Form 99]
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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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Department of the Treasury Internal Revenue Service

Do not enter soci	al securi	ty nur	nbers on t	this form as it may	y be made public
Go to www.irs.	gov/Forr	n990 i	for instruc	tions and the late	st information.
r, or tax year beginning	JUL	1	2018	and ending	JUN 30

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019								
B C a	heck if pplicable	C Name of organization D Employer identification number						
	Addres	UNITE FOR HER						
	Name Chang	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 number				
	Final	127 E CHESTNUT STREET		(610	-			
	termin ated	· · · · · · · · · · · · · · · · · · ·		G Gross receipts \$	3,407,983.			
	Ameno	WEST CHESTER, FA 19300		H(a) Is this a group re				
	Applic tion pendir	^{a-} F Name and address of principal officer: SUSAN WELDON ^g SAME AS C ABOVE		for subordinates H(b) Are all subordinates in	? Yes X No cluded? Yes No			
ΙT	ax-exe	empt status: 🚺 501(c)(3) 🔲 501(c) ()◀ (insert no.) 🗌 4947(a)(1) o	or 📃 527		list. (see instructions)			
		e: > WWW.UNITEFORHER.ORG		H(c) Group exemption				
		organization: 🔀 Corporation 📄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2009 N	State of legal domicile: PA			
Pa	rt I	Summary						
ð		Briefly describe the organization's mission or most significant activities: OUR M		N IS TO BRII	DGE THE GAP			
anc		BETWEEN THE MEDICAL AND WELLNESS COMMUNIT						
Governance		Check this box 🕨 🛄 if the organization discontinued its operations or dispose	ed of more	1 1				
Ň					9			
		Number of independent voting members of the governing body (Part VI, line 1b)			8			
ies		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			11			
Activities &		Total number of volunteers (estimate if necessary)			1720			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, line 38	<u></u>	7b Prior Year	-			
	8	Contributions and grants (Bart) (III line 1b)		1,988,278.	Current Year 2,582,778.			
Ine		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	46,429.			
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,928.	24,209.			
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		78,419.	-28,013.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,073,625.	2,625,403.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		16,000.	20,000.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		458,108.	610,538.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
be		Total fundraising expenses (Part IX, column (D), line 25)	46.					
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,465,353.	1,792,914.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,939,461.	2,423,452.			
		Revenue less expenses. Subtract line 18 from line 12		134,164.	201,951.			
ces			Be	ginning of Current Year	End of Year			
Assets Balanc	20	Total assets (Part X, line 16)		1,287,513.	1,644,795.			
t As		Total liabilities (Part X, line 26)		522,335.	677,666.			
Eun		Net assets or fund balances. Subtract line 21 from line 20		765,178.	967,129.			
Pa	nrt II	Signature Block						

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

Sign		Signature of	officer						Date
Here		SUSAN	WELDON,	CEO	AND	FOUNDER			
		Type or prin	t name and title						
	Prin	t/Type prepare	er's name			Preparer's signature		Date	Check PTIN
Paid	HEI	LENMN	IARTIN						self-employed P01330899
Preparer			EISNERA						Firm's EIN 🕨 13-1639826
Use Only	Firm	's address 🕨	130 NOR'	TH 18	Втн :	STREET, SUITE 30	000		
		-	PHILADE	LPHIZ	А, РА	A 19103-2757			Phone no. (215) 881-8800
May the II	RS di	scuss this re	turn with the pr	eparer sl	hown ab	ove? (see instructions)			X Yes No
	4 40	LUA For	Deperturerk De	duction		ioo, ooo tha concrata instruc	tions		Earm 990 (2018)

	1 990 (2018) UNITE FOR HER	26-444438	Page 2
Pa	rt III 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 WELLNESS	
	COMMUNITIES BY FUNDING AND DELIVERING COMPLEMENTARY		
	SUPPORT THE PHYSICAL AND EMOTIONAL NEEDS OF THOSE WI		2
	DURING TREATMENT AND BEYOND. (CONTINUED ON SCHEDULE		· /
2	Did the organization undertake any significant program services during the year which were not listed or		
-	prior Form 990 or 990-EZ?		s 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 se	rvices?	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program serv	ces, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,990,972. including grants of \$20,000.) (Revenue \$ 46 ,	,429.
	OUTREACH AND EDUCATION		
	WELLNESS DAY PROGRAM FOR BREAST CANCER PATIENTS - UN	דשב בטס תבסימ	
	WELLNESS PROGRAM PROVIDES HEALING AND RELIEF TO MORE		<u>ر</u>
	CANCER PATIENTS EACH YEAR IN PARTNERSHIP WITH 31 LOC		
	CANCER TREATMENT CENTERS. THIS UNIQUE PROGRAM EDUCAT		
	BREAST CANCER PATIENTS ABOUT HOW COMPLEMENTARY THERA		
	ACUPUNCTURE, ONCOLOGY MASSAGE, REIKI, YOGA, MEDITATI		
	PROFESSIONAL COUNSELING, AND PROPER NUTRITION CAN PR	OVIDE RELIEF FRO	M
	MANY OF THE SIDE-EFFECTS AND SYMPTOMS CAUSED BY TRAD	ITIONAL MEDICAL	
	TREATMENTS. (CONTINUED ON SCHEDULE O - PG. 39)		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,990,972.	Eorm	990 (2018
33200	2 12-31-18 SEE SCHEDULE O FOR CONTINUATI 2		2018
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Form 990 (2018) UNITE FOR HER
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete		37	
	Schedule D, Parts XI and XII	<u>12a</u>	Х	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		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			v
45	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	4-		v
40	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			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		v
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	17	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		x
00-	complete Schedule G, Part III	19	1	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		<u> </u>
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
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	<u> </u>	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	<u> </u>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
07	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
28	of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<u> </u>
-	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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	\square	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	<u> </u>	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	<u> </u>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
20	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?	26		x
27	<i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	- 37	+	
50	Note. All Form 990 filers are required to complete Schedule O	38	x	
Par		100		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			\square
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		37	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
_	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1			
b				
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	154		
h				
U	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			
~	Enter the amount of reserves on hand			
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation in Schedule O</i>	14a		
ы 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	UFI		
15	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the experimetion on advectional institution subject to the experime 1000 subject to an extinue transmission on 0	16		x
.0	If "Yes," complete Form 4720, Schedule O.	10		
			000	

