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

Open to Public

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Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

<u> </u>	רטו נוופ	2017 calendar year, or tax year beginning 000 1, 2017 and 0	ending 0	UN 30, 2016	_
В	Check if applicable	C Name of organization		D Employer identifi	cation number
Σ	Addres				
	Name change	Doing business as		26-4	444438
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	127 E CHESTNUT STREET		(610) 322-9552
	terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,726,764.
	Ameno			H(a) Is this a group re	
	Applic			for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	····· — —
$\overline{}$	Tay-eye	empt status: X 501(c)(3) 501(c) ()	or 527	1	list. (see instructions)
		e: WWW.UNITEFORHER.ORG	021	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	I Vear		State of legal domicile: PA
	art I	Summary	L Todi	or formation. 2005 N	J State of legal dofficile, 2 22
		Briefly describe the organization's mission or most significant activities: OUR 1	MISSIO	N TS TO BRT	DGE THE GAP
Activities & Governance	'	BETWEEN THE MEDICAL AND WELLNESS COMMUNITY	TIES.	1, 19 10 DILL	
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.
Ş.				3	9
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			8
დ		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			10
ij					400
ξį	1	Total number of volunteers (estimate if necessary)			0.
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.
	+ -	Net differenced business taxable income from 1 offi 990-1, life 34		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII line 1h)		1,802,126.	1,988,278.
	9	Contributions and grants (Part VIII, line 1h)		0.	0.
	140	Program service revenue (Part VIII, line 2g)		2,163.	6,928.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-138,224.	78,419.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,666,065.	2,073,625.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		19,500.	16,000.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		293,851.	458,108.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
en	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
Ä	_b			888,021.	1,465,353.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,201,372.	1,939,461.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		464,693.	
_ 0	19	Revenue less expenses. Subtract line 18 from line 12		•	134,164.
Net Assets or Fund Balances			Re	ginning of Current Year	End of Year
Ssel	20	Total assets (Part X, line 16)		860,520.	1,287,513.
et A	21	Total liabilities (Part X, line 26)		229,506.	522,335.
	22	Net assets or fund balances. Subtract line 21 from line 20		631,014.	765,178.
	art II	Signature Block			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	lich preparer	has any knowledge.	
		Signature of officer		l Date	
Sig		•		Date	
He	re	SUSAN WELDON, PRESIDENT Type or print name and title			
			11	Date Check	II PTIN
Da'		Print/Type preparer's name Preparer's signature	['	if	
Pai		HELEN M MARTIN		self-employ	
	parer	Firm's name EISNERAMPER LLP	0.0	Firm's EIN	13-1639826
USE	Only	Firm's address 130 NORTH 18TH STREET, SUITE 300	JU		15\ 001 0000
		PHILADELPHIA, PA 19103-2757		Phone no. (2	15) 881-8800
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Par	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: OUR MISSION IS TO BRIDGE THE GAP BETWEEN THE MEDICAL AND WELL	NESS
	COMMUNITIES BY FUNDING AND DELIVERING COMPLEMENTARY THERAPIES	
	SUPPORT THE PHYSICAL AND EMOTIONAL NEEDS OF THOSE WITH BREAST	
	DURING TREATMENT AND BEYOND. (CONTINUED ON SCHEDULE O - PG. 3	
2	Did the organization undertake any significant program services during the year which were not listed on the	<u> </u>
_	prior Form 990 or 990-EZ?	Yes X 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 X No
3	If "Yes," describe these changes on Schedule O.	L Tes LIL NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	hy aynanaa
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
	revenue if any fer each program conjec reported	rexpenses, and
4a	1 620 206 16 000	
44	(Code:) (Expenses \$ 1,028,200 • including grants of \$ 10,000 •) (Revenue \$ 0UTREACH AND EDUCATION	
	WELLNESS DAY PROGRAM FOR BREAST CANCER PATIENTS - UNITE FOR H	ER'S
	WELLNESS PROGRAM PROVIDES HEALING AND RELIEF TO MORE THAN 1,2	
	CANCER PATIENTS EACH YEAR IN PARTNERSHIP WITH 31 LOCAL HOSPIT	
	CANCER TREATMENT CENTERS. THIS UNIQUE PROGRAM EDUCATES NEWLY-	
	BREAST CANCER PATIENTS ABOUT HOW COMPLEMENTARY THERAPIES INCL	
	ACUPUNCTURE, ONCOLOGY MASSAGE, REIKI, YOGA, MEDITATION, EXERC	
	PROFESSIONAL COUNSELING, AND PROPER NUTRITION CAN PROVIDE REL	
	MANY OF THE SIDE-EFFECTS AND SYMPTOMS CAUSED BY TRADITIONAL M	EDICAL
	TREATMENTS. (CONTINUED ON SCHEDULE O - PG. 38)	
<u></u>		
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,628,206.	
		Form 990 (2017

