

90390F23
UNITED WAY OF SOUTHWEST VIRGINIA,

2022 Client

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning 07/01/22, and ending 06/30/23

UNITED WAY OF SOUTHWEST VIRGINIA, 54-0718860
INC.

Net Asset / Fund Balance at Beginning of Year 2,766,822

Revenue

Contributions	<u>16,670,227</u>	
Program service revenue		
Investment income	<u>62,903</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses	<u>16,349</u>	
Net income	<u>-16,349</u>	
Other income	<u>1,140,935</u>	
Total revenue		<u>17,857,716</u>

Expenses

Program services	<u>8,784,880</u>	
Management and general	<u>235,527</u>	
Fundraising	<u>430,500</u>	
Total expenses		<u>9,450,907</u>
Excess / (deficit)		<u>8,406,809</u>

Changes

Net Asset / Fund Balance at End of Year 11,173,631

Reconciliation of Revenue

Total revenue per financial statements	<u>17,790,375</u>	
Less:		
Unrealized gains	_____	
Donated services	_____	
Recoveries	_____	
Other	<u>16,349</u>	
Plus:		
Investment expenses	_____	
Other	<u>83,690</u>	
Total revenue per return	<u>17,857,716</u>	

Reconciliation of Expenses

Total expenses per financial statements	<u>9,383,566</u>	
Less:		
Donated services	_____	
Prior year adjustments	_____	
Losses	_____	
Other	<u>16,349</u>	
Plus:		
Investment expenses	_____	
Other	<u>83,690</u>	
Total expenses per return	<u>9,450,907</u>	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>3,887,029</u>	<u>18,770,963</u>	
Liabilities	<u>1,120,207</u>	<u>7,597,332</u>	
Net assets	<u>2,766,822</u>	<u>11,173,631</u>	<u>8,406,809</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/24
 Failure to file penalty _____

**HBC CPAs
PO Box 821
Abingdon, VA 24212
276-628-1123**

June 24, 2024

CONFIDENTIAL

UNITED WAY OF SOUTHWEST VIRGINIA,
INC.
P.O. BOX 644
ABINGDON, VA 24212

Dear :

We have prepared the enclosed amended returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your amended Form 990 for the tax year ended 6/30/23 shows no balance due.

Your amended return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your amended return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

HBC CPAs
PO Box 821
Abingdon, VA 24212

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

HBC CPAs

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 7/01, 2022, and ending 6/30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer UNITED WAY OF SOUTHWEST VIRGINIA, INC. EIN or SSN 54-0718860

Name and title of officer or person subject to tax MARK SEAMON
VP OF FINANCE & OPS

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>17,857,716</u>
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 V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize HBC CPAS to enter my PIN 90390 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Mark Seamon Date 06/24/24

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.

54693281123
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature DAVID B. BROWN, CPA Date 06/24/24

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2022)

Form **990**

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2022 calendar year, or tax year beginning 07/01/22 , **and ending** 06/30/23

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

C Name of organization: UNITED WAY OF SOUTHWEST VIRGINIA, INC.
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 644 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: ABINGDON VA 24212

D Employer identification number: 54-0718860
E Telephone number:
G Gross receipts\$ 17,874,065

F Name and address of principal officer:
 TRAVIS STATON
 PO BOX 644
 ABINGDON VA 24212

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) () (insert no.) 4947(a)(1) or 527

J Website: UNITEDWAYSVA.ORG **H(c)** Group exemption number:

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

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"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	49
	6 Total number of volunteers (estimate if necessary)	6	2000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 1	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,074,076	16,670,227
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,272	62,903
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	97,254	1,124,586
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,178,602	17,857,716
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,477,979	5,809,935
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,010,059	2,567,654
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 430,500		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	955,478	1,073,318
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,443,516	9,450,907
19 Revenue less expenses. Subtract line 18 from line 12	735,086	8,406,809	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,887,029	18,770,963
	22 Net assets or fund balances. Subtract line 21 from line 20	1,120,207	7,597,332
		2,766,822	11,173,631

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: MARK SEAMON Date: VP OF FINANCE & OPS
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: DAVID B. BROWN, CPA Preparer's signature: DAVID B. BROWN, CPA Date: 06/24/24 Check if self-employed PTIN: P00745399
 Firm's name: HBC CPAS Firm's EIN: 06-1662488
 Firm's address: PO BOX 821 ABINGDON, VA 24212 Phone no.: 276-628-1123

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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 \$ 8,784,880 including grants of\$ 5,809,935) (Revenue \$)
SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses 8,784,880

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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
25b			X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28a		X	
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
29		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
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			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
32			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
33			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
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			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>		
35b			
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
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	
38		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	49		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. 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 on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O.		X

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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on 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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
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?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed VA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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

