII Supplemental Information.

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

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Direct exp included on Form 990, PartVIII, Lines 8B \$ 119,943

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Direct exp included on Form 990, PartVIII, Lines 8b \$ 119,943

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

⚡ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

UNITED WAY OF SOUTHERN WV, INC.

Employer identification number

55-0562858

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

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

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>DANCING WITH TH</u> (event type)	<u>WONDERLAND OF T</u> (event type)	<u>3</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	305,462	29,061	35,439	369,962
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	305,462	29,061	35,439	369,962
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	95,799	5,992	13,256	115,047
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					254,915

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**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.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Attach to Form 990.

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

Name of the organization

UNITED WAY OF SOUTHERN WV, INC.

Employer identification number

55-0562858

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SPECIAL PROJECT MINI GRANT, INTERN			9,000				NORMAL OPERATIONS
(2)	TOCQUEVILLE GRANTS			55,000				NORMAL OPERATIONS
(3)	BECKLEY DREAM CENTER 224 PINWOOD DRIVE BECKLEY WV 25801			31,550				NORMAL OPERATIONS
(4)	BECKLEY HEALTH RIGHT 111 RANDOLPH STREET BECKLEY WV 25801			26,050				NORMAL OPERATIONS
(5)	BIG CREEK PEOPLE IN ACTION HC 32, BOX 541 WAR WV 24892			11,420				NORMAL OPERATIONS
(6)	BRIAN'S SAFE HOUSE P.O. BOX 1122 BECKLEY WV 25802			25,162				NORMAL OPERATIONS
(7)	CATHOLIC CHARITIES WV/SO. REG. EMG. 2000 MAIN STREET WHEELING WV 26003			8,750				NORMAL OPERATIONS
(8)	CATHOLIC CHARTIES OF W.V./PETTUS 1116 KANAWHA BOULEVARD, EAST CHARLESTON WV 25301			9,190				NORMAL OPERATIONS
(9)	CENTER FOR CHRISTIAN ACTION P.O. BOX 608 POCHAONTAS VA 24635			6,420				NORMAL OPERATIONS

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

**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.

OMB No. 1545-0047

2017

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Name of the organization

UNITED WAY OF SOUTHERN WV, INC.

Employer identification number

55-0562858

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHILD PROTECTION OF MERCER COUNTY 206 CENTER STREET PRINCETON WV 24740			18,050				NORMAL OPERATIONS
(2)	FAYETTE COUNTY 4-H 104 EAST WISEMAN AVENUE FAYETTEVILLE WV 25840			5,350				NORMAL OPERATIONS
(3)	Fayette County FRN PO Box 307 Fayetteville WV 25840			8,025				NORMAL OPERATIONS
(4)	FAYETTE COUNTY STARTING POINTS P.O. BOX 168 RICHWOOD WV 26261			5,350				NORMAL OPERATIONS
(5)	HOSPICE OF SOUTHERN WEST VIRGINIA P.O. BOX 1472 BECKLEY WV 25801			21,400				NORMAL OPERATIONS
(6)	JUST FOR KIDS, INC. 106 MCCREERY STREET BECKLEY WV 25801			33,100				NORMAL OPERATIONS
(7)	LILLIAN JAMES LEARING CENTER P.O. BOX 698 CRAB ORCHARD WV 25827			13,375				NORMAL OPERATIONS
(8)	LOAVES AND FISHES (CCS) P.O. BOX 386 PRINCETON WV 24740			12,230				NORMAL OPERATIONS
(9)	MCDOWELL COUNTY COMM. ON AGING 725 STEWART STREET WELCH WV 24801			10,700				NORMAL OPERATIONS

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

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

Schedule I (Form 990) (2017)

**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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF SOUTHERN WV, INC.