14320925 759040 320193-2300

Form 990 (2017) UNITE FOR HE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	21	
ıza	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			٦,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
				_

Form **990** (2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Z-10	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		X
	Schedule K. If "No", go to line 25a	-		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_		28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	J,		├ <u>-</u>
50	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	1401017 WIT OTH 300 HIGHS die Tequilleu to complete Ochedule O	1 00		

Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11a 12b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 12b 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 15 In India Indi		Check if Schedule O contains a response or note to any line in this Part V							
18 Enter the number reported in Box 3 of Form 1066. Enter -0 if not applicable 10 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) winnings to price winners? 2 Enter the number of employees exported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3 In It all east one is reported on line 42, did the organization file all required federal employment tax returns? 3 In It all east one is reported on line 42, did the organization file all required federal employment tax returns? 3 In It was made and a separate than 250, you may be required to e-file (see instructions) 3 In It was made and a separate than 250, you may be required to e-file (see instructions) 3 In It was made and a separate than 250, you may be required to e-file (see instructions) 3 In It was made and a separate than 250, you may be required to e-file (see instructions) 3 In It was made and a separate than 250, you may be required to e-file (see instructions) 3 In It was made and a separate than 250, you may be required to e-file (see instructions) 3 In It was made and a separate than 250, you may be required to e-file (see instructions) 3 In It was made and a separate than 250, you may be required to e-file (see instructions) 3 In It was made and a separate than 250, you may be required to e-file (see instructions) 3 It was not made and a separate than 250, you may be required to e-file (see instructions) 3 In It was a separate than 250, you may be required to e-file (see instructions) 3 In It was a separate than 250, you may not the see instructions of see instructions						Yes	No		
be Enter the number of Forms W-26 included in line 1a. Enter 0-16 not applicable 10 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	131					
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) without without some without provided the provided of the calendar year ending with or within the year covered by this return. 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. 3 In the capital provided in the same of the provided of			1b	0					
(gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements. 2 Interest of the calendar year ending with or within the year covered by this return 3 Interest of the calendar year ending with or within the year covered by this return 4 Interest of the same of the foreign country (such as a bank account, securine account, or other financial accounts (FBAR). 4 If Yes, a first the name of the foreign country (such as a bank account, securine account, or other financial accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of them 889617 6 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 deductibles as charable contributions? 6 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were no tax deductibles as charables contributions? 6 If Yes, a did the organization include with every solicitation an express statement that such contributions or gifts were no tax deductibles as charable contributions? 6 If Yes, a did the organization receive a payment in excess of \$75			eporta	ble gaming					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the celendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required faderal employment tax returns? As Did the organization have unretured business gross income of \$1,000 or more during the year? 3a Did the organization have unretured business gross income of \$1,000 or more during the year? 3b If Yes, * has it filed a Form 990-T for this year? If *No,* * to time 8b, provide an explanation in Schedule O 4a At any time during the calendary are, did the organization have an interest it, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial account; or other authority over, a financial account; or other authority or a prohibited tax shelter transaction; or other authority or a prohibited account; or other authority or account and account; or other authority or account and account; or other accounts and accounts					1c	Х			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, ¹ has it field a Form 990-T for this year? If Yes, ¹ to line 3b, provide an explanation in Schedule 0 3b A at any time during the calendary 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)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prinhibited tax shelter transaction at any time during the tax year? So Did any taxable party notify the organization that if was or is a party to a prinhibited tax shelter transaction? 5c If Yes, ¹ to line Sa or 5b, did the organization flat was or is a party to a prinhibited tax shelter transaction? 5c If Yes, ¹ to line Sa or 5b, did the organization flat was or is a party to a prinhibited tax shelter transaction? 5c If Yes, ¹ to line Sa or 5b, did the organization flat were nor tax deductible? 6c If Yes, ¹ to line Sa or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, ¹ to line sa or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, ¹ to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, ¹ to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, ¹ to did the organization nective a payment in excess of \$75 made party as a c	2a								
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross is none of \$1,000 or more during the year? 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, or other financial accountly over, a financial account in a foreign country such as a bank account, or other financial accountly over, a financial account in a foreign country such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country such as a bank account, or other financial accountly over, a financial account in a foreign country such as a bank account, or other financial accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction? 5b Was the organization aparty to a prohibited tax shelter transaction? 5c In If Yes, it is used to repair a prohibited tax shelter transaction? 5c Dose 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? 5c Uses the organization related and tax deductible acchariable contributions? 6c Variations that may receive deductible contributions under section 170(c). 7c Uses, if If Yes, if did the organization nictly the donor of the value of the goods or services provided? 7r Variations that may receive deductible contributions under section 170(c). 7r Variations that may receive deductible contributions under section 170(c). 8r Versions that may receive deductible contributions under section 170(c). 8r Versions that may receive deductible contribution of contributions of contribution of contributions of cont		filed for the calendar year ending with or within the year covered by this return	2a	10					
38 Did the organization have unrelated business gross income of \$1,000 or more during the year? 44 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; leuch as a bank account, securities account, or other financial account; over, a financial account; or a foreign country; leuch as a bank account, securities account, or other financial account; over, a financial account; or a foreign country (such as a bank account, securities account, or other financial account; over, a financial account; or a foreign country (such as a bank account, securities account, or other financial account; over, a financial account; or a foreign Bank and Financial Accounts (FBAR). 58 Was the organization for foreign Central T14, Report of Foreign Bank and Financial Accounts (FBAR). 59 Was the organization have to a prohibited that shelter transaction? 50 Was 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? 60 Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). 80 If If were, did the organization notify the donor of the value of the goods or services provided to the payor? 80 If Yes, did the organization necess of \$75 made partly as contribution and partly for goods and services provided to the payor? 81 If Yes, did the organization necessed a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 81 If Yes, did the organization excelve a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 82 If Yes, did the organization excelve a payment in excess of \$75 made partly as contributions and partly for goods and services provided to the payor	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х			
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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 1 1b 1b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 11b 11c 11b 11c 11c 11c 11c 11c	10	Section 501(c)(7) organizations. Enter:	_	. [
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 15 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. 15 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 15 Enter the amount of reserves on hand 16 Did the organization receive any payments for indoor tanning services during the tax year? 16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 17 If "No," provide an explanation in Schedule O. 18 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand 13b 13c 14a									
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Pid the constitution and the constitution of t			140		x		
							-22		
	D	in res, mas it lined a Form (20 to report these payments? If two, provide an explanation in Schedul	. U			990	(2017)		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			110
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	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:			
	SUE FALCONE - 610 322-9552 127 E CHESTNUT STREET, WEST CHESTER, PA 19380			
	127 E CHESTNUT STREET, WEST CHESTER, PA 19380			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	below line)	hours for related organizations below line) hours for relational trustee or direction for the properties of the properti		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KARIN RISI	3.00	Х		Х				0.	0	0
CHAIR (2) LINNA LI	3.00	^		^				0.	0.	0.
VICE CHAIR	3.00	X		x				0.	0.	0 .
(3) ROBERT GRIESEMER	3.00	25		<u> </u>				0.	0.	0.
TREASURER	3.00	x		х				0.	0.	0.
(4) AMY GALLO	3.00									
SECRETARY		Х		x				0.	0.	0.
(5) PARKER CARROLL	1.00									
MEMBER		Х						0.	0.	0.
(6) MEGHAN MCVETY	1.00									
MEMBER		Х						0.	0.	0.
(7) DOUGLAS SMITH	1.00								_	_
MEMBER		Х						0.	0.	0.
(8) JEFF SHAPIRO	1.00								0	0
MEMBER	1 00	Х						0.	0.	0.
(9) CHIP WELDON	1.00	X						0.	0.	0.
MEMBER (10) SUSAN WELDON	55.00	^						0.	0.	0.
PRESIDENT AND FOUNDER	33.00	1		X				104,599.	0.	0.
INDIDENT IND TOOKSEN				21				101,333.	<u> </u>	
		-								