UNITED WAY OF SOUTHWEST VIRGINIA 1096 OLE BERRY DRIVE
ABINGDON

VA 24210

276-525-0122

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) TRAVIS STATON CEO	50.00 0.00			X				131,556	0	0
(2) STACEY ELY DIRECTOR	1.00 0.00	X						0	0	0
(3) BRENDAN MCSHEEHY DIRECTOR-CHAIR	1.00 0.00	X		X				0	0	0
(4) KRIS WESTOVER DIRECTOR-VICE CHAIR	1.00 0.00	X		X				0	0	0
(5) ALAN JONES, JR. DIRECTOR-TREASURER	1.00 0.00	X		X				0	0	0
(6) CHUCK SLEMP DIRECTOR	1.00 0.00	X						0	0	0
(7) RICK NUNLEY DIRECTOR	1.00 0.00	X						0	0	0
(8) TODD ASBURY DIRECTOR	1.00 0.00	X						0	0	0
(9) CAMERON BELL DIRECTOR-SECRETARY	1.00 0.00	X		X				0	0	0
(10) HASKEL BLEDSOE DIRECTOR	1.00 0.00	X						0	0	0
(11) KALEN HUNTER DIRECTOR	1.00 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ANDRE RICHMOND	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) AJ ROBINSON	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) DONNA HENRY	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) DENNIS CARTER	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) JONATHAN SWEET	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) WHITNEY CZELUSNIAK	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) CHAD WHITTINGTON	1.00									
DIRECTOR	0.00	X					0	0	0	
(19) MARK SEAMON	40.00									
VP OF FINANCE & OPS	0.00			X			0	0	0	
1b Subtotal							131,556			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							131,556			

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 1

	Yes	No
3 Did the organization list any former officer, director, 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 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	9,881,454				
	b Membership dues	1b					
	c Fundraising events	1c	34,134				
	d Related organizations	1d					
	e Government grants (contributions)	1e	6,710,426				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	44,213				
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,894,213				
	h Total. Add lines 1a-1f			16,670,227			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		62,903	62,903			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ 34,134 of contributions reported on line 1c). See Part IV, line 18	8a						
		b Less: direct expenses	8b	16,349			
		c Net income or (loss) from fundraising events		-16,349			
9a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a CONTRACT SERVICES	Business Code	1,125,015	1,125,015			
	b MISCELLANEOUS INCOME		15,920	15,920			
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			1,140,935			
12 Total revenue. See instructions			17,857,716	1,203,838	0	0	

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	3,942,534	3,942,534		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,867,401	1,867,401		
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	131,556	105,245	19,733	6,578
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,974,675	1,678,474	98,733	197,468
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	50,527	42,948	2,526	5,053
9 Other employee benefits	249,497	212,073	12,475	24,949
10 Payroll taxes	161,399	137,189	8,070	16,140
11 Fees for services (nonemployees):				
a Management	327,132	278,062	16,357	32,713
b Legal				
c Accounting	13,000	11,050	650	1,300
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
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	72,619	63,785	8,503	331
13 Office expenses	64,390	55,606	3,271	5,513
14 Information technology	194,133	155,307	19,413	19,413
15 Royalties				
16 Occupancy	89,891	76,407	6,742	6,742
17 Travel	59,323	40,032	9,238	10,053
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	81,129	61,318	4,088	15,723
20 Interest				
21 Payments to affiliates	20,425		20,425	
22 Depreciation, depletion, and amortization	38,468	32,698	3,847	1,923
23 Insurance	4,652	3,954	233	465
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UNCOLLECTIBLE PLEDGES	83,690			83,690
b PROFESSIONAL DEVELOPMENT	13,553	11,521	677	1,355
c MISCELLANEOUS	10,913	9,276	546	1,091
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,450,907	8,784,880	235,527	430,500
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 SheetCheck 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	500	1	500
	2 Savings and temporary cash investments	1,351,763	2	4,214,333
	3 Pledges and grants receivable, net	1,427,860	3	1,990,865
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	1,893,489
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	131,432	9	155,966
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,728,596		
	b Less: accumulated depreciation	10b 228,761	975,474	10c 10,499,835
	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		15	15,975
16 Total assets. Add lines 1 through 15 (must equal line 33)		3,887,029	16	18,770,963
Liabilities	17 Accounts payable and accrued expenses	75,272	17	371,580
	18 Grants payable		18	
	19 Deferred revenue	427,546	19	3,599,519
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	617,389	23	3,580,808
	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		25	45,425
	26 Total liabilities. Add lines 17 through 25		1,120,207	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,010,050	27	3,100,006
	28 Net assets with donor restrictions	756,772	28	8,073,625
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances		2,766,822	32
33 Total liabilities and net assets/fund balances		3,887,029	33	18,770,963

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	17,857,716
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,450,907
3	Revenue less expenses. Subtract line 2 from line 1	3	8,406,809
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,766,822
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,173,631

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 on 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
b 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	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization UNITED WAY OF SOUTHWEST VIRGINIA, INC.	Employer identification number 54-0718860
--	---

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).)
- 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 on 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						