Employer identification number
55-0562858

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MERCER COUNTY 4-H LEADERS ASSOC. 1500 WEST MAIN STREET PRINCETON WV 24740			5,350				NORMAL OPERATIONS
(2)	MERCER COUNTY FELLOWSHIP HOME P.O. BOX 4211 BLUEFIELD WV 24701			15,560				NORMAL OPERATIONS
(3)	MISCELLANEOUS OTHER			6,993				NORMAL OPERATIONS
(4)	NEW RIVER HEALTH SCHOOL BASED HEAL P.O. BOX 337 SCARBRO WV 25917			26,750				NORMAL OPERATIONS
(5)	WESTMINSTER AT WADE, INC. P.O. BOX 777 BLUEFIELD WV 24701			17,055				NORMAL OPERATIONS
(6)	OPEN HANDS MINISTRIES P.O. BOX 86 NETTIE WV 26662			10,700				NORMAL OPERATIONS
(7)	PINE HAVEN HOMELESS SHELTER P.O. BOX 3066, EAST BECKLEY STATION BECKLEY WV 25801			18,665				NORMAL OPERATIONS
(8)	RAINELLE MEDICAL CENTER/ RFS 645 KANAWHA AVENUE RAINELLE WV 25962			5,175				NORMAL OPERATIONS
(9)	RALIEGH COUNTY COMMISSION ON THE A 1614 SOUTH KANAWHA STREET BECKLEY WV 25801			26,400				NORMAL OPERATIONS

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

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

Schedule I (Form 990) (2017)

**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.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Attach to Form 990.

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

Name of the organization

UNITED WAY OF SOUTHERN WV, INC.

Employer identification number
55-0562858

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	REACHH FAMILY RESOURCE CENTER 411 TEMPLE STREET HINTON WV 25951			12,140				NORMAL OPERATIONS
(2)	THE SALVATION ARMY P.O. BOX 1573 BECKLEY WV 25802-1573			5,560				NORMAL OPERATIONS
(3)	Summers Co. 4-H Leaders Association 97 Park Avenue Hinton WV 25951			5,350				NORMAL OPERATIONS
(4)	SUMMERS COUNTY COUNCIL ON AGING 120 2ND AVENUE HINTON WV 25851			10,525				NORMAL OPERATIONS
(5)	THE SPARROW'S NEST P.O. BOX 1122 BECKLEY WV 25802			18,581				NORMAL OPERATIONS
(6)	WOMEN'S RESOURCE CENTER P.O. BOX 1476 BECKLEY WV 25802-1476			20,910				NORMAL OPERATIONS
(7)								
(8)								
(9)								

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

UNITED WAY OF SOUTHERN WV, INC.

Employer identification number

55-0562858**Form 990 - Organization's Mission**

Our United Way is working to advance the common good by focusing on education, income and health. These are the building blocks for a good life - a quality education that leads to a stable job, enough income to support a family through retirement and good health. Our goal is to create real, long-lasting change that prevents problems from happening in the first place. Together, united, we can inspire hope and create opportunities for a better tomorrow. That's what it means to Live United. To bring together in a united appeal all possible campaigns of community-accepted health, welfare, and recreational agencies, including local, state and national service organizations. To solicit funds and property for such agencies to acquire by gift, legacy, devise, purchase or otherwise, property of every kind and nature, both real and personal, for such agencies, to lease, mortgage, improve, pledge, sell, convey or otherwise dispose of such property. To invest and expend funds, and to distribute funds to such agencies. To create a more general interest in the service of such agencies and in the unified appeal plan. To do all acts and things necessary, convenient, or expedient to carry out the above mentioned purposes.

Form 990, Part III, Line 4c - Third Accomplishment**CEASED EFFECTIVELY DURING THE FIRST QUARTER OF 2018.****Form 990, Part VI, Line 2 - Related Party Information Among Officers****GIVEN THE SMALLNESS OF COMMUNITY**

Name of the organization

UNITED WAY OF SOUTHERN WV, INC.

Employer identification number

55-0562858

IS OPERATED IN, THE POSSIBILITY

DOES EXIST, BUT NONE APPEAR TO

SUBJECT THE ORGANIZATION TO UNDUE

RISK.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
ON SEPTEMBER 24, 2018 ALL MEMBERS OF THE BOARD OF DIRECTORS WERE PROVIDED
AN ELECTRONIC COPY OF THE FORM 990. FURTHER AT THE SAME TIME CHECKLIST
C501, "CHECKLIST FOR THE REVIEW BY BOARD MEMBERS OF FORM 990" WAS PROVIDED.
THIS CHECKLIST IS MERELY A TOOL PROVIDED BY PRACTITIONERS PUBLISHING COMPANY
(A MAJOR SUPPLIER OF TAX RESEARCH MATERIALS) TO AID IN INDIVIDUAL REVIEW.
THEY WERE INVITED TO PROVIDE QUESTIONS OF THE STAFF AND THE PREPARER MARK
COLLINS, CPA VIA TELEPHONE OR EMAIL. SUBSEQUENT TO THIS AND AT THE NEXT
SCHEDULED EXECUTIVE COMMITTEE MEETING MR. COLLINS WILL APPEAR TO ANSWER
QUESTIONS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Given the smallness of the community in which the organization operates,
board members are generally aware of the activities of other board members
and this serves as an adequate method of monitoring.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

EXECUTIVE DIRECTOR AND ALL PERSONNEL COMPESATION IS SUBJECT TO REVIEW AND

Name of the organization

Employer identification number

UNITED WAY OF SOUTHERN WV, INC.