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ı uı	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees.	, an	d H	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)	(C)		(D)	(E)			(F)					
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		Estimated		
		hours per week	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation			ount o	of
		(list any	_		<u> </u>	<u> </u>	T	, 	from the	from related organizations			other bensat	tion
		hours for	direct				D.		organization	(W-2/1099-MISC	()		m the	
		related	tee or	ıstee			ensate		(W-2/1099-MISC)	•	'		ınizati	
		organizations	al trus	nal trı		oyee	omp						relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				orga	nizatio	ns
		11110)	Ĕ	Ë	5	ā.	를 P	요			_			
											_			
-							\vdash				\dashv			
											+			
											_			
								L	104 500).			^
	Sub-total								104,599.) •) •			0.
	Total (add lines 1b and 1c)								104,599.		<u>, , , , , , , , , , , , , , , , , , , </u>			0.
	Total number of individuals (including but n								•					
	compensation from the organization						- ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1
													Yes	No
3	Did the organization list any former officer,				•	•	•		•					
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su	=		-						the organization		4		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									idual for services	··	4		
	rendered to the organization? If "Yes," com	· · · · · · · · · · · · · · · · · · ·				-						5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										ensa	tion fr	om	
	the organization. Report compensation for	the calendar y	ear	<u>endi</u>	ng v	vith	or w	ithir I		year.				
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	Со	(C mpen	<i>)</i> satior	1
								4						
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se lis 0	stec	d above) who received m	nore than				
	Too, 500 of compensation from the organi	ZatiOH									F	orm S	90 (2	(017)