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	ough 7	b below, and	d for a "l	No" re		Pac Ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI						[
Sec	tion A. Governing Body and Management						_
				- [Yes	4
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9			
	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		8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				ļ
	officer, director, trustee, or key employee?				2		4
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		_
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	filed?		4		_
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		
6	Did the organization have members or stockholders?				6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	ne or				
	more members of the governing body?				7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste						
	persons other than the governing body?			[7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			[1
а	The governing body?	-	-	[8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			ſ			1
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue (Code.)				
				-		Yes	
10a	Did the organization have local chapters, branches, or affiliates?				10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,	affiliates,				
					10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	filing the fo	rm?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	1
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			····· Γ	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						1
	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?			Г	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval			·····			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	~y	openaena				
а	The organization's CEO, Executive Director, or top management official				15a	Х	1
	Other officers or key employees of the organization				15b	X	1
N N	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			·····	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ont wit	ha				
10a					16a		1
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			·····	104		1
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi		-				
					166		1
Sec	exempt status with respect to such arrangements?				16b		-
							-
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$	1 0 0 0 T	. (O	4 (-) (0) -	I. A		-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	3 990-I	(Section 50	1(C)(3)S	oniy) a	avallal	.r.
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of	interest polic	cy, and f	inanc	al	
	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 boo	ks and	records	·			
	<u>CATHY BROSNAN - 610-883-1177</u> 127 E CHESTNUT STREET, WEST CHESTER, PA 19380						_
	TZZ B. CHESTINICE STREEP WEST CHESTER PA 1938()						_
	· · · ·				-	000	١.
32006	12-31-18				Form	990)
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Form 990 (2018)	UNITE FOR HER	26-444438 Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
Check if Se	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 E	mployees						

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."

(D)

• 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.

 $\langle \mathbf{c} \rangle$

(D)

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

(A)	(B) (C)		(D)	(E)	(F)					
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	ector			the	organizations	compensation			
	hours for	or dir				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	ruste			ensa		(W-2/1099-MISC)		organization
	organizations	al tru:	onal t		loyee	Highest compensated employee Former				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	hest	Former			organizations
	line)	pul	Ins	Offi	Key	e Hi	For			
(1) KARIN RISI	3.00									
CHAIR		Х		х				0.	0.	0.
(2) LINNA LI	3.00									
VICE CHAIR		Х		х				0.	0.	0.
(3) CATHY DOUGHERTY	3.00									
TREASURER		Х		Х				0.	0.	0.
(4) AMY GALLO	1.00									
MEMBER		Х						0.	Ο.	0.
(5) PARKER CARROLL	1.00									
MEMBER		х						0.	0.	0.
(6) MEGHAN MCVETY	1.00									
MEMBER		х						0.	0.	0.
(7) JEFF SHAPIRO	1.00									
MEMBER		х						0.	Ο.	0.
(8) CONNIE FOGARTY	1.00									
MEMBER		х						0.	0.	0.
(9) SUSAN WELDON	55.00									
CEO AND FOUNDER				х				118,602.	Ο.	0.
	<u> </u>									
832007 12-31-18	•									Form 990 (2018)

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832007 12-31-18

Form 990 (2018)

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	990 (2018) UNITE FOR	R HER								26-44	1444	38	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	hand and the) age Per ber box, unless officer and a			than c s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related		am o	(F) timate ount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	oensat om the anizati I relate nizatio	e on ed
	Sub-total		L	I	I				118,602.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 118,602.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				1
3	Did the organization list any former officer,	director, or tru	istee	e, ke	y en	nplo	yee,	or ł	highest compensated er	nployee on	Г		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		X
Sec	rendered to the organization? <i>If</i> "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or si	ich i	oers	on .					5		X
1	Complete this table for your five highest con the organization. Report compensation for	•	•							•	ensatio	on fro	m	
	(A) (B) Name and business address NONE Description of services								Co	(C) Compensation				
	T alalaan (1997)													
2	Total number of independent contractors (ii \$100,000 of compensation from the organia	•	ot lir	niteo	a to f	thos (ted	above) who received mo	ore than	_		00 /-	
											H	orm S	/JUC (2	2018)