55-0562858

APPROVAL BY THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 15b - Compensation Process for Officers

COMPENSATION OF ALL PERSONNEL IS SUBJECT TO REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents are available upon request at the organization's office.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Direct exp included on Form 990, PartVIII, Lines 8B \$ 119,943

Direct exp included on Form 990, PartVIII, Lines 8b \$ -119,943

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u **Attach to your tax return.**
u **Go to www.irs.gov/Form4562 for instructions and the latest information.**

OMB No. 1545-0172

2017

Attachment
Sequence No. **179**

Name(s) shown on return

UNITED WAY OF SOUTHERN WV, INC.

Identifying number

55-0562858

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,444

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	5,366
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	7,810
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

55-0562858

Federal Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
16	Acer Computer	3/30/10	1,393		X	697	5 HY 200DB	1,393	0
17	Acer Computer	3/30/10	1,393		X	697	5 HY 200DB	1,393	0
18	Telephone System	12/31/12	1,260		X	630	5 MQ200DB	1,200	60
25	Office Bldg. - Croft Street - 2015 Additons	12/22/15	131,800			131,800	27 MMS/L	3,436	3,295
27	Office Bldg. - Croft Street - 2016 Additions	6/10/16	55,321			55,321	27 MMS/L	1,090	2,011
			<u>191,167</u>			<u>189,145</u>		<u>8,512</u>	<u>5,366</u>
Other Depreciation:									
1	Microsoft Office Software	4/05/95	600			600	3 MO S/L	600	0
6	HP LaserJet 4050 SE Printer	7/13/99	1,140			1,140	5 MO S/L	1,140	0
7	Xerox 416DC Copier	7/10/02	3,415			3,415	5 MO S/L	3,415	0
8	PC Designs/Computer	3/31/04	1,360			1,360	5 MO S/L	1,360	0
9	Donation Tracker Software	5/31/05	4,750			4,750	3 MO S/L	4,750	0
10	PC Designs/Computer	3/31/04	1,360			1,360	5 MO S/L	1,360	0
11	HP PhotoSmart 2610 Fax, Copier, Printer	7/01/05	323			323	5 MO S/L	323	0
13	Laptop Computers	3/13/09	938			938	5 MO S/L	938	0
14	Projector	3/13/09	705			705	5 MO S/L	705	0
15	Advertising Table Cover	5/15/09	357			357	5 MO S/L	357	0
19	Laptop Computer	4/14/14	632			632	5 MO S/L	348	126
20	Laptop Computer	4/14/14	632			632	5 MO S/L	348	126
21	Laptop Computer	4/14/14	632			632	5 MO S/L	348	126
22	Laptop Computer	4/14/14	632			632	5 MO S/L	348	126
23	Dell Desktop	4/18/14	512			512	5 MO S/L	273	103
24	Land - Croft Street	7/23/15	45,000			45,000	0 -- Land	0	0
26	Microsoft Surface Pro3 Tablets	5/01/15	2,206			2,206	3 MO S/L	1,226	735
28	Computers, BAF Foundation Grant	3/17/17	5,529			5,529	5 MO S/L	0	829
29	2 Ton Air Conditioner for 2nd Story	5/12/17	4,100			4,100	10 MO S/L	0	273
	Total Other Depreciation		<u>74,823</u>			<u>74,823</u>		<u>17,839</u>	<u>2,444</u>
	Total ACRS and Other Depreciation		<u>74,823</u>			<u>74,823</u>		<u>17,839</u>	<u>2,444</u>
	Grand Totals		265,990			263,968		26,351	7,810
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>265,990</u>			<u>263,968</u>		<u>26,351</u>	<u>7,810</u>