Pa	T V	!!!				and the training David VIIII			
			Check if Schedule O cont	ains a response	or note to any lii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ions) ts, and ve 1f 1,	385,503. 492,861.				
					Business Code				
Program Service Revenue	(a b c d							
P	1	f	All other program service reve	enue					
	9	g	Total. Add lines 2a-2f		>				
	3 4 5		Investment income (including other similar amounts) Income from investment of ta Royalties	x-exempt bond p	proceeds	6,928.			6,928.
	l (b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
			Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		С	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)						
Other Revenue			Gross income from fundraisin including \$ 602,7 contributions reported on line	g events (not 75 • of 1c). See					
Other	•	С	Part IV, line 18 Less: direct expenses Net income or (loss) from fund	b draising events	731,558. 653,139.	78,419.			78,419.
	ı	b	Gross income from gaming ac Part IV, line 19 Less: direct expenses	a					
	10 (а	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	returns a					
			Net income or (loss) from sale						
			Miscellaneous Revenu		Business Code				
	11 :	а							
	ı	b							
		С							
			All other revenue						
		е	Total. Add lines 11a-11d		····· •	2 073 625	^	0.	Q5 217
	12		Total revenue. See instructions.		<u></u>	<u>6,013,043.</u>	0.	l 0 •	85,347.

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 respons	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,000.	3,000.		
2	Grants and other assistance to domestic	10.000	40.000		
	individuals. See Part IV, line 22	13,000.	13,000.		
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,	106 000	F0 707	25 200	F0 707
	trustees, and key employees	126,993.	50,797.	25,399.	50,797.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	293,395.	166,722.	12 /20	112 2//
7	Other salaries and wages	493,393.	100,722.	13,429.	113,244.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	37,720.	20,697.	2,402.	14,621.
10	Payroll taxes	31,120.	20,037.	4,404.	14,041.
11	Fees for services (non-employees):				
	Management				
b	Legal	23,694.	12,321.	2,132.	9,241.
C C	<u> </u>	23,054.	12,521.	2,152.	J, 241 •
d e					
f					
ı a					
y	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	35,020.	14,330.	6,414.	14,276.
14	Information technology	, .	,	,	, -
15	Royalties				
16	Occupancy	25,995.	13,517.	2,340.	10,138.
17	Travel	7,130.	3,137.	1,271.	2,722.
18	Payments of travel or entertainment expenses	-	-		-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	9,995.	4,998.	1,000.	3,997.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	WELLNESS PROGRAM	1,323,470.	1,323,470.		
b	OTHER FUNDRAISING EXPEN	33,621.			33,621.
С	UFH COMMUNICATIONS	6,428.	2,217.	965.	3,246.
d					
е	All other expenses	1 020 466	1 600 005		055 000
25	Total functional expenses. Add lines 1 through 24e	1,939,461.	1,628,206.	55,352.	255,903.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2017)

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Part X | Balance Sheet UNITE FOR HER

Par	τx	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	227,400.	1	235,337.
	2	Savings and temporary cash investments	631,989.	2	1,018,776.
	3	Pledges and grants receivable, net		3	24,200.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ĕ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,131.	9	9,200.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	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	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	860,520.	16	1,287,513.
	17	Accounts payable and accrued expenses	229,506.	17	514,835.
	18	Grants payable		18	
	19	Deferred revenue		19	7,500.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iab		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	000 506	25	500 225
	26	Total liabilities. Add lines 17 through 25	229,506.	26	522,335.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	C21 014		765 170
auc	27	Unrestricted net assets	631,014.	27	765,178.
Fund Balances	28	Temporarily restricted net assets		28	
밀	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
S Q		and complete lines 30 through 34.			
Set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	621 014	32	765 170
	33	Total net assets or fund balances	631,014.	33	765,178.
	34	Total liabilities and net assets/fund balances	860,520.	34	1,287,513.