832008 12-31-18

		(2018) UNITE FOR	RHER			26-4444	438 Page 9
Pa	't VI	II Statement of Revenue					
_		Check if Schedule O contains a re	esponse or note to a			(2)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a				
àran oun	k	Membership dues					
a, G		Fundraising events		08.			
Gift lar		Related organizations					
ns, Simi		e Government grants (contributions)	1e	_			
er S	f	All other contributions, gifts, grants, and	. 1 722 27				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above					
201		Noncash contributions included in lines 1a-1f: \$_ Total. Add lines 1a-1f		▶ 2,582,778.			
0.0			Business (
e	2 8	HER CARE BOX REVENU			46,429.		
e vic	k)					
Se	c						
ram eve	c	i					
Program Service Revenue	e						<u> </u>
٩		All other program service revenue		<u> </u>			
		Total. Add lines 2a-2f Investment income (including dividen-		▶ 46,429.			
	3	other similar amounts)		▶ 24,209.			24,209.
	4	Income from investment of tax-exemption					
	5	Royalties	-				
		-	Real (ii) Perso	nal			
	6 a	a Gross rents					
	k	Less: rental expenses					
		Rental income or (loss)					
				▶			
	7 8		curities (ii) Othe	er			
	Ŀ	assets other than inventory Less: cost or other basis		_			
	L	and sales expenses					
	c	c Gain or (loss)					
		I Net gain or (loss)		•			
anı		Gross income from fundraising events including \$ 850,408.	s (not				
sver		contributions reported on line 1c). Se					
r B		Part IV, line 18		57.			
Other Revenue	k	Less: direct expenses	ь782,58				
0		Net income or (loss) from fundraising		▶ -28,013.			-28,013.
	9 a	a Gross income from gaming activities.					
		Part IV, line 19					
		Less: direct expenses		<u> </u>			
		 Net income or (loss) from gaming acti Gross sales of inventory, less returns 	vities				
	10 2	and allowances	а				
	ł	Less: cost of goods sold		_			
		Net income or (loss) from sales of inve					
		Miscellaneous Revenue	Business (Code			
	11 a	a					
	k						<u> </u>
	c						
	C			<u> </u>			
	e 12	• Total. Add lines 11a-11d		▶ 2,625,403.	46,429.	0.	-3,804.
832009					1 10/10/	U V •	Form 990 (2018)

Form 990 (2018) UNITE FOR HER
Part IX Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX											
		ise or note to any line in the internet (A)	this Part IX (B)	(C)	(D)							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21	5,000.	5,000.									
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22	15,000.	15,000.									
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,	100 000	60, 200	24 100	<u> </u>							
	trustees, and key employees	170,976.	68,390.	34,196.	68,390.							
6	Compensation not included above, to disqualified											
	persons (as defined under section $4958(f)(1)$) and											
-	persons described in section 4958(c)(3)(B)	406,435.	239,504.	8,969.	157,962.							
7 8	Other salaries and wages Pension plan accruals and contributions (include	-00,4JJ.	233,304.	0,909.	137,302.							
0	section 401(k) and 403(b) employer contributions											
9	Other employee benefits											
10	Payroll taxes	33,127.	19,919.	3,350.	9,858.							
11	Fees for services (non-employees):			.,								
a												
b	Legal											
с	Accounting	12,502.	6,751.	875.	4,876.							
d	Lobbying											
е												
f	Investment management fees											
g	Other. (If line 11g amount exceeds 10% of line 25,											
	column (A) amount, list line 11g expenses on Sch 0.)											
12	Advertising and promotion	56,745.	16,920.	5,244.	34,581.							
13	Office expenses	50,745.	10,920.	5,244.	54,501.							
14 15	Information technology											
16	Royalties Occupancy	32,606.	17,834.	2,172.	12,600.							
17	Travel	7,130.	4,700.	333.	2,097.							
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	8,730.	4,714.	611.	3,405.							
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	1,560,546.	1,560,546.									
b	OTHER FUNDRAISING EXPEN	67,747.			67,747.							
с	HER CARE BOX	24,286.	24,286.									
d	UFH COMMUNICATIONS	22,622.	7,408.	884.	14,330.							
е	All other expenses											
25	Total functional expenses. Add lines 1 through 24e	2,423,452.	1,990,972.	56,634.	375,846.							
26	Joint costs. Complete this line only if the organization											
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											

832010 12-31-18

Check here

18120924 721252 320193-2300

if following SOP 98-2 (ASC 958-720)