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

Schedule A (Form 990) 2022

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)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,518,655	4,383,270	4,518,841	7,075,320	8,820,227	27,316,313
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	2,518,655	4,383,270	4,518,841	7,075,320	8,820,227	27,316,313
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)						4,870,676
6 Public support. Subtract line 5 from line 4						22,445,637

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2,518,655	4,383,270	4,518,841	7,075,320	8,820,227	27,316,313
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,551	6,674	3,197	7,272	62,903	83,597
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.)	18,000					18,000
11 Total support. Add lines 7 through 10						27,417,910
12 Gross receipts from related activities, etc. (see instructions)					12	1,227,617

13 First 5 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 2022 (line 6, column (f) divided by line 11, column (f))	14	81.86%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.69%

16a 33 1/3% support test—2022. 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—2021. 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—2022. 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—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2022.** 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—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
	11c		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<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 governmental entity (see instructions).</i>		
2	Activities Test. Answer lines 2a and 2b below.		
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>		
	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
	3a		
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>		
	3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

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

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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.)

SUPPORTING SCHEDULE - UNUSUAL GRANTS

BUILDING DONATION \$ 5,850,000

CONSTRUCTION-RELATED PLEDGE \$ 2,000,000

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ 18,000

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

UNITED WAY OF SOUTHWEST VIRGINIA,
INC.

Employer identification number

54-0718860

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 foundationCheck 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- 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), 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).

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

Schedule B (Form 990) (2022)

Name of organization

UNITED WAY OF SOUTHWEST VIRGINIA,

Employer identification number

54-0718860

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	TOWN CENTRE OF ABINGDON, LLC 1 FOOD CITY CIRCLE ABINGDON VA 24210	\$ 5,850,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	K-VA-T FOOD STORES, INC. 1 FOOD CITY CIRCLE ABINGDON VA 24210	\$ 2,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	VIRGINIA DEPARTMENT OF EDUCATION PO BOX 2120 RICHMOND VA 23218	\$ 796,576	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	VIRGINIA EARLY CHILDHOOD FOUNDATION 1703 N PARHAM RD SUITE 110 RICHMOND VA 23229	\$ 5,170,816	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.)

Name of organization

UNITED WAY OF SOUTHWEST VIRGINIA,

Employer identification number

54-0718860

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	IN-KIND DONATION OF BUILDING	\$ 5,850,000	04/28/23

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

UNITED WAY OF SOUTHWEST VIRGINIA, INC.

Employer identification number

54-0718860

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, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring details.

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, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for 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 make 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 program
- e** Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 %
- b** Permanent endowment %
- c** Term endowment %

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	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		2,792,277		2,792,277
b Buildings		6,923,701	153,773	6,769,928
c Leasehold improvements				
d Equipment		59,797	44,637	15,160
e Other		952,821	30,351	922,470
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,499,835

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.)		

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.)		

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.)	

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) INTEREST PAYABLE	29,196
(3) FINANCE LEASE LIABILITY	16,229
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	45,425

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

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	17,790,375
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	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	16,349
e	Add lines 2a through 2d	2e	16,349
3	Subtract line 2e from line 1	3	17,774,026
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	83,690
c	Add lines 4a and 4b	4c	83,690
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	17,857,716

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	9,383,566
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	16,349
e	Add lines 2a through 2d	2e	16,349
3	Subtract line 2e from line 1	3	9,367,217
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	83,690
c	Add lines 4a and 4b	4c	83,690
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,450,907

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

F/R EXPENSE CLASSIFICATION \$ 16,349

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

BAD DEBT EXPENSE \$ 83,690

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

F/R EXPENSE CLASSIFICATION \$ 16,349

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

BAD DEBT EXPENSE \$ 83,690

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, 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 instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **UNITED WAY OF SOUTHWEST VIRGINIA, INC.**

Employer identification number
54-0718860

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.

.....

.....

.....

.....

.....

**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

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Name of the organization **UNITED WAY OF SOUTHWEST VIRGINIA, INC.** Employer identification number **54-0718860**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BLUE MOUNTAIN THERAPY 27018 LEE HWY ABINGDON VA 24211	46-3493168		336,667				DAYCARE SUPPORT
(2)	BRIGHT BEGINNINGS DAYCARE PO BOX 535 CASTLEWOOD VA 24224	47-4637594		240,000				DAYCARE SUPPORT
(3)	BRISTOL VA PUBLIC SCHOOLS 280 LEE STREET BRISTOL VA 24201	54-6001160		16,667				K-CAMPS
(4)	COPPER HILL CHILDCARE 9907 FLOYD HWY N COPPER HILL VA 24079	03-0571414		100,000				DAYCARE SUPPORT
(5)	DARLA MARTIN 60 BRUMLEY CIRCLE LEBANON VA 24266	20-4999993		78,533				DAYCARE SUPPORT
(6)	DISCOVERY DAYCARE, INC PO BOX 1091 LEBANON VA 24266	84-4677226		308,667				DAYCARE SUPPORT
(7)	FIRST UNITED METHODIST PRESCHOOL 115 SOUTH CHURCH ST MARION VA 24354	26-3595404		100,000				DAYCARE SUPPORT
(8)	ITTY BITTIES ACADEMY 104 W GLADE ST GLADE SPRING VA 24068	86-3940406		226,000				DAYCARE SUPPORT
(9)	KIDS KIKKIN IT PRE-K LLC 585 STAFFORD UMEBERGER DR WYTHEVILLE VA 24382	86-3982928		183,333				DAYCARE SUPPORT

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

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

Schedule I (Form 990) (2022)

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF SOUTHWEST VIRGINIA, INC.