55-0562858

Bonus Depreciation Report

FYE: 12/31/2017

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
16	Acer Computer	3/30/10	1,393		0	0	696	697
17	Acer Computer	3/30/10	1,393		0	0	696	697
18	Telephone System	12/31/12	1,260		0	0	630	630
	Form 990, Page 1		<u>4,046</u>		<u>0</u>	<u>0</u>	<u>2,022</u>	<u>2,024</u>
	Grand Total		<u>4,046</u>		<u>0</u>	<u>0</u>	<u>2,022</u>	<u>2,024</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
16	Acer Computer	3/30/10	1,393	0	0
17	Acer Computer	3/30/10	1,393	0	0
18	Telephone System	12/31/12	1,260	0	0
25	Office Bldg. - Croft Street - 2015 Additons	12/22/15	131,800	3,295	0
27	Office Bldg. - Croft Street - 2016 Additions	6/10/16	55,321	2,012	0
			<u>191,167</u>	<u>5,307</u>	<u>0</u>
Other Depreciation:					
1	Microsoft Office Software	4/05/95	600	0	0
6	HP LaserJet 4050 SE Printer	7/13/99	1,140	0	0
7	Xerox 416DC Copier	7/10/02	3,415	0	0
8	PC Designs/Computer	3/31/04	1,360	0	0
9	Donation Tracker Software	5/31/05	4,750	0	0
10	PC Designs/Computer	3/31/04	1,360	0	0
11	HP PhotoSmart 2610 Fax, Copier, Printer	7/01/05	323	0	0
13	Laptop Computers	3/13/09	938	0	0
14	Projector	3/13/09	705	0	0
15	Advertising Table Cover	5/15/09	357	0	0
19	Laptop Computer	4/14/14	632	126	0
20	Laptop Computer	4/14/14	632	126	0
21	Laptop Computer	4/14/14	632	126	0
22	Laptop Computer	4/14/14	632	126	0
23	Dell Desktop	4/18/14	512	102	0
24	Land - Croft Street	7/23/15	45,000	0	0
26	Microsoft Surface Pro3 Tablets	5/01/15	2,206	245	0
28	Computers, BAF Foundation Grant	3/17/17	5,529	1,106	0
29	2 Ton Air Condiitioner for 2nd Story	5/12/17	4,100	410	0
	Total Other Depreciation		<u>74,823</u>	<u>2,367</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>74,823</u>	<u>2,367</u>	<u>0</u>
	Grand Totals		<u>265,990</u>	<u>7,674</u>	<u>0</u>

**SCHEDULE G
(Form 990 or
990-EZ)****Fundraising Other Events****2017**

For calendar year 2017, or tax year beginning , and ending

Name

Employer Identification Number

UNITED WAY OF SOUTHERN WV, INC.**55-0562858**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>DENIM FOR A DIF</u>	<u>COLOR RUN</u>	<u>OTHER SPECIAL P</u>	(add col. (a) through
		(event type)	(event type)	(event type)	col. (c))
Revenue	1 Gross receipts	15,042	10,555	9,842	35,439
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	15,042	10,555	9,842	35,439
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	116	6,771	6,369	13,256

Form 990	Two Year Comparison Report	2016 & 2017
For calendar year 2017, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

UNITED WAY OF SOUTHERN WV, INC.**55-0562858**

		2016	2017	Differences
Revenue	1. Contributions, gifts, grants	1. 939,012	729,973	-209,039
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.	2,750	2,750
	4. Program service revenue	4.		
	5. Investment income	5. 964	1,381	417
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. 269,138	251,674	-17,464
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.	26,945	26,945
	12. Total revenue. Add lines 1 through 11	12. 1,209,114	1,012,723	-196,391
Expenses	13. Grants and similar amounts paid	13. 553,024	1,095,424	542,400
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 108,071	71,255	-36,816
	16. Salaries, other compensation, and employee benefits	16. 136,155	127,435	-8,720
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 15,925	14,547	-1,378
	19. Occupancy, rent, utilities, and maintenance	19. 7,299	4,844	-2,455
	20. Depreciation and Depletion	20. 5,797	7,813	2,016
	21. Other expenses	21. 99,761	86,946	-12,815
	22. Total expenses. Add lines 13 through 21	22. 926,032	1,408,264	482,232
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 283,082	-395,541	-678,623
Other Information	24. Total exempt revenue	24. 1,209,114	1,012,723	-196,391
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 270,102	280,000	9,898
	27. Total assets	27. 850,687	527,067	-323,620
	28. Total liabilities	28. 516,622	588,543	71,921
	29. Retained earnings	29. 334,065	-61,476	-395,541
	30. Number of voting members of governing body	30. 30	26	
	31. Number of independent voting members of governing body	31. 30	26	
	32. Number of employees	32. 5	6	
	33. Number of volunteers	33.		