18120924 721252 320193-2300

		26-4444438	Page 11
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		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	235,337.		285,802.
	2	Savings and temporary cash investments	1,018,776.	2	1,342,985.
	3	Pledges and grants receivable, net	24,200.	3	8,195.
	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			
ŝ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ř	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	9,200.	9	7,813.
	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)	1,287,513.	16	1,644,795
	17	Accounts payable and accrued expenses	514,835.	17	667,666.
	18	Grants payable	· · · · ·	18	
	19	Deferred revenue	7,500.	19	10,000.
	20	Tax-exempt bond liabilities	.,	20	,
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iliq		Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	23 24	Unsecured notes and loans payable to unrelated third parties		23	
	2 . 25	Other liabilities (including federal income tax, payables to related third		27	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
				25	
	26	Schedule D Total liabilities. Add lines 17 through 25	522,335.	25 26	677,666.
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and	522,555.	20	077,000
		complete lines 27 through 29, and lines 33 and 34.			
Ses	07		765,178.	27	959,935.
aŭ	27	Unrestricted net assets	105,110.	28	7,194
Ва	28 29	Temporarily restricted net assets		20	7,194
pd	29	· · · · · · · · · · · · · · · · · · ·		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
s 0	20	and complete lines 30 through 34.		20	
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	32	Retained earnings, endowment, accumulated income, or other funds	765,178.	32	967,129.
-	33	Total net assets or fund balances		33	1,644,795.
	34	Total liabilities and net assets/fund balances	1,287,513.	34	

Form 990 (2018)
Part X Balance Sheet

UNITE FOR HER

Form	990 (2018) UNITE FOR HER	26 - 44	<u>44438</u>	Pag	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
			0 605		• •		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,625				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,423				
3	Revenue less expenses. Subtract line 2 from line 1	3	201				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	765	,1	/8.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			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	967	',1:	<u>29.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
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	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х			
	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						
с	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		. 3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				,		
				aan /			

Form **990** (2018)

Department of the Treasury

(Form	990	or	990-EZ)
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

OMB No. 1545-0047
2018
Open to Public Inspection

ntern	al Rev	enue Service		► Go to www.irs.gov	/Form990 for instruction	ons and th	ne latest ir	nformation.		In	spection
Nan	ne of	f the organizat	tion								cation numbe
_				E FOR HER						6-44	44438
Pa	rt I	Reason	for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions	S.		
The	orga	nization is not	a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, co	onvention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	1)(A)(i).			
2		A school de	scribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3		A hospital o	r a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).			
4] A medical re	esearch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hosp	oital's name,
		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 17	0(b)(1)(A)(iv). (0	Complete Part II.)							
6		1			nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	1		-	ntial part of its support fr				ne general r	oublic de	scribed in
		•		omplete Part II.)		5			5		
8		1			(1)(A)(vi). (Complete Par	+ II)					
9		1	-		in section 170(b)(1)(A)(ed in coniu	inction with a	land-grant	college	
·		-	-	-	ulture (see instructions).		-		-	-	
		university:		grant concyc or agric			name, eny	, and state of	the conege	01	
10			tion that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from a	ontributio	ns members	nin fees an	d aross i	receipts from
10	L				ct to certain exceptions,						
					• •	. ,				· ·	
					(less section 511 tax) fro		ses acqui	red by the org	janization a		30, 1975.
		1		mplete Part III.)		(at.) 0 a a		20(-)(4)			
11		-	-	-	vely to test for public sa	•					
12		-	-	-	ively for the benefit of, to	-			•		
		-	• • • •	-	d in section 509(a)(1) o					леск тпе	a dox in
			-	• •	f supporting organizatior		-		-		
а				-	upervised, or controlled	• • • •	-				
			-		gularly appoint or elect a	i majority c	of the direc	ctors or truste	es of the su	pporting	J
	_			complete Part IV, Se							
b				-	l or controlled in connect			-		-	
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	orted	
	_	~		t complete Part IV,							
С		Type III fu	inctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,	
	_	its suppor	ted organizatio	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III n	on-functionally	<pre>/ integrated. A supp</pre>	porting organization oper	ated in co	nnection w	vith its suppor	ted organiz	ation(s)	
			-		ation generally must sat	•		-	l an attentiv	reness	
	_	requireme	nt (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .			
е		Check this	s box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functional	ly integrated, or	r Type III non-function	nally integrated supportion	ng organiz	ation.				
f	En	ter the number	r of supported of	organizations							
g	Pro			n about the supporte		(iv) is the orac	nization listed				
		(i) Name of sup		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount o	-	. ,	mount of other
		organizatio	bri		above (see instructions))	Yes	No	support (see ir	istructions)	support	(see instructions)
Tota	al										

Schedule A (Form 990 or 990-EZ) 2018 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 13

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Schedule A (Form 990 or 990 EZ) 2018 UNITE FOR HER