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>					
1 2 3	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	2 3		9,4 4,1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5	0.5	1,0	<u> </u>		
5 6	Net unrealized gains (losses) on investments Donated services and use of facilities	6					
7		7					
8	Investment expenses Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	76	5,1	78.		
Pa	rt XII Financial Statements and Reporting	•					
	Check if Schedule O contains a response or note to any line in this Part XII				X		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		Yes	No		
2a	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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a					
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
c	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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
J	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
За	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
	, , , , , , , , , , , , , , , , , , , ,			990	(2017)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number UNITE FOR HER 26-4444438 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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. ☐ 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	106,058.	354,843.	627,510.	1802126.	1988278.	4878815.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	106 050	254 242	605 510	1000106	1000000	4000015	
4	Total. Add lines 1 through 3	106,058.	354,843.	627,510.	1802126.	1988278.	4878815.	
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,						450 455	
	column (f)						152,177.	
6	Public support. Subtract line 5 from line 4.						4726638.	
	etion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2013 106,058.	(b) 2014 354,843.	(c) 2015 627, 510.	(d) 2016 1802126.	(e) 2017 1988278.	(f) Total 4878815.	
	Amounts from line 4	100,038.	334,843.	027,510.	1802120.	19002/0.	40/0013.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	1 120	776.	1 21/	2 162	6 020	10 210	
	and income from similar sources	1,138.	770.	1,314.	2,163.	6,928.	12,319.	
9	Net income from unrelated business							
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)						4891134.	
11	Total support. Add lines 7 through 10	-4- / !				12	4071134.	
12	Gross receipts from related activities, First five years. If the Form 990 is for			d fourth or fifth to				
13	organization, check this box and stor				•			
Sec	ction C. Computation of Publ		rcentage					
	Public support percentage for 2017 (column (f))		14	96.64 %	
15	Public support percentage from 2016					15	96.52 %	
	33 1/3% support test - 2017. If the o							
	stop here. The organization qualifies	•		,		,	► X	
b	33 1/3% support test - 2016. If the o							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the "fac	•					•	
	meets the "facts-and-circumstances"			-	•	_		
b	10% -facts-and-circumstances tes							
	more, and if the organization meets the	-						
	organization meets the "facts-and-circ		•				▶ □	
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2017

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
3							
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
r	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1				
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
					•		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				Í
	Public support percentage for 2017 (column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve					•	
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2017. If the						
.56	more than 33 1/3%, check this box a						▶
ŀ	33 1/3% support tests - 2016. If the						 and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	i invale roundation. Il the organization	an alla not bliech a	DOA OH III IC 14, 19	a, or roo, ori c ck li	ווט טטא מווע שכל וווג	JUNIOUS	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	4		
	1		
	2		
	3a		
	3b		
	SD		
	3с		
	4a		
	4d		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10-		
	10a		
	10b		
m 990	or 99	90-EZ	2017

Par	t IV	Supporting Organizations _(continued)			
				Yes	No
11	Has the	e organization accepted a gift or contribution from any of the following persons?			
а	A perso	on who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below,	the governing body of a supported organization?	11a		
b	A family	y member of a person described in (a) above?	11b		
С	A 35%	controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B	. Type I Supporting Organizations			
		ŗ		Yes	No
1		directors, trustees, or membership of one or more supported organizations have the power to			
	-	y appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-	r? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		led the organization's activities. If the organization had more than one supported organization,			
		e how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		ations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		organization operate for the benefit of any supported organization other than the supported			
	U	ation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800		sed, or controlled the supporting organization.	2		
Sec	lion C	. Type II Supporting Organizations		Vaa	Na
	Mora	majority of the avantization's divestors by twistons during the tay year also a majority of the divestors		Yes	No
1		majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ees of each of the organization's supported organization(s)? If "No," describe in Part VI how control agement of the supporting organization was vested in the same persons that controlled or managed			
		ported organization(s).	1		
Sec		. All Type III Supporting Organizations	•		
		The time of the control of the contr		Yes	No
1	Did the	organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ation'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			
	organiz	ation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organiz	ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	anization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	son of the relationship described in (2), did the organization's supported organizations have a			
	-	ant voice in the organization's investment policies and in directing the use of the organization's			
		or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
C		ted organizations played in this regard.	3		
-		Type III Functionally Integrated Supporting Organizations			
1 a		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) . The organization satisfied the Activities Test. Complete line 2 below.	1		
b		the organization is the parent of each of its supported organizations. Complete line 3 below.			
c		he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	:)	
2		es Test. Answer (a) and (b) below.		Yes	No
а		ostantially all of the organization's activities during the tax year directly further the exempt purposes of			
		oported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those s	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the	e organization was responsive to those supported organizations, and how the organization determined			
	that the	ese activities constituted substantially all of its activities.	2a		
b	Did the	activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the c	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		s for the organization's position that its supported organization(s) would have engaged in these			
	activitie	s but for the organization's involvement.	2b		
3		of Supported Organizations. Answer (a) and (b) below.			
а		organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		s of each of the supported organizations? Provide details in Part VI.	3a		
b		organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its su	upported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