Employer identification number 54-0718860

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?
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include LIDDLE ADVENTURES LEARNING ACADEMY, LIDDLE TYKES CHILDCARE, LIVE LAUGH LEARN, MARY THOMAS, MISS AMY'S CHILD CARE CENTER, PEOPLE INCORPORATED, PULASKI COMMUNITY YOUTH CENTER, RADFORD CHILD DEVELOPMENT, and RAINBOW RIDERS CHILDCARE KWD.

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

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

Schedule I (Form 990) (2022)

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization UNITED WAY OF SOUTHWEST VIRGINIA, INC.

Employer identification number 54-0718860

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?
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include: (1) ROOFTOP OF VIRGINIA CAP, INC., (2) STEPPING STONES ACADEMY, (3) TENDER TOTS LEARNING ACADEMY LLC, (4) THE IMAGINATION STATION, (5) VALLEY INTERFAITH CHILD CARE CENTER, (6) VIRGINIA TECH CHILD DEV. CENTER.

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

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

Schedule I (Form 990) (2022)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 FOOD PURCHASES			34,287	FMV	MEALS
2 DAYCARE MATERIALS		144,766		FMV	
3 OTHER DIRECT ASSISTANCE		315,270		FMV	
4 IN-KIND EXPENSES			42,661	FMV	SERVICES
5 BUCHANAN DISASTER RELIEF		1,144,553		FMV	
6 DAYCARE PROF DEVELOPMENT		185,864		FMV	
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE MONITORING PROCESS FOR THE USE OF UNITED WAY OF SOUTHWEST VIRGINIA GRANT FUNDS IS ACCOMPLISHED BY HAVING WRITTEN A CONTRACT WITH EACH GRANTEE.

THE CONTRACT WOULD DESCRIBE THE SCOPE OF THE GRANT PROGRAM AND AGREED UPON RESPONSIBILITIES OF BOTH THE UNITED WAY OF SOUTHWEST VIRGINIA AND THE GRANTEE. THE GRANTEE WOULD RECEIVE FUNDS AFTER SUBMITTING A MONTHLY REPORT SHOWING COMPLIANCE WITH THE TERMS OF THE CONTRACT.

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization UNITED WAY OF SOUTHWEST VIRGINIA, INC.	Employer identification number 54-0718860
---	--

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)	K-VA-T FOOD STORES, INC. CONSTRUCTION-RELATED DONATION			SUBSTANTIAL CONTRIBU			X	2,000,000	1,893,489
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$	1,893,489					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open To Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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 SOUTHWEST VIRGINIA, I

Employer identification number

54-0718860

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books and publications, Real estate, Food inventory, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods, gift acceptance policies, and solicitation.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization UNITED WAY OF SOUTHWEST VIRGINIA, INC.	Employer identification number 54-0718860
---	--

AMENDED RETURN EXPLANATION

AUDIT WAS COMPLETED AND FINALIZED FOR THE ENTITY'S PERIOD ENDING JUNE 30,
2023.

FORM 990 - ORGANIZATION'S MISSION

UNITED WAY OF SOUTHWEST VIRGINIA FIGHTS FOR THE HEALTH, EDUCATION AND
FINANCIAL STABILITY OF EVERY PERSON IN SOUTHWEST VIRGINIA BECAUSE THEY ARE
THE BUILDING BLOCKS FOR A GOOD QUALITY OF LIFE. THROUGH AN INITIATIVE-
BASED CRADLE-TO-CAREER APPROACH, UNITED WAY OF SOUTHWEST VIRGINIA IS
CREATING SUSTAINABLE SOLUTIONS TO ADDRESS THE CHALLENGES FACING TOMORROW'S
WORKFORCE. UNITED WAY CONVENES CROSS-SECTOR PARTNERS TO MAKE AN IMPACT ON
THE MOST COMPLEX PROBLEMS IN OUR REGION. THROUGH COLLABORATION WITH
GOVERNMENT, BUSINESS, NONPROFIT AND INDIVIDUALS, UNITED WAY INNOVATES FOR
POSITIVE, LASTING SOCIAL CHANGE. WITH A FOOTPRINT THAT COVERS NEARLY 19%
OF THE STATE OF VIRGINIA, UNITED WAY OF SOUTHWEST VIRGINIA PROGRAMS AND
INITIATIVES SERVE THE COUNTIES OF BLAND, BUCHANAN, CARROLL, DICKENSON,
FLOYD, GILES, GRAYSON, LEE, MONTGOMERY, PULASKI, RUSSELL, SCOTT, SMYTH,
TAZEWELL, WASHINGTON, WISE, AND WYTHE, AND THE CITIES OF BRISTOL, GALAX,
NORTON, AND RADFORD.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