26-444438 Page 2

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	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	354,843.	627,510.	1802126.	1988278.	2582778.	7355535.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf	d on its behalf									
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	354,843.	627,510.	1802126.	1988278.	2582778.	7355535.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						177,181.				
6	Public support. Subtract line 5 from line 4.						7178354.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
7	Amounts from line 4	354,843.	627,510.	1802126.	1988278.	2582778.	7355535.				
	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	776.	1,314.	2,163.	6,928.	24,209.	35,390.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10						7390925.				
	Gross receipts from related activities,	etc. (see instructio	ons)			12	46,429.				
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)					
	organization, check this box and stop	phere			·····						
Sec	ction C. Computation of Publi	ic Support Per	centage								
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	<u>97.12 %</u>				
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	96.64 %				
16a	1 33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	k and				
	stop here. The organization qualifies as a publicly supported organization										
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box				
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation							
17a	and stop here. The organization qualifies as a publicly supported organization P 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,										
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the orgar	nization				
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	publicly supported	organization						
b	0 10% -facts-and-circumstances test	•	• •		•						
	more, and if the organization meets the	0									
	organization meets the "facts-and-circ										
18	Private foundation. If the organization										
	м. М					dule A (Form 990					

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 UNITE FOR HER

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

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

Section A. Public Support				_	_	
Calendar year (or fiscal year beginning in)	► (a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do no	ot					
include any "unusual grants.") \dots						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit	to					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, an 3 received from disqualified perso	nd					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6	.)					
Section B. Total Support		1				
Calendar year (or fiscal year beginning in)	► (a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975						
c Add lines 10a and 10b						
 Net income from unrelated busine activities not included in line 10b, whether or not the business is regularly carried on 	ess					
12 Other income. Do not include gair or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 1						
14 First five years. If the Form 990 is	s for the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) or	ganization,
check this box and stop here						
Section C. Computation of Pu	Iblic Support Per	rcentage				
15 Public support percentage for 201	18 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2					16	%
Section D. Computation of Inv		•				
17 Investment income percentage for18 Investment income percentage from			line 13, column (f))		17 18	<u>%</u> %
					· · · · ·	
19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support tests - 2017. If	-	•		•••		3%. and
line 18 is not more than 33 1/3%,						
20 Private foundation. If the organiz						
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		15	5			

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1

2

3a

3b

3c

4a

4b

4c

Yes No

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")? // "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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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 disgualified 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.)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the second sec	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 9	90 or 99	0-EZ)	2018

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	(Form 990 or 990-EZ) 2018 UNITE FOR HER Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
· are v	Type in Non-1 unctionally integrated 303(a)(b) Supporting Organizations

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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	Schedule A (For	m 990 or 990-EZ) 2018	\mathbf{UNITE}	FOR	HEF
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	t V Type III Non-Functionally Integrated 509(
<u>Secti</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	3		
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 th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 UNITE FOR HER

line 1; Part IV, Section D, lines 2 and 3; Part I Section D, lines 5, 6, and 8; and Part V, Sect (See instructions.)	on E, lines 2, 5, and 6. Also complete this part for any addition	nal information.
		e A (Form 990 or 990-EZ) 2018

SCHEDULE [)
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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.



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Nam	e of the organization UNITE FOR HER				Employer identification number 26-444438
Par		d Funds or	Other Similar Fun	ds or Ac	
	organization answered "Yes" on Form 990, Part IV, line				
			nor advised funds	(b) Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	vriting that the	assets held in donor ac	lvised func	ts
-	are the organization's property, subject to the organization's	-			
6	Did the organization inform all grantees, donors, and donor ad				
-	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				·
Par	t II Conservation Easements. Complete if the org	anization ans	wered "Yes" on Form 99	0, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (e.g., recreation or e	•		historicallv	important land area
	Protection of natural habitat	,	Preservation of a		•
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservatio	on contribution in the fo	rm of a cor	nservation easement on the last
-	day of the tax year.				Held at the End of the Tax Year
а					2a
b					2b
c	Number of conservation easements on a certified historic stru		t in (a)		20 2c
d	Number of conservation easements included in (c) acquired a				
u					2d
3	listed in the National Register				
3	Number of conservation easements modified, transferred, rele	easeu, extingu	Isrieu, or terminateu by	the organi	
4	year ► Number of states where property subject to conservation eas	omant is locat	ad 🕨		
4 5				of	
5	Does the organization have a written policy regarding the periviolations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		lations, and onforcing c		
6		nandling of vio	ations, and enforcing c	UNSEIVALIO	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violatio	and onforcing conco	nuction oor	comente during the year
'	Amount of expenses incurred in monitoring, inspecting, nand \$	ing of violation	is, and emorcing conse	I ValiOIT Cas	sements during the year
0		o optiofy the re	quiremente of eastion 1	70/h\///D\	(1)
8	Does each conservation easement reported on line 2(d) above	2	•		
•	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation				
	include, if applicable, the text of the footnote to the organizat	ion's financiai	statements that describ	es the orga	anization's accounting for
Par	t III Organizations Maintaining Collections of	Art Histor	ical Treasures or	Other S	imilar Assots
1 4	Complete if the organization answered "Yes" on Form	-			
1a	If the organization elected, as permitted under SFAS 116 (AS		•		
	historical treasures, or other similar assets held for public exh			erance of p	oublic service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ				
b	If the organization elected, as permitted under SFAS 116 (AS				
	treasures, or other similar assets held for public exhibition, ec	lucation, or res	search in furtherance of	public serv	vice, provide the following amounts
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
2	If the organization received or held works of art, historical trea			icial gain, p	provide
	the following amounts required to be reported under SFAS 11		-		
а	Revenue included on Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X				▶ \$