Form **990****Tax Return History****2017**

Name

UNITED WAY OF SOUTHERN WV, INC.

Employer Identification Number

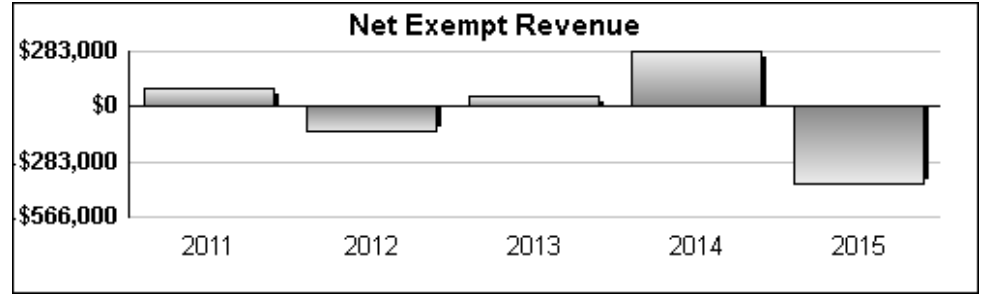
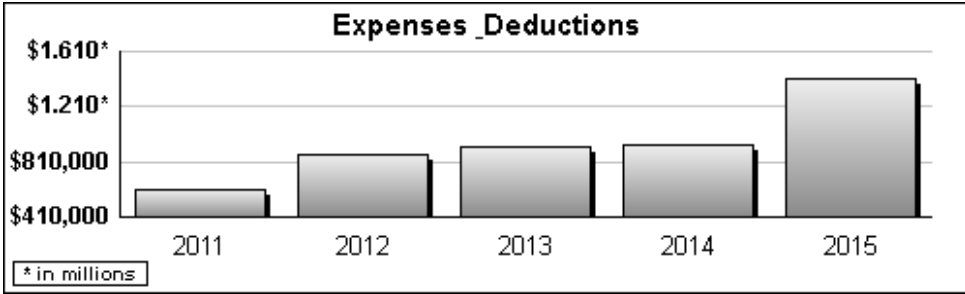
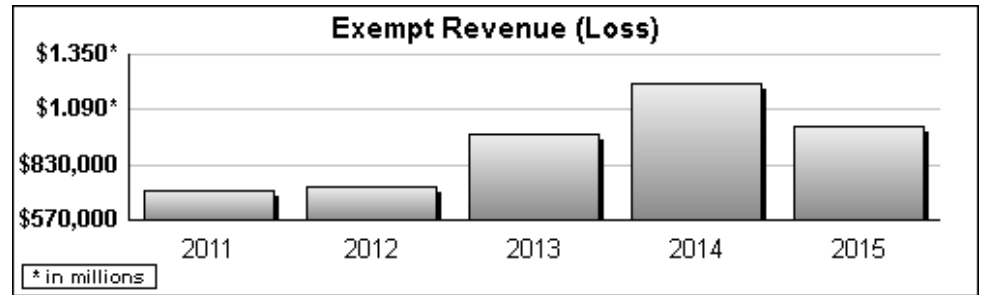
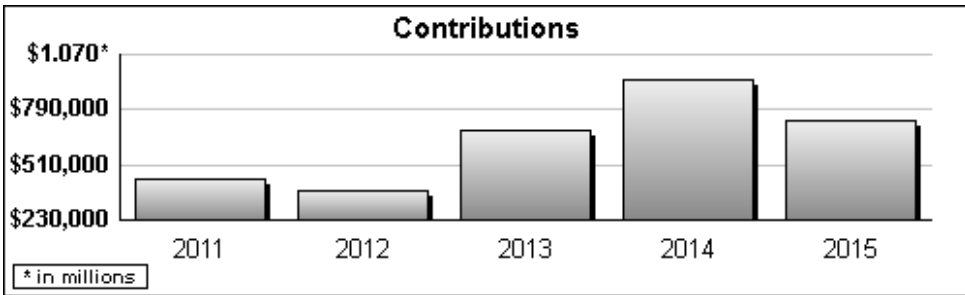
55-0562858