UNITED WAY OF SOUTHWEST VIRGINIA FIGHTS FOR THE HEALTH, EDUCATION AND
FINANCIAL STABILITY OF EVERY PERSON IN SOUTHWEST VIRGINIA BECAUSE THEY ARE
THE BUILDING BLOCKS FOR A GOOD QUALITY OF LIFE. THROUGH AN INITIATIVE-
BASED CRADLE-TO-CAREER APPROACH, UNITED WAY OF SOUTHWEST VIRGINIA IS

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

UNITED WAY OF SOUTHWEST VIRGINIA,

54-0718860

CREATING SUSTAINABLE SOLUTIONS TO ADDRESS THE CHALLENGES FACING TOMORROW'S WORKFORCE. UNITED WAY CONVENES CROSS-SECTOR PARTNERS TO MAKE AN IMPACT ON THE MOST COMPLEX PROBLEMS IN OUR REGION. THROUGH COLLABORATION WITH GOVERNMENT, BUSINESS, NONPROFIT AND INDIVIDUALS, UNITED WAY INNOVATES FOR POSITIVE, LASTING SOCIAL CHANGE. WITH A FOOTPRINT THAT COVERS NEARLY 19% OF THE STATE OF VIRGINIA, UNITED WAY OF SOUTHWEST VIRGINIA PROGRAMS AND INITIATIVES SERVE THE COUNTIES OF BLAND, BUCHANAN, CARROLL, DICKENSON, FLOYD, GILES, GRAYSON, LEE, MONTGOMERY, PULASKI, RUSSELL, SCOTT, SMYTH, TAZEWELL, WASHINGTON, WISE, AND WYTHE, AND THE CITIES OF BRISTOL, GALAX, NORTON, AND RADFORD.

UNITED WAY OF SOUTHWEST VIRGINIA IS FIGHTING FOR:

- THE HEALTH OF THE REGION BY PROMOTING HEALTHY EATING, LOWERING THE COST OF PRESCRIPTION MEDICATIONS, BUILDING A MORE RESILIENT COMMUNITY, AND INTEGRATING HEALTH INTO EARLY CHILDHOOD DEVELOPMENT.
- THE EDUCATION OF THE REGION BY MAKING SURE CHILDREN AND YOUTH CAN START SCHOOL READY TO SUCCEED, BECOME PROFICIENT READERS AT A YOUNG AGE, STAY ON TRACK IN MIDDLE SCHOOL, EARN THEIR HIGH SCHOOL DIPLOMA, AND PURSUE A HIGHER EDUCATION OR CAREER.
- THE FINANCIAL STABILITY OF THE REGION BY EMPOWERING PEOPLE TO GET ON STABLE FINANCIAL GROUND WITH PROVEN METHODS LIKE TAX PREPARATION ASSISTANCE AND COMMUNITY PARTNERSHIPS AIMED AT HELPING LOCAL FAMILIES KEEP THEIR HARD-EARNED MONEY. THE RESULT IS A THRIVING COMMUNITY WHERE EVERYONE HAS MORE OPPORTUNITY TO SUCCEED.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A COPY OF FORM 990 IS PROVIDED TO FINANCE COMMITTEE MEMBERS FOR REVIEW AND APPROVAL PRIOR TO FILING THE TAX RETURN.

Name of the organization

Employer identification number

UNITED WAY OF SOUTHWEST VIRGINIA,

54-0718860

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

UWSWVA BOARD MEMBERS, STAFF MEMBERS, VOLUNTEERS OR REPRESENTATIVES SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY AND DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST SUCH AS FINANCIAL RELATIONSHIP, AGENCY BOARD MEMBER, ETC. THE SIGNED DOCUMENT WILL BE MAINTAINED IN THE INDIVIDUAL'S UWSWVA FILE. ANY POSSIBLE CONFLICT OF INTEREST ON THE PART OF A BOARD MEMBER, STAFF, VOLUNTEER OR REPRESENTATIVE SHALL BE DISCLOSED TO THE CHIEF EXECUTIVE OFFICER OR BOARD LEADERSHIP WHO WILL TAKE THE MATTER TO THE EXECUTIVE COMMITTEE OR FULL BOARD. BOTH THE MINUTES OF THE EXECUTIVE COMMITTEE AND THE BOARD SHALL REFLECT SUCH DISCLOSURE. ANY BOARD MEMBER, STAFF MEMBER, VOLUNTEER OR REPRESENTATIVE HAVING SUCH A POSSIBLE CONFLICT OF INTEREST SHALL NOT ACT, MAKE RECOMMENDATIONS OR USE HIS OR HER INFLUENCE ON THE MATTER IN QUESTION. THE FOREGOING SHALL NOT BE CONSTRUED TO PREVENT A BOARD MEMBER, STAFF MEMBER, VOLUNTEER OR REPRESENTATIVE FROM BRIEFLY STATING HIS OR HER POSITION ON THE MATTER OR FROM ANSWERING PERTINENT QUESTIONS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