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

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Sche	dule D (Form 990) 2018 UNITE F(26-44			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, or	Other S	Similar	⁻ Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the	following that	are a sign	nificant u	se of its c	ollection	items	
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ims					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how tl	hey further th	ne organizatio	n's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, h	istorical trea	sures, or othe	r similar a	ssets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if th	e organizatio	on answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing	table:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		7		.
	Did the organization include an amount on Fo						r?	∟	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in										
1 41									(-) [haali
4.	Designing of year belongs	(a) Current year	(d)	Prior year	(c) Two year	S DACK (C	a) Three y	ears dack	(e) Four	years	DACK
1a ⊾	Beginning of year balance										
b	Contributions										
ر اہ	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance Provide the estimated percentage of the curr	ont year and balance	, (line 1	a oolumn (o)) hold as:						
2	Board designated or quasi-endowment			g, column (a	III HEIU AS.						
a h	Permanent endowment	%	70								
b	Temporarily restricted endowment	%									
С	The percentages on lines 2a, 2b, and 2c should be the second seco										
20	Are there endowment funds not in the posses		tion the	at are hold a	nd administor	od for tho	organiza	tion			
Ja	by:				nu auministere		organiza		Г	Yes	No
	(i) unrelated organizations								3a(i)	103	
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
	t VI Land, Buildings, and Equipm			lando.							
	Complete if the organization answered). Part l'	V. line 11a. S	See Form 990.	. Part X. lir	ne 10.				
	Description of property	(a) Cost or o		Í	t or other		cumulate	ed	(d) Book	valu	e
		basis (investr			(other)	• •	eciation		(,		-
1a	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must ea		X. colu	mn (B) line 1	0c.)						0.
		<u>,</u>		<u> </u>				Schedule	D (Form	990)	2018

18120924 721252 320193-2300

Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: 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			
(a) Description of investment	(b) Book value	(c) Method of v	aluation: 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,	Part 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) line Part X Other Liabilities.	<u>ə 15.)</u>		▶	
	on Form 000 Dest N/ Pro-	110 or 116 Ore From		
Complete if the organization answered "Yes" 1. (a) Description of liability	on Form 990, Part IV, line	(b) Book value	1 990, Part X, line 25.	
<u> </u>		(D) BOOK value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	∋ 25.)▶			

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 [

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Schedule D (Form 990) 2018

	adule D (Form 990) 2018 ONTTE FOR TER				4444450 Page +			
Ра	rt XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a							
1	Total revenue, gains, and other support per audited financial statements			1	2,954,463.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	3 (, ,							
b	Donated services and use of facilities	_ 2 b	133,012.					
С	Recoveries of prior year grants	. 2c						
d	Other (Describe in Part XIII.)	2d	265,295.					
е	Add lines 2a through 2d			2e	398,307.			
3	Subtract line 2e from line 1			3	2,556,156.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII.)	4b	69,247.					
с	Add lines 4a and 4b			4c	69,247.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	2,625,403.				
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.								
	Reconciliation of Expenses per Audited Financial Statem		Expenses per H	eturi	n.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Expenses per H	leturi				
1		l.		eturi	n. 2,752,512.			
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.						
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:							
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a						
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	. 2a . 2b	133,012.					
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c						
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	133,012. 265,295.					
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	133,012. 265,295.	1	2,752,512.			
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	133,012. 265,295.	1 2e	2,752,512.			
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	133,012. 265,295.	1 2e	2,752,512.			
1 2 6 6 8 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	133,012. 265,295.	1 2e	2,752,512.			
1 2 6 6 8 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	133,012. 265,295. 69,247.	1 2e	2,752,512.			
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d . 2d . 4a . 4b	133,012. 265,295. 69,247.	1 2e 3	2,752,512. 398,307. 2,354,205.			

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.

	U.S.	GAAP	REQUIRES	MANAGEMENT	то	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 JUNE 30, 2019 AND

2018, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT 832054 10-29-18 Schedule D (Form 990) 2018 29

26-1111138

Part XIII Supplemental Information (continued)

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, 2019 OR 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

IN-KIND MATERIALS INCLUDED AS DIRECT EVENT EXPENSES ON THE

990

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT EVENT EXPENSES DEDUCTED ON THE FINANCIAL STATEMENTS

BUT NOT THE 990

PART XII, LINE 2D - OTHER ADJUSTMENTS:

IN-KIND MATERIALS INCLUDED AS DIRECT EVENT EXPENSES ON THE

990

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DIRECT EVENT EXPENSES DEDUCTED ON THE FINANCIAL STATEMENTS

BUT NOT THE 990

Schedule D (Form 990) 2018

832055 10-29-18

69,247.

265,295.

265,295.