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants	434,411	379,454	682,588	939,012	732,723	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income	813	736	1,350	964	1,381	
Fundraising revenue (income/loss)	235,703	321,946	265,941	269,138	251,674	
Gaming revenue (income/loss)						
Other revenue	32,369	25,651	19,738		26,945	
Total revenue	703,296	727,787	969,617	1,209,114	1,012,723	
Grants and similar amounts paid	360,426	544,296	587,662	553,024	1,095,424	
Benefits paid to or for members						
Compensation of officers, etc.	62,925	97,353		108,071	71,255	
Other compensation	98,169	111,293	223,336	136,155	127,435	
Professional fees	13,619	13,455	15,704	15,925	14,547	
Occupancy costs	5,999	10,373	11,151	7,299	4,844	
Depreciation and depletion	799	832	1,406	5,797	7,813	
Other expenses	70,045	78,023	80,013	99,761	86,946	
Total expenses	611,982	855,625	919,272	926,032	1,408,264	
Excess or (Deficit)	91,314	-127,838	50,345	283,082	-395,541	
Total exempt revenue	703,296	727,787	969,617	1,209,114	1,012,723	
Total unrelated revenue						
Total excludable revenue	268,885	348,333	287,029	270,102	280,000	
Total Assets	505,547	561,054	705,748	850,687	527,067	
Total Liabilities	377,071	560,416	654,765	516,622	588,543	
Net Fund Balances	128,476	638	50,983	334,065	-61,476	

Form 990T	Tax Return History	2017
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Name UNITED WAY OF SOUTHERN WV, INC.	Employer Identification Number 55-0562858
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	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

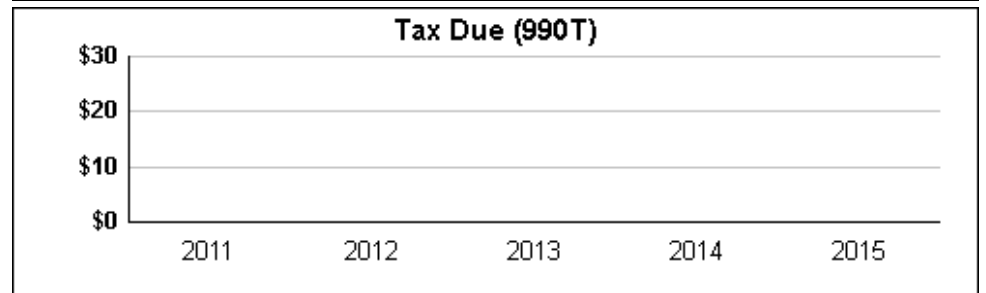
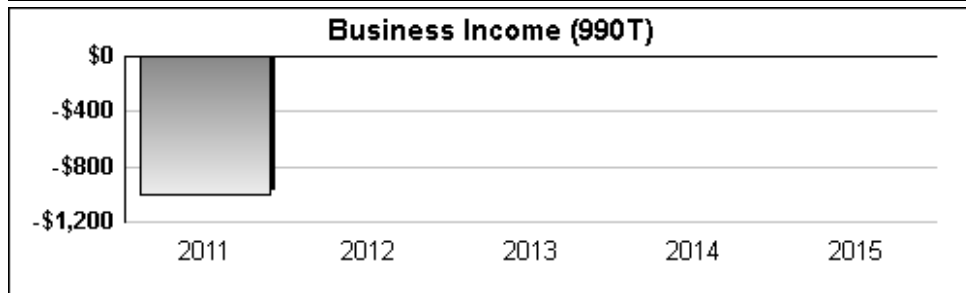
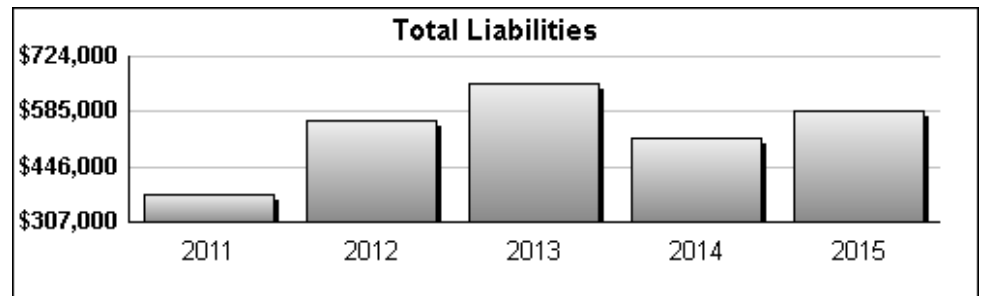
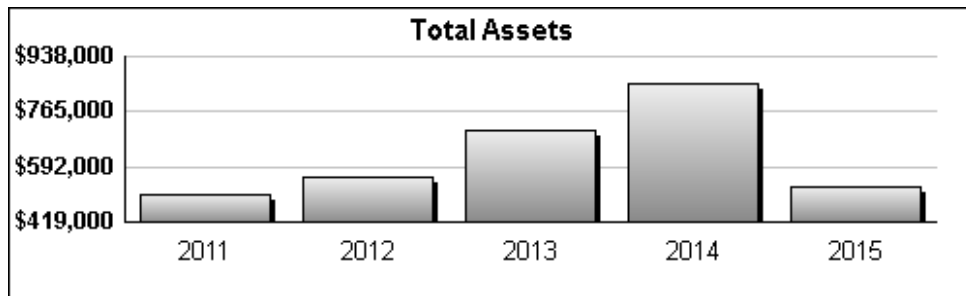