IN ORDER TO RECRUIT AND RETAIN QUALIFIED AND EXCEPTIONAL STAFF, UWSWVA DEPLOYS AND ADHERES TO A COMPENSATION PERCENTAGE PROCEDURE BASED ON COMPETITIVE STANDARDS AND BENCHMARKS WHICH ENSURE COMPETITIVE PAY FOR ALL STAFF. THIS PROCEDURE TAKES THE FORM OF PERIODIC (NORMALLY ANNUAL) PERFORMANCE BASED SALARY INCREASES. AN OVERALL PERCENT OF SALARY BUDGET IS APPROVED BY THE BOARD OF DIRECTORS, WHICH MUST BE APPROVED BY THE BOARD PRIOR TO IMPLEMENTATION, FOR SALARY/PAY RANGES FOR ALL POSITIONS USING THE MOST CURRENT UNITED WAY WORLDWIDE (UWW) STANDARD SALARY SURVEY GUIDE TO

Name of the organization

Employer identification number

UNITED WAY OF SOUTHWEST VIRGINIA,

54-0718860

PROVIDE THE FRAMEWORK FOR SALARY/PAY RANGES. THE COMPENSATION COMMITTEE ALSO ENSURES THAT STAFF POSITIONS ARE PROPERLY ALIGNED WITH UWW POSITION CODES AND ASSESS WHETHER THE SALARY STRUCTURE FOR EACH POSITION IS APPROPRIATE BASED ON THE DUTIES OF THE POSITION AND COMPARABLE RANGES WITH DATA FROM SALARY/BENEFIT SURVEYS OF OTHER LOCAL UNITED WAYS AND COMPARABLE SIZE BUSINESSES. RANGES ARE REVIEWED BY THE COMPENSATION COMMITTEE ON AN ANNUAL BASIS AND UPDATED AS NEEDED. RECOMMENDATIONS FOR CHANGES IN SALARY RANGES ARE MADE BY THE COMPENSATION COMMITTEE AND PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL. THE CEO CONDUCTS ANNUAL PERFORMANCE REVIEWS OF STAFF MEMBERS OTHER THAN HIM/HERSELF. THE EXECUTIVE COMMITTEE OF THE BOARD CONDUCTS THE ANNUAL PERFORMANCE REVIEW OF THE CEO. SALARY INCREASES ARE BASED ON PERFORMANCE AND COST OF LIVING AND HAVE HISTORICALLY BEEN EFFECTIVE JULY 1ST OF EACH YEAR.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
SAME AS 15A

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
COPIES OF FINANCIAL STATEMENTS AND FORMS 990 ARE POSTED ON ORGANIZATION'S WEBSITE: UNITEDWAYSVA.ORG. FORMS ARE ALSO AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

F/R EXPENSE CLASSIFICATION	\$	16,349
BAD DEBT EXPENSE	\$	-83,690
F/R EXPENSE CLASSIFICATION	\$	-16,349
BAD DEBT EXPENSE	\$	83,690

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment Sequence No. **179**

Name(s) shown on return **UNITED WAY OF SOUTHWEST VIRGINIA, INC.** Identifying number **54-0718860**

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	1,080,000
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	2,700,000
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 2021 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 2023. 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	35,946

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 2022	17	0
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 type="checkbox"/>		

Section B—Assets Placed in Service During 2022 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	
i	Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	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	35,946
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.