69,247.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2018
Department of the Treasury	_	Attach to Form 990			-			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization	UNITE F						26-4444	
	ing Activities. complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
		ed funds through any of the followin	g activ	ities. (Check all that apply.			
a 🔄 Mail solicitat				-	overnment grants			
b Internet and c Phone solici	email solicitations	f Solicita g Special			nment grants events			
d In-person so		g opoidi	lanare	long				
		or oral agreement with any individual				tees,		
		art VII) or entity in connection with p /iduals or entities (fundraisers) pursu			•	oo fuu	Yes	
compensated at le	•	· /·	antio	ayreer			IUIAISEI IS LU DE	-
			(iii) fundr	Did		(v)	Amount paid	(vi) Amount paid
(i) Name and addres or entity (func		(ii) Activity	fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity		or retained by) fundraiser ted in col. (i)	to (or retained by) organization
			Yes	No	-			
Total								
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2018

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 UNITE FOR HER

26-444438 Page 2

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

			(a) Event #1	EZ, lines 1 and 6b. List e (b) Event #2	(c) Other events	
			PINK			(d) Total events (add col. (a) through
			INVITATIONAL	HARVEST	2	col. (c)
Ð			(event type)	(event type)	(total number)	
	1	Gross receipts	1,035,149.	263,684.	306,142.	1,604,975
	2	Less: Contributions	376,767.	214,209.	259,432.	850,408
+	3	Gross income (line 1 minus line 2)	658,382.	49,475.	46,710.	754,567
	4	Cash prizes			250.	250
	5	Noncash prizes	70,993.	42,378.	30,371.	143,742
DELISE	6	Rent/facility costs	196,398.	12,322.	21,439.	230,159
DIrect Expenses	7	Food and beverages		80,293.	2,173.	82,466
_	8	Entertainment		4 500		4,500
	o 9	Other direct expenses	284,479.	4,500. 5,516.	31,468.	321,463
	9 10	Direct expense summary. Add lines 4 through				782,580
		. , ,	.,			-28,013
		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	1	Gross revenue				
2	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
a	ls tl	ter the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	ctivities in each of these s			Yes N

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 UNITE FOR HER	26 - 4	444438	Page 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 No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility		13a	%
k	an outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	S:		
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
Ł	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	unt		
	of gaming revenue retained by the third party ▶\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			—
	retain the state gaming license?		└── Yes	
k	Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Par	lll lines Q	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	andran	. 111, 111103 3,	50, 100,
8320		G (Form	990 or 990	-EZ) 2018
	33			

 Schedule G (Form 990 or 990-EZ)

832084 04-01-18

LHA For Paperwork		2 Enter total number				1 (a) Name and ad or gov	Part II Grants and recipient th	2 Describe in Part I	1 Does the organiz	Part I General In	Name of the organization	Internal Revenue Service	SCHEDULE I (Form 990)
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Enter total number of other organizations listed in the line 1 table	Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table				1 (a) Name and address of organization or government	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.	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	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 or the selection award the grants or assistance?	General Information on Grants and Assistance	on UNITE FOR HER		
see the Instructi	listed in the line 1	nd aovernment orc				(b) EIN	Domestic Organiz 5,000. Part II can	cedures for monit	o substantiate the	nd Assistance	HER		Compl
ons for Form 990.	table	anizations listed in the				(c) IRC section (if applicable)	ations and Domestic	oring the use of grant t	amount of the grants			► Go to www.ir	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.
						(d) Amount of cash grant	pnal space is need	funds in the United	or assistance, the			Go to www.irs.gov/Form990 for the latest information.	er Assistan Id Individual
						(e) Amount of non-cash assistance	complete if the orga ed.	States.	grantees' eligibility			r the latest inform	ce to Organ s in the Uni on Form 990, Pa
						(f) Method of valuation (book, FMV, appraisal, other)	anization answered "Y		for the grants or assis			nation.	izations, ted States t IV, line 21 or 22.
						(g) Description of noncash assistance	es" on Form 990, Part		tance, and the selectic				
Schedule I (Form 990) (2018)						(h) Purpose of grant or assistance	IV, line 21, for any	[Employer identification number $26-4444438$	Inspection	Onen to Public

Schedule I (Form 990) (2018) UNITE FOR HER					26-444438 Page 2
er Assista plicated i	Complete if the	organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	90, Part IV, line 22.	
(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	٥	15,000.	°.		
	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
1>: 1	L BURDENS	S AND THERE	IS NO	MONITORING OF	
THE USE OF GRANTS ONCE THEY HAVE BE	BEEN AWARDED.	ED.			
832102 11-02-18					Schedule I (Form 990) (2018)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► 1. A. E. ~~~

2018 **Open to Public** Inspection

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

Name of the	organizatior
-------------	--------------

Employer identification number
26-444438

n

Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	ts
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 (EDUCATION AND)	X	42,704		WHOLESALE CO)ST	
26	Other \blacktriangleright (EVENT MATERIA)	X	40	126,137.	FMV		
27	Other ► (<u>AUCTION ITEMS</u>)	X	203	90,486.			
28	Other ► (LEOS FOR PINK)	X	3,744	48,672.	FMV		
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions			
	for which the organization completed Form 828	83, Part IV, [Donee Acknowledg	jement 29		Yes	No
30a	During the year, did the organization receive by	v contributio	n anv propertv rep	orted in Part I. lines 1 throug	h 28. that it		<u> </u>
	must hold for at least three years from the date	-	• • • • •				
	exempt purposes for the entire holding period?	-				30a	x
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31	X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