Form 990T	Tax Return History	2017
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Name UNITED WAY OF SOUTHERN WV, INC.	Employer Identification Number 55-0562858
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	2013	2014	2015	2016	2017	2018
Other deductions						
Net operating loss deduction						
Specific deduction	1,000					
Income after expense and deductions	-1,000					
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT REVENUE	\$ 1,381		14			
Total	<u>\$ 1,381</u>					

55-0562858

Federal Statements

FYE: 12/31/2017

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
AMERICORPS VISTA FEES	\$ 3,499	\$ 2,525	\$ 539	\$ 435
NEIGHBOR INVEST. CREDIT	2,932			2,932
EDUCATION AND OUTREACH	1,989	1,435	306	248
BD. OF DIRECTORS MEET EXP	1,244		1,244	
REPAIRS & MAINTENANCE	1,065	768	165	132
ALLOCATED OCCUPANCY		1,030	-569	-461
Total	<u>\$ 10,729</u>	<u>\$ 5,758</u>	<u>\$ 1,685</u>	<u>\$ 3,286</u>

Federal Statements**Schedule A, Part II, Line 1(e)**

Description	Amount
OTHER PRIVATE CONTRIBUTIONS	\$ 286,219
BECKLEY AREA FOUNDATION	
Cash Contribution	10,100
MASSEY FOUNDATION	
Cash Contribution	25,000
NORFORK SOUTHERN FOUNDATION	
Cash Contribution	16,435
WOAY-TV	
Cash Contribution	5,500
L&S TOYOTA	
Cash Contribution	25,900
THE BELL LAW FIRM	
Cash Contribution	5,000
MICHAEL A. MUSCARI	
Cash Contribution	10,300
KYLE M. MUSCARI	
Cash Contribution	11,150
RAJESH V. PATEL	
Cash Contribution	10,120
DONNIE HOLCOMB	
Cash Contribution	10,285
JAN CARE AMBULANCE	
Cash Contribution	14,150
THOMAS JARRETT	
Cash Contribution	15,276
AUSTIN CAPERTON	
Cash Contribution	11,960
RICHARD H. JARRELL	
Cash Contribution	10,025
BRETT ECKLEY	
Cash Contribution	10,020
CLINE RESOURCES AND DEVELOPMENT	
Cash Contribution	10,000
CHRISTOPHER CLINE	
Cash Contribution	10,000
TOYOTA DEALER MATCH PROGRAM	
Cash Contribution	10,000
WEST SIDE PHARMACY, INC.	

Federal Statements**Schedule A, Part II, Line 1(e) (continued)**

Description	Amount
Cash Contribution	\$ 10,000
ESC ANESTHESIA, PLLC	
Cash Contribution	9,250
UNITED BANK BECKLEY BRANCH	
Cash Contribution	7,285
PIES AND PINTS MANAGEMENT COMPANY	
Cash Contribution	6,868
MICHAEL JARRELL	
Cash Contribution	6,400
RIPE, INC.	
Cash Contribution	5,440
JACK FAIRCHILD	
Cash Contribution	5,000
BRAD PAISLEY FOUNDATION	
Cash Contribution	43,800
CATHOLIC CHARITIES OF WEST VIRGINIA	
Cash Contribution	25,000
NICHOLAS COUNTY COMMUNITY FOUNDATION	
Cash Contribution	58,111
CATHOLIC CHARITIES	
Cash Contribution	35,379
FEDERAL EMERGENCY MANAGEMENT AGENCY	
Cash Contribution	2,750
CARTER FAMILY FOUNDATION	
Cash Contribution	10,000
Total	<u>\$ 732,723</u>