Form **4562** (2022)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Land - Ole Berry	12/20/13	412,316			412,316	0 -- Land	0	0
2	Land - Town Centre	4/28/23	2,379,961			2,379,961	0 -- Land	0	0
3	Paving - Town Centre	4/28/23	230,966			230,966	15 -- Memo	0	0
4	Building - Ole Berry	12/20/13	647,461			647,461	40 MO S/L	137,587	16,186
5	Building - Town Centre	4/28/23	6,276,240			6,276,240	20 -- Memo	0	0
6	Town Centre CIP	6/30/23	586,060			586,060	0 -- Memo	0	0
7	Conf Room Reno - Ole Berry	4/27/14	4,864			4,864	15 MO S/L	2,651	324
8	HVAC - Ole Berry	6/03/16	7,400			7,400	15 MO S/L	3,003	493
9	Entrance Doors - Ole Berry	7/27/18	7,324			7,324	15 MO S/L	1,915	488
10	2010 Ford Mercury Milan	3/31/15	10,000			10,000	5 MO S/L	10,000	0
11	2010 Chevy Impala	3/31/16	9,269			9,269	5 MO S/L	9,269	0
12	2013 Nissan Altima Grey	4/13/17	10,876			10,876	5 MO S/L	10,876	0
13	2016 Nissan Altima Red	12/10/19	14,000			14,000	5 MO S/L	7,000	2,800
14	2008 Ford Mercury Milan	12/10/19	2,500			2,500	3 MO S/L	2,083	417
15	2015 Nissan Altima	12/30/22	13,152			13,152	3 MO S/L	0	2,192
16	Dell PowerEdge T440	6/06/19	6,904			6,904	5 MO S/L	4,145	1,381
17	Microsoft Surface Pro 2 Studio Computer	5/25/21	4,200			4,200	5 MO S/L	840	840
18	Samsung 75" Flip Panel Display	5/20/22	3,700			3,700	5 MO S/L	0	740
19	Supermicro 1U WIO Superserver	12/21/22	8,969			8,969	5 MO S/L	0	897
20	Miller Mobile Arc Welding Simulator	6/28/23	3,572			3,572	5 MO S/L	0	0
21	Miller Mobile Arc Welding Simulator	6/28/23	3,572			3,572	5 MO S/L	0	0
22	Miller Mobile Arc Welding Simulator	6/28/23	3,572			3,572	5 MO S/L	0	0
23	Miller Mobile Arc Welding Simulator	6/28/23	3,572			3,572	5 MO S/L	0	0
24	Miller Mobile Arc Welding Simulator	6/28/23	3,572			3,572	5 MO S/L	0	0
25	Miller Augmented Arc	6/28/23	30,852			30,852	5 MO S/L	0	0
26	Muse Desktop Engraver & Dremel 3D Print	6/28/23	12,494			12,494	5 MO S/L	0	0
27	Viewsonic Projector Screen	6/06/23	3,664			3,664	5 MO S/L	0	0
28	Website	2/18/22	27,564			27,564	3 MO S/L	3,446	9,188
Total Other Depreciation			<u>10,728,596</u>			<u>10,728,596</u>		<u>192,815</u>	<u>35,946</u>
Total ACRS and Other Depreciation			<u>10,728,596</u>			<u>10,728,596</u>		<u>192,815</u>	<u>35,946</u>
Grand Totals			10,728,596			10,728,596		192,815	35,946
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>10,728,596</u>			<u>10,728,596</u>		<u>192,815</u>	<u>35,946</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
Other Depreciation:					
1	Land - Ole Berry	12/20/13	412,316	0	0
2	Land - Town Centre	4/28/23	2,379,961	0	0
3	Paving - Town Centre	4/28/23	230,966	0	0
4	Building - Ole Berry	12/20/13	647,461	16,187	0
5	Building - Town Centre	4/28/23	6,276,240	0	0
6	Town Centre CIP	6/30/23	586,060	0	0
7	Conf Room Reno - Ole Berry	4/27/14	4,864	324	0
8	HVAC - Ole Berry	6/03/16	7,400	494	0
9	Entrance Doors - Ole Berry	7/27/18	7,324	488	0
10	2010 Ford Mercury Milan	3/31/15	10,000	0	0
11	2010 Chevy Impala	3/31/16	9,269	0	0
12	2013 Nissan Altima Grey	4/13/17	10,876	0	0
13	2016 Nissan Altima Red	12/10/19	14,000	2,800	0
14	2008 Ford Mercury Milan	12/10/19	2,500	0	0
15	2015 Nissan Altima	12/30/22	13,152	4,384	0
16	Dell PowerEdge T440	6/06/19	6,904	1,378	0
17	Microsoft Surface Pro 2 Studio Computer	5/25/21	4,200	840	0
18	Samsung 75" Flip Panel Display	5/20/22	3,700	740	0
19	Supermicro 1U WIO Superserver	12/21/22	8,969	1,794	0
20	Miller Mobile Arc Welding Simulator	6/28/23	3,572	714	0
21	Miller Mobile Arc Welding Simulator	6/28/23	3,572	714	0
22	Miller Mobile Arc Welding Simulator	6/28/23	3,572	714	0
23	Miller Mobile Arc Welding Simulator	6/28/23	3,572	714	0
24	Miller Mobile Arc Welding Simulator	6/28/23	3,572	714	0
25	Miller Augmented Arc	6/28/23	30,852	6,170	0
26	Muse Desktop Engraver & Dremel 3D Printers	6/28/23	12,494	2,499	0
27	Viewsonic Projector Screen	6/06/23	3,664	733	0
28	Website	2/18/22	27,564	9,188	0
	Total Other Depreciation		<u>10,728,596</u>	<u>51,589</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>10,728,596</u>	<u>51,589</u>	<u>0</u>
	Grand Totals		<u>10,728,596</u>	<u>51,589</u>	<u>0</u>

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning 07/01/22, ending 06/30/23		

Name: UNITED WAY OF SOUTHWEST VIRGINIA, INC.
 Taxpayer Identification Number: 54-0718860