ı aı	Type iii Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 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.)
	(See instructions.)
•	
•	
•	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITE FOR HER

Employer identification number 26-444438

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
_			
Pai			IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included in (c) acquired		
_	listed in the National Register		
3	_	eleased, extinguished, or terminated by the org	ganization during the tax
4	year ▶ Number of states where property subject to conservation ea	coment is leasted	
5	Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū		Thanking of violations, and emoloning ochoorv	ation oddomento daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	L)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	_	in, provide
	the following amounts required to be reported under SFAS 1		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

	t III Organizations Maintaining O		rt. Hist	torical Tr	reasures.	or Oth	er Sim		ts/conti		aye Z
3	Using the organization's acquisition, accessi										16
Ū	(check all that apply):	ion, and other record	35, 011001	carry or the	, lollowing the	at arc a .	Sigrimoa	int doc or its	CONCCIO	II ILCIII	13
_	Public exhibition	c	. 🗆	l oon or ove	change progra	omo					
a		_			rialige progra	ams					
b	Scholarly research	e	•	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co								t XIII.		
5	During the year, did the organization solicit of								7	_	7
_	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	on answered	"Yes" o	n Form 9	990, Part IV,	line 9, o	ſ	
	Is the organization an agent, trustee, custod		diary for	contributio	ns or other as	ssets no	t include	ed			
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII								_ 103		_ I10
b	ii res, explain the arrangement iii art XIII	and complete the ic	onowning i	labic.					Amoun	+	
_	Designation belowed						-		Amoun		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
f	Ending balance								1		_
	Did the organization include an amount on F						•	L	Yes	<u> </u>	. No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	if the organization ar	swered	"Yes" on F	orm 990, Par	t IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Thre	e years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
_	Provide the estimated percentage of the cur		l line 1	a column (a)) bold as:						
2		rent year end baland		g, coluitiii (a)) Helu as.						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for	the orga	nization	1		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?	?				3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	owment	funds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a. \$	See Form 990	0, Part X	(, line 10				
	Description of property	(a) Cost or o			t or other		Accumul		(d) Boo	k valu	e
		basis (investr		` ,	(other)		epreciati		(-,		_
12	Land	<u> </u>	,		. ,						
	Buildings										
	Leasehold improvements										
	Equipment										
	Other		. V 1	(D) !':	10-1						0.
ı otal	. Add lines 1a through 1e. (Column (d) must e	equai Form 990, Part	A, COIUN	ıırı (២), Ilne i	1 UC.)			🖊 📗			U •

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 UNITE FOR H	IER		26-	-4444438 Page
Part VII Investments - Other Securities.				_
Complete if the organization answered "Yes'	on Form 990, Part IV,	line 11b. See Form 990, P	art X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation: 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. (Col. (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, Pa	art X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of val	uation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes'	on Form 990, Part IV,	line 11d. See Form 990, P	art X, line 15.	
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 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)				
(3)				
(4)				
(5)				
(6)				
(7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) \triangleright 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

(8)

2,178,943. 256,579. e Add lines 2a through 2d 1,922,364. 3 Subtract line 2e from line 1 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.) 17,097. c Add lines 4a and 4b 1,939,461. 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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 X, LINE 2:

THE ORGANIZATION IS CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS AN ORGANIZATION DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("CODE") AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(A) OF THE CODE.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY, IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY A GOVERNMENT AUTHORITY. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF EITHER JUNE 30, 2018 OR

2017, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT

Part XIII Supplemental Information (continued	<u>d)</u>
---	-----------

WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE ORGANIZATION RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS, IF ANY. THERE WERE NO INCOME TAX RELATED INTEREST AND PENALTIES RECORDED FOR EITHER OF THE YEARS ENDED JUNE 30, 2018 OR 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

IN-KIND MATERIALS INCLUDED AS DIRECT EVENT EXPENSES ON THE

990 188,956.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT EVENT EXPENSES DEDUCTED ON THE FINANCIAL STATEMENTS

BUT NOT THE 990 17,097.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

IN-KIND MATERIALS INCLUDED AS DIRECT EVENT EXPENSES ON THE

990 188,956.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DIRECT EVENT EXPENSES DEDUCTED ON THE FINANCIAL STATEMENTS