Schedule A, Part II, Line 8(e)

Description	Amount
INVESTMENT REVENUE	\$ 1,381
Total	<u>\$ 1,381</u>

55-0562858

Federal Statements

FYE: 12/31/2017

Schedule A, Part II, Line 10(e)DescriptionAmount

CFC REIMBURSEMENTS	\$ 26,945
DANCING WITH THE STARS	305,462
DENIM FOR A DIFFERENCE	15,042
WONDERLAND OF TREES	29,061
OTHER SPECIAL PROJECTS	9,842
SWING INTO SPRING	1,655
COLOR RUN	10,555
Total	<u>\$ 398,562</u>

55-0562858

Federal Statements

FYE: 12/31/2017

Cash - BOY

<u>Description</u>	<u>Amount</u>
CASH - UNRESTRICTED	\$ 360,179
CASH - RESTRICTED	152,519
Total	\$ <u>512,698</u>

Cash - EOY

<u>Description</u>	<u>Amount</u>
CASH - UNRESTRICTED	\$ 172,444
CASH - RESTRICTED	31,513
Total	\$ <u>203,957</u>

Accounts payable - BOY

<u>Code</u>	<u>Description</u>	<u>Amount</u>	<u>Amount</u>
		\$ 28,776	\$
Total		\$ <u>28,776</u>	\$ <u>0</u>

ALLOCATIONS PAYABLE

<u>Code</u>	<u>Description</u>	<u>Amount</u>	<u>Amount</u>
	ALLOCATIONS PAYABLE	\$ 470,000	\$ 539,033
Total		\$ <u>470,000</u>	\$ <u>539,033</u>

Escrow account - BOY

<u>Code</u>	<u>Description</u>	<u>Amount</u>
	COMBINED FEDERAL CAMPAIGN	\$
Total		\$ <u>0</u>

Escrow account - EOY

<u>Code</u>	<u>Description</u>	<u>Amount</u>
	COMBINED FEDERAL CAMPAIGN	\$
Total		\$ <u>0</u>

55-0562858

Federal Statements

FYE: 12/31/2017

Revenue-donated services

<u>Description</u>	<u>Amount</u>
CONTRIBUTED MEDIA	\$ <u>26,768</u>
Total	\$ <u><u>26,768</u></u>

Expenses-donated services

<u>Description</u>	<u>Amount</u>
CONTRIBUTED MEDIA	\$ <u>26,768</u>
Total	\$ <u><u>26,768</u></u>

DANCING WITH THE STARS**Other Costs**

<u>Description</u>	<u>Amount</u>
DIRECT EXPENSES	\$ <u>95,799</u>
Total	\$ <u><u>95,799</u></u>

55-0562858

Federal Statements

FYE: 12/31/2017

DENIM FOR A DIFFERENCE**Other Costs**

<u>Description</u>	<u>Amount</u>
DIRECT EXPENSES	\$ <u>116</u>
Total	\$ <u><u>116</u></u>

55-0562858

Federal Statements

FYE: 12/31/2017

WONDERLAND OF TREES**Other Costs**

<u>Description</u>	<u>Amount</u>
DIRECT EXPENSES	\$ <u>5,992</u>
Total	\$ <u><u>5,992</u></u>

55-0562858

Federal Statements

FYE: 12/31/2017

OTHER SPECIAL PROJECTS**Other Costs**

<u>Description</u>	<u>Amount</u>
DIRECT EXPENSES	\$ <u>6,369</u>
Total	\$ <u><u>6,369</u></u>

55-0562858

Federal Statements

FYE: 12/31/2017

SWING INTO SPRING**Other Costs**

<u>Description</u>	<u>Amount</u>
DIRECT EXPENSES	\$ <u>4,896</u>
Total	\$ <u><u>4,896</u></u>

55-0562858

Federal Statements

FYE: 12/31/2017

COLOR RUN**Other Costs**

<u>Description</u>	<u>Amount</u>
DIRECT EXPENSES	\$ <u>6,771</u>
Total	\$ <u><u>6,771</u></u>