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	2,141,519	9,959,801	7,818,282
	2. Membership dues and assessments			
	3. Government contributions and grants	4,932,557	6,710,426	1,777,869
	4. Program service revenue			
	5. Investment income	7,272	62,903	55,631
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events		-16,349	-16,349
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	97,254	1,140,935	1,043,681
	12. Total revenue. Add lines 1 through 11	7,178,602	17,857,716	10,679,114
Expenses	13. Grants and similar amounts paid	3,477,979	5,809,935	2,331,956
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	118,300	131,556	13,256
	16. Salaries, other compensation, and employee benefits	1,891,759	2,436,098	544,339
	17. Professional fundraising fees			
	18. Other professional fees	278,576	340,132	61,556
	19. Occupancy, rent, utilities, and maintenance	79,972	89,891	9,919
	20. Depreciation and Depletion	28,517	38,468	9,951
	21. Other expenses	568,413	604,827	36,414
	22. Total expenses. Add lines 13 through 21	6,443,516	9,450,907	3,007,391
	23. Excess or (Deficit). Subtract line 22 from line 12	735,086	8,406,809	7,671,723
Other Information	24. Total exempt revenue	7,178,602	17,857,716	10,679,114
	25. Total unrelated revenue			
	26. Total excludable revenue	104,526	1,203,838	1,099,312
	27. Total assets	3,887,029	18,770,963	14,883,934
	28. Total liabilities	1,120,207	7,597,332	6,477,125
	29. Retained earnings	2,766,822	11,173,631	8,406,809
	30. Number of voting members of governing body	19	17	
31. Number of independent voting members of governing body	19	17		
32. Number of employees	44	49		
33. Number of volunteers	2000	2000		

Form **990****Tax Return History****2022**Name UNITED WAY OF SOUTHWEST VIRGINIA,
INC.Employer Identification Number
54-0718860

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	2,951,781	2,518,655	4,383,270	7,074,076	16,670,227	
Membership dues						
Program service revenue						
Capital gain or loss	-36,002	-5,737				
Investment income	5,626	5,517	6,674	7,272	62,903	
Fundraising revenue (income/loss)					-16,349	
Gaming revenue (income/loss)						
Other revenue	23,806	18,000		97,254	1,140,935	
Total revenue	2,945,211	2,536,435	4,389,944	7,178,602	17,857,716	
Grants and similar amounts paid	1,286,431	507,103	1,585,288	3,477,979	5,809,935	
Benefits paid to or for members						
Compensation of officers, etc.	105,408	92,979		118,300	131,556	
Other compensation	984,452	1,229,849	1,604,829	1,891,759	2,436,098	
Professional fees	188,378	188,169	161,082	278,576	340,132	
Occupancy costs	65,339	68,522	67,404	79,972	89,891	
Depreciation and depletion	34,289	27,617	27,038	28,517	38,468	
Other expenses	386,059	517,016	464,998	568,413	604,827	
Total expenses	3,050,356	2,631,255	3,910,639	6,443,516	9,450,907	
Excess or (Deficit)	-105,145	-94,820	479,305	735,086	8,406,809	
Total exempt revenue	2,945,211	2,536,435	4,389,944	7,178,602	17,857,716	
Total unrelated revenue						
Total excludable revenue	-6,570	17,780	6,674	104,526	1,203,838	
Total Assets	2,900,972	2,764,649	3,184,981	3,887,029	18,770,963	
Total Liabilities	872,591	831,088	901,893	1,120,207	7,597,332	
Net Fund Balances	2,028,381	1,933,561	2,283,088	2,766,822	11,173,631	

Tax-Exempt Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
INTEREST	\$ 62,903			VA		
TOTAL	<u>\$ 62,903</u>					

Schedule A, Part II - Unusual Grants

<u>Name</u>	<u>Date</u>	<u>Amount</u>	<u>Description</u>
TOWN CENTRE OF ABINGDON, LLC	4/28/23	\$ 5,850,000	BUILDING DONATION
K-VA-T FOOD STORES, INC.	4/28/23	<u>2,000,000</u>	CONSTRUCTION-RELATED PLEDGE
TOTAL		<u>\$ 7,850,000</u>	

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
CONTRIBUTIONS LESS SCH G	\$ 9,881,454
STATE AND LOCAL GRANTS	6,710,426
DONATED SERVICES AND MATERIALS	43,703
FOOD	510
CELEBRITY BAGGING	
CASH CONTRIBUTION	34,134
LESS: UNUSUAL GRANTS	<u>-7,850,000</u>
TOTAL	<u>\$ 8,820,227</u>

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
VIRGINIA DEPARTMENT OF EDUCATION	\$ 796,576	\$ 248,218
VIRGINIA EARLY CHILDHOOD FOUNDATION	5,170,816	4,622,458
TOTAL	\$ <u>5,967,392</u>	\$ <u>4,870,676</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
INTEREST	\$ 62,903
CONTRACT SERVICES	1,125,015
MISCELLANEOUS INCOME	15,920
CELEBRITY BAGGING	
TOTAL	\$ <u>1,203,838</u>

Celebrity Bagging

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
T-SHIRTS & SUPPLIES	\$ 16,349
TOTAL	\$ 16,349