32a

832141 10-18-18

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Part II	Suppler	mental	Informat	ion. Pl	rovide th	ĺ
Schedule I	M (Form 990)) 2018	UNITE	FOR	HER	

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

832142 10-18-18	Schedule M (Form 990) 2018

18120924 721252 320193-2300 20

38 2018.04030 UNITE FOR HER SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



UNITE FOR HER

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 FUNDS AND DELIVERS UP TO \$2000 WORTH OF INTEGRATIVE

THERAPIES THAT EACH PATIENT CHOOSES OVER THE COURSE OF ONE YEAR TO HELP

MITIGATE UNWANTED SIDE EFFECTS AND SYMPTOMS DURING TREATMENT AND

BEYOND. THOSE LIVING WITH ADVANCED METASTATIC DISEASE ARE PROVIDED

ONGOING SUPPORT, WHERE EACH CAN RENEW THEIR PASSPORT OF SERVICES EVERY

SIX MONTHS FOR AS LONG AS THEY NEED. THIS YEAR WE WILL PROVIDE 119

WOMEN LIVING WITH METASTATIC DISEASE WITH ONGOING PASSPORT SUPPORT

SERVICES AND THERAPIES.

UFH SUPPORTS BREAST CANCER PATIENTS THROUGH THE CHALLENGES OF MEDICAL

TREATMENTS AND BEYOND, PROVIDING OUTCOMES THAT CREATE A HIGHER QUALITY

OF LIFE AS WELL AS INSPIRE LIFESTYLE CHANGES THAT PROMOTE CONTINUED

HEALTH AND WELLNESS. UNITE FOR HER TAKES THEM FROM A PLACE OF

POST-TRAUMATIC STRESS TO ONE THAT EMPOWERS POST-TRAUMATIC GROWTH,

HELPING THEM HEAL FULLY, EMOTIONALLY AND PHYSICALLY.

THIS YEAR UNITE FOR HER EMBARKED ON A PILOT PROGRAM EXPANDING ITS

SERVICES TO WOMEN AFFECTED BY OVARIAN CANCER, WHERE 55 WOMEN WERE

SELECTED FOR THIS PILOT FROM 4 PARTNERING HOSPITALS. FUNDING WAS

SECURED SEPARATELY, RESTRICTED FOR THIS POPULATION ONLY. IT WAS

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2018)83221110-10-18

Name of the organization UNITE FOR HER	Employer identification number
UNITE FOR HER	20-4444456
EXTREMELY SUCCESSFUL, ANSWERING A NEED THIS COMMUNITY HAD	, FOR THESE
NOMEN HAVE VERY DIFFICULT TREATMENTS AND OUTCOMES. UNITE	FOR HER WILL
LOOK TO OFFICIALLY EXPAND IN THE 2019/20 FISCAL TO TREAT	ALL WOMEN

IN DECEMBER OF 2018, UNITE FOR HER RELEASED HER CARE BOX, A SELF-CARE PACKAGE THAT ANYONE IN THE NATION CAN RECEIVE AS A GIFT FROM A LOVED ONE. IT IS UNITE FOR HER'S "MISSION IN A BOX" ALLOWING WOMEN AFFECTED BY BREAST CANCER TO RECEIVE RESOURCES AND EDUCATION THAT PROMOTES HEALING AND THE USE OF COMPLEMENTARY THERAPIES FOR THEIR OVERALL HEALTH AND WELLNESS. UFH SOLD 800 HER CARE BOXES TO INDEPENDENCE BLUE CROSS FOR THEM TO GIFT TO THEIR MEDICARE ADVANTAGE POPULATION. THIS NEW PROGRAM ALLOWS UNITE FOR HER'S MISSION AND OUTREACH TO EXTEND PAST OUR GEOGRAPHIC AREA, TO A NATIONAL REACH, SENDING THE "GIFT OF CARE AND LOVE" IN A BOX.

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 THEIR DAILY ROUTINE. 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.

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	FORM	990,	PART	VI,	SECTION	В,	LINE	11B:
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832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
UNITE FOR HER	26-444438
AN AUDIT IS CONDUCTED AND FINANCIAL STATEMENTS ARE PREPARED	O 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.

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

ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE FINANCE COMMITTEE ASSUMES THE RESPONSIBILITY FOR SELECTING AN

INDEPENDENT ACCOUNTANT AND FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL

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STATEMENTS. THE PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR.

Schedule O (Form 990 or 990-EZ) (2018)

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2018.04030 UNITE FOR HER

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Employer identification n
UNITE FOR HER	26-444438
32212 10-10-18	Schedule O (Form 990 or 990-EZ
	42
20924 721252 320193-2300	2018.04030 UNITE FOR HER 3