BUT NOT THE 990 17,097.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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 the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization							ntification number
						26-4444	
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 rais	sed funds through any of the followir	ng acti	vities.	Check all that apply			
a Mail solicitations				overnment grants			
b Internet and email solicitations			-	nment grants			
c Phone solicitations	g Special	fundra	ising	events			
d In-person solicitations							
2 a Did the organization have a written of							
key employees listed in Form 990, P						└── Yes	
b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the		iant to	agree	ements under which	tne fl	indraiser is to b	oe
. , ,							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con contribution	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
					1151	led in coi. (i)	
		Yes	No				
Total			•				
3 List all states in which the organization or licensing.			utions	s or has been notified	d it is	exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2017

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

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									
			(a) Event #1 (b) Event #2		(c) Other events	(d) Total events			
			PINK INVITATIONAL	навивст	1	(add col. (a) through			
			(event type)	(event type)	(total number)	col. (c))			
nue			(616.11.1)[63)	(Crom type)	(cotal manuscry				
Revenue	1	Gross receipts	995,802.	242,131.	96,400.	1,334,333.			
	2	Less: Contributions	314,694.	212,631.	75,450.	602,775.			
	3	Gross income (line 1 minus line 2)	681,108.	29,500.	20,950.	731,558.			
	4	Cash prizes		500.		500.			
	5	Noncash prizes	99,244.	78,721.	30,119.	208,084.			
sesuec	6	Rent/facility costs	98,894.	7,125.	3,821.	109,840.			
Direct Expenses	7	Food and beverages	2,400.	45,570.	11,506.	59,476.			
Οir	8	Entertainment	7,500.	3,794.	132.	11,426.			
	9	Other direct expenses	232,804.	18,600.	12,409.	263,813.			
		Direct expense summary. Add lines 4 through	. ,		>	653,139. 78,419.			
11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than									
		\$15,000 on Form 990-EZ, line 6a.	anowered res on rem	1000,1 art 14, mile 10, or	roportou more triari				
		,	(a) Dingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c))			
Rev									
	1	Gross revenue							
	2	Cash prizes							
nses	_	Guerr prizes							
Direct Expenses	3	Noncash prizes							
Direc.	4	Rent/facility costs							
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	└── No	└── No	└── No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>				
		Net continue in a continue of the continue of	form the end on the control (al)		_				
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)		>				
9	Ent	ter the state(s) in which the organization condu	ıcts gaming activities:						
		the organization licensed to conduct gaming a		Yes No					
b	If "	No," explain:							
46									
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		year?	└── Yes └── No			
IJ	"	Yes," explain:							

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 UNITE FOR HER 20	-4444430 Pa	age 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[105]	70
Name ▶		
Address ▶		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party \brace{\brace}{\$}_{\trace}		
c If "Yes," enter name and address of the third party:		
Name ▶		
16 Gaming manager information:		
Name ▶		
Gaming manager compensation ▶ \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
ratain the state gaming license?	Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		_ 110
	.6	
organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part		1.5.1-
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	III, lines 9, 9b, 10b, 1	150,
100, 10, and 170, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	UNITE FOR	HER		26-4444438 Page
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)			<u> </u>
		<u> </u>			
			<u> </u>	<u> </u>	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047 **2017**Open to Public

Inspection

Name of the organization **Employer identification number** 26-444438 UNITE FOR HER **General Information on Grants and Assistance** Part I 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. 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. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) UNITE FOR HER					26-4444438	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answ	ered "Yes" on Form	990, Part IV, line 22.		Ŭ
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
EASE FINANCIAL BURDENS OF INDIVIDUALS AFFECTED BY BREAST CANCER	8	13,000.	. 0.			
Part IV Supplemental Information. Provide the information red	ι quired in Part Ι, lir	ne 2; Part III, column	n (b); and any other a	dditional information.		
PART I, LINE 2:						
GRANTS ARE AWARDED TO EASE FINANCE	IAL BURDE	NS AND THE	ERE IS NO M	ONITORING OF		
THE USE OF GRANTS ONCE THEY HAVE I	BEEN AWAR	DED.				

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Noncash Contributions

(b)

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

(c)

Attach to Form 990.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Types of Property

UNITE FOR HER

Employer identification number 26-444438

		(a)	(b)	(c)	(0			
		Check if applicable	Number of Noncash contribution contributions or amounts reported on		Method of determ noncash contribution		_	
		applicable		Form 990, Part VIII, line	1g	Julion a	nount	.5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • (AUCTION ITEMS)	Х	195	224,27	L.FMV			
26	Other (NATURAL PERSO)	Х	26,227	222,75	L.WHOLESALE	COST		
27	Other (LEOS FOR PINK)	Х	3,780	45,00	FMV LESS A	MT P	AID	
28	Other ► (EDU & WELLNES)	X	1,000	84).FMV			
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 th	ough 28, that it			
	must hold for at least three years from the dat	e of the initia	al contribution, and	which isn't required to b	e used for			
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard cont	ributions?	31		Х
32a	Does the organization hire or use third parties							
	contributions?		-	· ·		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is	checked,			
	describe in Part II.							
ΙЦΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 90	0	Schadula	M (Eorr	n 000	2017

Page 2

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITE FOR HER

Employer identification number 26-4444438

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

WE EDUCATE OUR WOMEN AND THE COMMUNITY ABOUT THE ROLE OF HEALTHY

LIFESTYLE CHOICES IN THE PREVENTION OF DISEASE AND THE PROMOTION OF

WELLNESS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

UNITE FOR HER THEN FUNDS AND DELIVERS UP TO \$2,000 WORTH OF THERAPIES

THAT EACH PATIENT CHOOSES OVER THE COURSE OF ONE YEAR FOR HER UNIQUE

NEEDS. THOSE BATTLING METASTATIC DISEASE ARE PROVIDED ONGOING SUPPORT

FOR AS LONG AS THEY CHOOSE. THIS YEAR WE SERVED 64 WOMEN FIGHTING

METASTATIC DISEASE WITH ONGOING PASSPORT SUPPORT SERVICES. UFH SUPPORTS

BREAST CANCER PATIENTS THROUGH THE CHALLENGES OF TREATMENT, AND HELPS

TO INSPIRE LIFESTYLE CHANGES THAT PROMOTE CONTINUED HEALTH AND

WELLNESS.

COMMUNITY EDUCATION, PREVENTION AND AWARENESS OUTREACH - THROUGHOUT THE
YEAR, UNITE FOR HER ENGAGES WITH CORPORATE, COMMUNITY, SCHOOL, AND
OTHER GROUPS ABOUT THE ROLE OF HEALTHY LIFESTYLE CHOICES IN THE
PREVENTION OF DISEASE AND THE PROMOTION OF WELLNESS. UFH'S TALKS FOCUS
ON NUTRITION, THE IMPORTANCE OF SELF-CARE, AND "HEALTHY UPGRADES" THAT
INDIVIDUALS CAN CHOOSE THROUGHOUT THE DAY. THROUGH THE STUDENTS UNITE
FOR HER PROGRAM (SUFH), YOUTH ARE GIVEN THE OPPORTUNITY TO SUPPORT
WOMEN IN THEIR COMMUNITY WHO ARE FACING A BREAST CANCER DIAGNOSIS, AND
ARE ENCOURAGED TO ADOPT HEALTHIER LIFESTYLE PRACTICES TO PROMOTE THEIR
OWN HEALTH.

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization
UNITE FOR HER

Employer identification number 26-4444438

FORM 990, PART VI, SECTION A, LINE 2:

SUSAN WELDON, PRESIDENT AND FOUNDER, AND CHIP WELDON, BOARD MEMBER, ARE HUSBAND AND WIFE.

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

AN AUDIT IS CONDUCTED AND FINANCIAL STATEMENTS ARE PREPARED PRIOR TO THE PREPARATION OF THE FORM 990. ONCE THE FORM 990 IS PREPARED, THE BOARD REVIEWS THE RETURN WITH THE AUDITED FINANCIAL STATEMENTS.

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

THE ORGANIZATION REQUIRES THAT EACH MEMBER OF THE BOARD, COMMITTEE WITH DELEGATED BOARD POWERS, AND CERTAIN VOLUNTEERS, ANNUALLY COMPLETE A DISCLOSURE STATEMENT AFFIRMING THAT SUCH PERSON HAS RECEIVED AND READ, AND UNDERSTANDS AND AGREES TO COMPLY WITH THE CONFLICT OF INTEREST POLICY. WHEN A POTENTIAL CONFLICT EXISTS, THE INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING WHERE THE FINANCIAL INTEREST AND ALL MATERIAL FACTS ARE DISCLOSED THEN THE INTERESTED PERSON LEAVES THE MEETING WHILE THE DETERMINATION OF WHETHER CONFLICT OF INTEREST EXISTS IS DISCUSSED AND CONSENSUS IS REACHED.

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

SUSAN WELDON'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS AND THE FINANCE COMMITTEE ANNUALLY. CHIP WELDON, SUSAN'S HUSBAND AND A DIRECTOR, IS RECUSED FROM VOTING DURING THIS PROCESS.

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

THE ORGANIZATION'S ANNUAL REPORT AND FORM 990 ARE AVAILABLE ON THE

ORGANIZATION'S WEBSITE. THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS