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Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public

| | | | | | | | | Inspection |
|--------------------------------|---------------|-------------------------------|-------------------|---|---|----------------------------|---------------------------------------|-------------------------------|
| | | | dar yea | r, or tax year beginning C Name of organization | g 07-01-2009 and ending 06-30-2010 | | D Employer id | entification number |
| | | | ease e IRS | Rappahannock United W | ay Inc | | E4 604201 | 26 |
| | dress ch | lalige | oel or | Doing Business As | | | 54-604293 E Telephone n | |
| Na | me cha | | int or oe. See | | | | | |
| Ini | tıal retu | | ecific struc- | | O box if mail is not delivered to street address | s) Room/suite | (540) 373- | |
| Г Те | mınate | | ns. | 3310 Shannon Park Drive | 2 | | G Gross receipts | 5 \$ 3,981,074 |
| Г Am | nended | return | | City or town, state or co | untry, and ZIP + 4 | | | |
| ┌ Ap | plication | n pending | | Fredericksburg, VA 2240 | 08 | | | |
| , | p.i.ou t.io i | . ponumy | F N | | | | | |
| | | | | me and address of princ Donohue | ipal officer | H(a) Is the affilia | s a group retur | n for |
| | | | | Shannon Park Drive | | amma | tes. |) 165 J. NO |
| | | | Frederi | cksburg, VA 22408 | | H(b) Are al | l affiliates includ | ded? |
| | | | _ | _ | | If"No | o," attach a list | t (see instructions) |
| I Ta | x-exen | npt status ✔ | 501(c) |)(3) ◄ (insert no) | 1947(a)(1) or 527 | H(c) Grou | ip exemption ni | umber 🟲 |
| J W | ebsit e | e: 🕨 www ra | ppahan | nockunitedway org | | | | |
| K For | m of or | nanization 🔽 | Cornorat | tion Trust Association | Other • | I Year of fo | rmation 1939 | M State of legal domicile VA |
| _ | | Summa | | rraser rissociation | , other r | T rear or to | indion 1333 | Trotate of legal dofficie. Wi |
| | | | | e organization's missio | n or most significant activities | | | |
| | | | | | by focusing on education, income and | | | _ |
| e e | | and interes | | • | ips with business, government and nor | n-profit organ | izations to cre | atively solve our |
| ဋ | | Community | issues | | | | | |
| Ĕ | | | | | | | | |
| Governance | | | | | | | | |
| | 2 | Check this | box 🛏 | if the organization dis | scontinued its operations or disposed o | of more than | 25% of its net | assets |
| න ර් රෝ | 3 | Number of | voting r | nembers of the governi | ng body (Part VI, line 1a) | | 3 | 21 |
| Activities | 4 | Number of | ındepen | ident voting members o | of the governing body (Part VI, line 1b) | | . 4 | 21 |
| \$ | 5 | Total numb | erofen | nployees (Part V , line 2 | 2a) | | 5 | 517 |
| 4 | 6 | Total numb | erofvo | olunteers (estimate if n | ecessary) | | 6 | 1,886 |
| | 7a | Total gross | unrela | ted business revenue f | rom Part VIII, column (C), line 12 . | • | 7 | 'a0 |
| | ь | Net unrelat | ed busi | ness taxable income fr | om Form 990-T, line 34 | | 7 | 'b 0 |
| | | | | | | Prio | r Year | Current Year |
| | 8 | Contribut | ions and | d grants (Part VIII, line | e 1h) | | 3,461,408 | 3,962,906 |
| ₽ | 9 | Program s | ervice | revenue (Part VIII, lin | e 2g) | | 7,390 | 1,719 |
| Revenue | 10 | Investme | nt ıncor | ne (Part VIII, column (| (A), lines 3, 4, and 7d) | | 34,922 | 12,024 |
| 产 | 11 | O ther rev | enue (P | art VIII, column (A), lı | nes 5, 6d, 8c, 9c, 10c, and 11e) | | 15,003 | -19,824 |
| | 12 | Total reve | enue — a | dd lines 8 through 11 (| must equal Part VIII, column (A), lıne | | | |
| | | | | | | | 3,518,723 | 3,956,825 |
| | 13 | | | | X, column (A), lines 1-3) | | 2,546,298 | 2,717,050 |
| | 14 | - | | • | , column (A), line 4) | | | 0 |
| Ø | 15 | Salaries, (| otherco | ompensation, employee | benefits (Part IX, column (A), lines 5 | - | 607,548 | 679,162 |
|)3e | 16a | • | nal fund | Iraicing foos (Part IV) c | olumn (A), line 11e) | | 007,540 | 0,73,102 |
| Expenses | l _ | | | | | | | |
| Д | b | | | enses (Part IX, column (D), | | | | |
| | 17 | - | | | nes 11a-11d, 11f-24f) | | 267,725 | 425,267 |
| | 18 | • | | | equal Part IX, column (A), line 25) | | 3,421,571 | 3,821,479 |
| | 19 | Revenue I | ess exp | enses Subtract line 1 | 8 from line 12 | | 97,152 | 135,346 |
| Š Š | | | | | | | g of Current ear | End of Year |
| Net Assets or Fund Balances | 20 | Total ass | ets (Par | rt X. line 16) | | <u>'</u> | 3,991,410 | 4,386,449 |
| AB dB | 21 | | | | | | 2,724,256 | 2,983,949 |
| 25 E | 22 | | - | | ne 21 from line 20 | | 1,267,154 | 1,402,500 |
| | 1011 | Signati | | | | | 1,207,101 | 1,102,300 |
| | | _ | | | examined this return, including accompanying s | schedules and st | tatements and to | the hest of my knowledge |
| | | | | | aration of preparer (other than officer) is based | | | |
| | | | | | | I | | |
| Sigr Her | | ****** | e of office | | | 2011- Date | 02-11 | |
| Hei | _ | J. Signature | e or office | 21 | | Date | | |
| | | | | President ne and title | | | | |
| | | F iype of | Print Hall | e and tide | | | <u> </u> | |
| | | Preparer's |) | | | heck if elf- | Preparer's ident (see instructions | |
| Paid | | signature | ī | | | npolyed 🕨 🦵 | | , |
| • | arer's | | | s PBGH LLP | - | | EIN Þ | |
| Use | Only | ıf self-emplo address, and | | 725 Jackson Street Sui | te 210 | | -114 F | |
| | | | | Fredericksburg, VA 22 | 401 | | Phone no 🕨 (| 540) 371-3566 |
| Mav | the IR | S discuss t | his retii | | own above? (see instructions) | | | ✓ Yes |

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Total program service expenses►\$

Improving lives by mobilizing the caring power of our community

| 2 | Did the organizatio the prior Form 990 | n undertake any significa or 990-EZ? | | vices during the year v | | Yes ✓ No | | | | | |
|----|--|--|--|--|--|---------------------------------------|--|--|--|--|--|
| | If "Yes," describe t | hese new services on Sc | hedule O | | | | | | | | |
| 3 | Did the organizatio | n cease conducting, or n | nake significant • • • • | changes in how it cond | | Yes 🔽 No | | | | | |
| | If "Yes," describe these changes on Schedule O | | | | | | | | | | |
| 4 | Section 501(c)(3) | | ons and sectioi | n 4947(a)(1) trusts are | argest program services by ex e required to report the amoun ervice reported | • | | | | | |
| 4a | (Code |) (Expenses \$ | 2,717,050 | including grants of \$ | 2,717,050) (Revenue \$ |) | | | | | |
| | approximately 60 prog service programs. The | grams through their 31 memb | er agencies, in add community impac | ition to other community ba it initiatives which work in co | rations which run workplace giving ca sed non-profit organizations that pro pordinating solutions to human needs potsylvania and Stafford | vide health and human | | | | | |
| | (0.1 | | 400 705 | |) (D | | | | | | |
| 4b | (Code RUW Programs include |) (Expenses \$ e Technical Assistance for Noi | 493,725 n-Profits, Smart Be | including grants of \$ ginnings Rappahannock Area |) (Revenue \$ a, Information Services, Volunteer Se | 6,144) ervices, Earned Income Tax | | | | | |
| | Credit Coalition and R | appahannock Region Voluntar | y Organizations Act | tive in Disaster | | | | | | | |
| 4c | (Code |) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| 4d | | rvices (Describe in Sch | • | | | | | | | | |
| | (Expenses \$ | ınclı | uding grants of | \$ |) (Revenue \$ |) | | | | | |

3,210,775

| Part TV | Checklis | st of De | auired 9 | Schedules |
|---------|----------|----------|----------|-----------|
| | CHECKII | SL UI KE | uuneu s | cneuules |

| | | | 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 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | No |
| 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 | | Νο |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | Νο |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where 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 | | No |
| 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, 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 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V | 10 | | Νο |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | | | |
| | ◆ 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. | | | |
| | ◆ 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. | | | |
| | ◆ 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. | | | |
| | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| | ◆ 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? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | Yes | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | Į | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | Νο |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i> | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Νο |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | N o |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | No |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | No |
| 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 questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) 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 | | Νο |
| 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 | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | | | |
| | <i>IV</i> | 28a | | Νo |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part <i>IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νo |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | Νο |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νο |
| 32 | Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I | 33 | | Νο |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | Νο |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Νo |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | 38 | Yes | |

| | | | Yes | No |
|-----|---|-----|-----|-----|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | 103 | |
| Ь | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |
| 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 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | No |
| Ь | If "Yes," has it filed a Form 990-T for this year? If "No," 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 | | N o |
| b | If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot . | 5a | | Νo |
| ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 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? | 6a | | No |
| 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). | | | |
| а | 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 | | N o |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | N o |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the 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 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |

3310 Shannon Park Drive Fredericksburg, VA 22408

(540) 373-0041

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

| Se | ction A. Governing Body and Management | | | |
|----------|---|----------|----------|--------------|
| | | | Yes | No |
| | | | | |
| 1_ | Enter the number of voting members of the governing body | | | |
| 1a b | Enter the number of voting members of the governing body 1a 21 Enter the number of voting members that are independent 1b 21 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any | | | |
| - | other officer, director, trustee, or key employee? | 2 | | Νο |
| 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 | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | Νο |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | Νο |
| 6 | Does the organization have members or stockholders? | 6 | | Νο |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | Νο |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot | 7b | | Νο |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Νo |
| | ction B. Policies (This Section B requests information about policies not required by the Internal | | | |
| Re | venue Code.) | | | |
| | | 4.0 | Yes | No |
| | Does the organization have local chapters, branches, or affiliates? | 10a | | N o |
| | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | Yes | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| 12 | describe in Schedule O how this is done | 12c | Yes | |
| 13 14 | Does the organization have a written whistleblower policy? | 13 14 | Yes | |
| 14 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 14 | 162 | |
| 2 | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| | Other officers or key employees of the organization | 15a | Yes | |
| _ | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | | | |
| | 2 | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| | ction C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed ►VA | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of which website. Another's website. Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | ie orda | nization | ı ▶ - |
| | Barbara E Tomayko Director of Fin | 0. yu | 4:101 | |

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

| Check this box if the organization did i | not compen | sate any | y curi | rent | or fo | rmer | ffice | r, dırector, trustee | or key employee | |
|--|-------------------------|--|--------|------------------------------|--------|----------------------------------|---|--|--|--|
| (A) Name and Title | (B) Average hours | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the | (E) Reportable compensation | (F) Estimated amount of other |
| | per week | Key employee Officer Institutional Trustee or director | | Highest compensated employee | Former | organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations | | |
| See add'l data | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

| For | n 990 (2009) | | | Page 8 |
|-----|--|---|----------------------|-----------------|
| 1b | Total | 0 | | 453 |
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1 | | | |
| | | | Yes | No |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual | 3 | | N o |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual | 4 | | No |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person | 5 | | No |
| S | ection B. Independent Contractors | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization | | | |
| | (A) Name and business address (B) Description of services | | (C Comper | |
| | | | | |
| 2 | Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •0 | | | |
| | | F | orm 99 0 | 0 (2009) |

| Form 9 | | - | | | | | | Page 9 |
|---------------|--------------|---|--|--------------------|----------------------|--|---|---|
| Part \ | <u>/1111</u> | Statement o | of Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ats and | 1a | Federated cam | paigns 1a | 456,113 | | | | |
| ह्यू <u>स</u> | ь | Membership du | es 1b | | | | | |
| ુંલ | C | Fundraising eve | ents 1c | 158,024 | | | | |
| <u>≅</u> g | d | | rations 1d | | | | | |
| | e | Government grants | | 126,623 | | | | |
| 真ず | f | similar amounts no | ons, gifts, grants, and 1f ot included above | 3,222,146 | | | | |
| | g | | butions included in | | | | | |
| | h | | s 1a-1f | ▶ | 3,962,906 | | | |
| | | | | Business Code | | | | |
| anue | 2a | vol mgmt training | | 611,710 | 1,719 | 1,719 | | |
| | ь | | | | | | | |
| | c | | | | | | | |
| <u>7</u> | d | | | | | | | |
| Ē | e | | | | | | | |
| j O | f | All other progra | am service revenue | | | | | |
| <u>~</u> | g | Total. Add lines | s 2a-2f | | 1,719 | | | |
| | 3 | | ome (including dividen | | 12,024 | | | 12,024 |
| | 4 | | ar amounts) stment of tax-exempt bond | ⊢ | 12,024 | | | 12,024 |
| | 5 | Royalties | | | | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross Rents | | | | | | |
| | b | Less rental expenses | | | | | | |
| | C | Rental income or (loss) | | | | | | |
| | d | Net rental inco | me or (loss) | | | | | |
| | 7a | Gross amount | (ı) Securities | (II) O ther | | | | |
| | '" | from sales of assets other | | | | | | |
| | ь | than inventory Less cost or | | | | | | |
| | " | other basis and sales expenses | | | | | | |
| | c | Gain or (loss) | | | | | | |
| | d | | s) | | | | | |
| Other Revenue | 8a | Gross income f events (not inc \$ 158 of contributions See Part IV, lin | luding ,024 s reported on line 1c) se 18 | | | | | |
| <u> </u> | ь | loss director | a penses b | 0 | | | | |
| ₹ | c | | (loss) from fundraising | 24,249 events ► | -24,249 | | | -24,249 |
| | 9a | Gross income f See Part IV, lin | | | | | | |
| | ь | | apenses b [loss) from gaming activ | vities | | | | |
| | 10a | Gross sales of returns and allo | unventory, less owances . | | | | | |
| | ь | Less cost of g | a oods sold b | | | | | |
| | с | Net income or (| loss) from sales of inve | entory 🟲 | | | | |
| | | Miscellaneous | Revenue | Business Code | | | | |
| | 11a | Miscellaneous | | 900,099 | 4,425 | 4,425 | | |
| | Ь | | | | | | | |
| | d | All other reven | | | | | | |
| | e | | ue s 11a-11d | | | | | |
| | | | | • | 4,425 | | | |
| | 12 | Total revenue. | See Instructions | · · • | 3,956,825 | 6,144 | 0 | -12,225 |

| | 990 (2009) | | | | Page 10 |
|----------|---|--------------------|---------------------------------------|-------------------------------------|-----------------------------------|
| Par | t IX Statement of Functional Expenses | | | | |
| | Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to | | | (D) | |
| Do no | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 2,717,050 | | 3 | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 190,207 | 73,802 | 58,626 | 57,779 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 420,800 | 182,861 | 90,379 | 147,560 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 120,000 | 102,001 | 36,5,5 | 117,500 |
| 9 | Other employee benefits | 24,445 | 9,456 | 2,480 | 12,509 |
| 10 | Payroll taxes | 43,710 | 17,968 | 11,715 | 14,027 |
| 11 | Fees for services (non-employees) | | | | · · · · · · |
| а | Management | | | | |
| ь | Legal | | | | |
| c | Accounting | 20,700 | 5,469 | 4,216 | 11,015 |
| d | Lobbying | | 5,100 | ,,=== | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| | Other | 32,457 | 27,940 | 4,517 | |
| g 12 | Advertising and promotion | 4,147 | 1,937 | 4,317 | 2,210 |
| 13 | Office expenses | 34,845 | 11,434 | 6,567 | 16,844 |
| 14 | Information technology | | , , , , , , , , , , , , , , , , , , , | 190 | |
| 15 | Royalties | 794 | 246 | 190 | 358 |
| | · | 21 504 | 6 700 | F 171 | 0.712 |
| 16 | Occupancy | 21,584 | 6,700 | 5,171 | 9,713 |
| 17 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 22,073 | 14,232 | 971 | 6,870 |
| 19 | Conferences, conventions, and meetings | 4,173 | 1,539 | 135 | 2,499 |
| 20 | Interest | 30,267 | 1,557 | 30,267 | 2,433 |
| 21 | Payments to affiliates | 30,207 | | 30,207 | |
| 22 | Depreciation, depletion, and amortization | 50,943 | 32,559 | 5,172 | 13,212 |
| 23 | Insurance | 2,915 | 905 | 698 | |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | 2,913 | 903 | 098 | 1,312 |
| а | Supplies | 121,312 | 74,020 | 0 | 47,292 |
| b | Dues and subscriptions | 26,984 | 8,426 | 5,856 | 12,702 |
| c | Miscellaneous | 21,942 | 10,260 | 3,158 | 8,524 |
| d | Training | 15,444 | 9,862 | 1,035 | 4,547 |
| | repairs and maintenance | 14,687 | 4,109 | 2,724 | 7,854 |
| f | All other expenses | 1 | , | <u> </u> | |
| 25 | Total functional expenses. Add lines 1 through 24f | 3,821,479 | 3,210,775 | 233,877 | 376,827 |
| 26 | Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | 5,321,113 | 5,210,773 | 233,011 | 2.3/02/ |
| | | 1 | | 1 | |

| Pā | irt X | Balance Sheet | | | | | |
|-------------|-------|---|----------|-----------------|--------------------------|-----|--------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | | 654,832 | 1 | 590,596 |
| | 2 | Savings and temporary cash investments | | | 755,091 | 2 | 769,886 |
| | 3 | Pledges and grants receivable, net | | | 1,598,007 | 3 | 1,709,192 |
| | 4 | Accounts receivable, net | | | 25,125 | 4 | 43,177 |
| | 5 | Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of | , key e | employees, and | | | |
| | | Schedule L | | | | 5 | |
| Assets | 6 | Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II o | | 4958(f)(1)) and | | | |
| | | Schedule L | | | 6 | | |
| | 7 | Notes and loans receivable, net | | | 7 | | |
| | 8 | Inventories for sale or use | | | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 5,979 | 9 | 8,423 |
| | 10a | Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D | 10a | | | | |
| | ь | Less accumulated depreciation | 10b | 121,778 | 180,003 | 10c | 1,246,608 |
| | 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 | | | 772,373 | 15 | 18,567 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 3,991,410 | 16 | 4,386,449 |
| | 17 | Accounts payable and accrued expenses . | | | 74,416 | 17 | 76,505 |
| | 18 | Grants payable | | | 2,011,186 | 18 | 2,164,910 |
| | 19 | Deferred revenue | | 19 | | | |
| _ | 20 | Tax-exempt bond liabilities | | 20 | | | |
| ē. | 21 | Escrow or custodial account liability Complete Part IV of Schedule | ū | | 21 | | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | | | |
| ï | | persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 638,654 | 23 | 742,534 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 2,724,256 | 26 | 2,983,949 |
| S e S | | Organizations that follow SFAS 117, check here ▶ 🔽 and comp through 29, and lines 33 and 34. | lete lii | nes 27 | | | |
| Balance | 27 | Unrestricted net assets | | | 1,195,580 | 27 | 1,222,983 |
| B | 28 | Temporarily restricted net assets | | | 71,574 | 28 | 179,517 |
| 돧 | 29 | Permanently restricted net assets | | | 29 | | |
| Fund | | Organizations that do not follow SFAS 117, check here ► an lines 30 through 34. | d com | plete | | | |
| ō | 30 | Capital stock or trust principal, or current funds | _ | | | 30 | |
| Assets or | 31 | Paid-in or capital surplus, or land, building or equipment fund. | | | | 31 | |
| ر د د د | 32 | Retained earnings, endowment, accumulated income, or other fu | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 1,267,154 | | 1,402,500 |
| Ŋet | 34 | Total liabilities and net assets/fund halances | | | 3 991 410 | | 4 386 449 |

Part XI Financial Statements and Reporting

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

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Rappahannock United Way Inc

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection **Employer identification number**

| | | | ınstructıons)) | Yes | No | Yes | No | Yes | No | | |
|--------------|-------------------------------------|---|---|---|--------------------------------|---|--|--|-----------------------|--------|----------------------------------|
| N a s u p | (i) ime of ported nization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see | (iv) Is the organizati col (i) list your gover docume | on in ed in rning nt? | (v) Did you noti organization col (i) of your support | on in Your '? | (vi) Is the organization col (i) orga in the U S | on in nized 5-? | A m | vii) ount of oport? |
| h | Provide | the followin | g information about t | he supported | d organizatio | n(s) | | | | | |
| | (iii) a 3 | 5% controll | ed entity of a person | described in | (ı) or (ıı) abo | ove? | | | 11g(iii) | | |
| | (ii) a fa | mıly membe | r of a person describ | ed ın (ı) abov | re? | | | | 11g(ii) | | |
| | and (III) |) below, the g | overning body of the | the support | ed organızatı | on? | | | 11g(i) | | |
| | | | ectly or indirectly co | ntrols, either | r alone or tog | ether with pe | rsons descri | bed in (ii) | | Yes | No |
| g | | ugust 17, 2 g persons? | 006, has the organız | ation accept | ed any gift o | r contribution | from any of | tne | | | |
| _ | | his box | 006 has the season: | | | | f===================================== | 4 h.a | | | Г |
| f | | | eceived a written det | termination f | rom the IRS | that it is a Ty | pe I, Type I | I or Type III | supporting o | rganız | ation <u>,</u> |
| · | other th | | on managers and othe | | | | | | | | |
| еГ | | | x, I certify that the o | | | • | - | | | | |
| | the box | | supported organiza oes the type of suppo b Type II | rtıng organız | ation and co | | 11e through | | Type II: | | |
| 11 | _ | _ | anized and operated | • | | | | | • | | |
| 10 T | – Anorga | anızatıon org | anızed and operated | exclusively t | to test for pu | blic safety S | ee section 50 | 9(a)(4). | | | |
| | - | _ | anızatıon after June 3 | | | | - | | • | | |
| | • | receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses | | | | | | | | | |
| , | _ | | • | • • | | 7.7 | | • | | - | |
| 9 T | _ | · · | t normally receives | | | - | om contribut | ions. membe | rship fees, ai | nd aro | SS |
| 8 F | - | | described in section | |)(vi) (Comp | lete Part II) | | | | | |
| , , | describ | ed ın | A)(vi) (Complete Pa | | part or its st | эррогс пош а | government | ar unit of from | itile gellerar | public | • |
| 6 7 √ | _ | | local government or (t normally receives a | _ | | | | | the general | nublia | |
| . F | - | | A)(iv). (Complete Pa | | | | 470/13/43/ | • > / > | | | |
| 5 | _ | • | rated for the benefit | _ | or university | owned or ope | rated by a g | overnmental | unıt describe | d ın | |
| _ | | , | ., | | | | | | | _ | |
| 4 | | cai research l's name, cit | organization operate y, and state | ia in conjunc | tion with a no | ospitai descri | dea in sectio | on 170(D)(1)(| A)(III). Ente | rtne | |
| 3 | - | | perative hospital serv | _ | | | | | | | |
| 2 | _ | | in section 170(b)(1) | | | • | | | | | |
| 1 | - | | on of churches, or ass | | | | 1)(A)(i). | | | | |
| he orga | anızatıon ıs | not a private | e foundation because | ıtıs (Forlır | nes 1 througl | n 11, check o | nly one box |) | | | |
| Part : | Reas | on for Pul | olic Charity State | us (All orga | anızatıons r | nust comple | te this par | t.) See ınstı | ructions | | |
| | | | | | | | | 54-6042936 | | | |

Total

Support Schedule for Organizations Described in IRC 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.)

| | (Complete only if yo | ou checked the | box on line 5, 7 | , or 8 of Part I | .) | | | |
|-----------|---|---|--|--|-----------------------------|---------------|-----------|----------------------------|
| | ection A. Public Support | 1 | 1 | | | | | |
| Сак | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 20 | 009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual | 2,976,07 | 5 3,420,816 | 3,333,567 | 3,461,408 | 3 | ,962,906 | 17,154,772 |
| | grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 2,976,07 | 5 3,420,816 | 3,333,567 | 3,461,408 | 3 | ,962,906 | 17,154,772 |
| 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 | | | | | | | |
| 6 | amount shown on line 11, column (f) Public Support. Subtract line 5 | | | | | | | |
| | from line 4 | | | | | | | 17,154,772 |
| | ection B. Total Support | | | | | | | |
| Cal | endar year (or fiscal year | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 20 | 09 | (f) Total |
| 7 | beginning in) A mounts from line 4 | 2,976,075 | 35,533 | 3,333,567 | 3,461,408 | 3. | ,962,906 | 17,154,772 |
| 8 | Gross income from interest, | _, _ , _ , _ , | , | | =, :==, :== | | , | |
| J | dividends, payments received on securities loans, rents, royalties and income from similar sources | 16,312 | 35,533 | 30,121 | 34,922 | | 12,024 | 128,912 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | | | | | | | |
| 11 | Total support (Add lines 7 through 10) | | | | | | | 17,283,684 |
| 12 | Gross receipts from related activiti | ies, etc (See ins | tructions) | | | 12 | | 64,903 |
| 13 | First Five Years If the Form 990 is check this box and stop here | | | thırd, fourth, or f | ofth tax year as a s | 501(c)(3 |) organız | eation, ▶☐ |
| <u> </u> | ection C. Computation of Pul Public Support Percentage for 200 | | | 11 column (fl) | | 14 | | 99 250 % |
| - · 15 | Public Support Percentage for 200 | • | | (.,, | | | | |
| | 33 1/3% support test—2009. If the | • | • | on line 13 and l | ina 14 is 33 1/20% | 15 or more | check + | 98 810 % his hox |
| | and stop here. The organization qual 33 1/3% support test—2008. If the | alıfıes as a publıc e organızatıon dıd | ly supported orga not check the box | nization con line 13 or 16 | | | • | ▶ ✓ check this_ |
| 17a | box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization medorganization medorganization | —2009. If the org tion meets the "f | anızatıon dıd not c acts and cırcumst | heck a box on lin ances" test, chec | ck this box and st e | op here. | Explain | ed • |
| b | 10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza | nızatıon meets th | e "facts and cırcu | mstances" test, c | heck this box and | stop he | ere. | · |
| 18 | supported organization Private Foundation If the organizat | | | | | | | ▶┌ ▶┌ |
| | ınstructions | | | | | | | - |

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

| | (Complete only if you | cnecked the | box on line 9 o | r Part I.) | | | |
|------|---|----------------------|---------------------|----------------------|---------------------|-------------------|-------------------|
| | ction A. Public Support | T | | | 1 | T | I |
| cale | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual grants ") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services | | | | | | |
| | performed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| | organization's tax-exempt | | | | | | |
| _ | purpose Gross receipts from activities that | | | | | | |
| 3 | are not an unrelated trade or | | | | | | |
| | business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either | | | | | | |
| | paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| _ | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 Amounts included on lines 1, 2, | | | | | | |
| /a | and 3 received from disqualified | | | | 1 | | |
| | persons | | | | | | |
| b | A mounts 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 | | | | | | |
| | rom line 6) ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning | | | | | | |
| cuic | in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| ь | Unrelated business taxable | | | | | | |
| | income (less section 511 taxes) from businesses acquired after | | | | | | |
| | June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated | | | | | | |
| | business activities not included | | | | | | |
| | in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include | | | | | | |
| | gain or loss from the sale of | | | | | | |
| | capital assets (Explain in Part | | | | | | |
| 13 | IV) Total support (Add lines 9, 10c, | | | | | | |
| 13 | 11 and 12) | | | | | | |
| 14 | First Five Years If the Form 990 is for | or the organizat | ion's first, second | l, thırd, fourth, or | fifth tax year as a | a 501(c)(3) orgar | |
| | check this box and stop here | | | | | | ► □ |
| Se | ction C. Computation of Publ | ic Support P | ercentage | | | | |
| 15 | Public Support Percentage for 2009 | | | 13 column (f)) | | 15 | |
| 16 | Public support percentage from 200 | - | | .,, | | 16 | |
| | Table support personage nom 200 | o o o modulo / i / i | arc 111, mrs 15 | | | 10 | |
| Se | ction D. Computation of Inve | stment Inco | ome Percenta | ae | | | |
| 17 | Investment income percentage for 2 | | | | n (f)) | 17 | |
| 18 | Investment income percentage from | • | | • | | 18 | |
| | 33 1/3% support tests—2009. If the | | • | | d line 15 is more | | line 17 is not |
| 1.7a | more than 33 1/3%, check this box a | | | | | uii 22 1/3/0 dill | . IIIC 17 13 110t |
| | organization | •厂 | | • | | | |
| ь | 33 1/3% support tests—2008. If the | organization di | d not check a box | on line 14 or line | e 19a, and line 16 | 5 is more than 33 | 1/3% and line |

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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As Filed Data

DLN: 93493045008001

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number Name of the organization Rappahannock United Way Inc 54-6042936 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

| Par | 411 Organizations Maintaining Co | llections of Art | t, His | tori | <u>cal Tre</u> | easu | res, or C | <u> the</u> | <u>r Similar As</u> | sets (c | ontinued) |
|-----|---|----------------------|---------|-----------------|----------------------------|---------|---------------------------------|-------------|------------------------------------|-------------------|-----------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check an | y of th | ne foll | owing th | nat are | a signific | ant u | se of its collect | ion | |
| а | Public exhibition | | d | \sqcap | Loan o | rexch | ange prog | rams | | | |
| b | Scholarly research | | e | Γ | Other | | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ain hov | w they | / further | the o | rganızatıoı | ı's ex | empt purpose ı | n | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | | | | | | | Yes | ┌ No |
| Pai | t IV Escrow and Custodial Arrang | | | | | | answere | d "Y | es" to Form 9 | 90, | |
| | Part IV, line 9, or reported an an | | | | | | | | | | |
| | Is the organization an agent, trustee, custod included on Form 990, Part X? | | | | | ions o | r other ass | etsi | | Yes | Г No |
| Ь | If "Yes," explain the arrangement in Part XI | V and complete the | follow | ring ta | able | | г | | | | |
| _ | | | | | | | | _ | An | ount | |
| C C | Beginning balance | | | | | | | 1c | | | |
| d | Additions during the year | | | | | | | 1d | | | |
| e | Distributions during the year | | | | | | } | 1e | | | |
| f | Ending balance | | | | | | L | 1f | | _ | |
| 2a | Did the organization include an amount on Fo | | e 21? | | | | | | | Yes | No |
| | If "Yes," explain the arrangement in Part XIV | | | | 1 115 4 | | | | | | |
| Pa | rt V Endowment Funds. Complete | (a)Current Year | | Were Prior \ | | | orm 990 Years Back | | t IV, line 10. Three Years Back | (e) Four Y | ears Back |
| 1a | Beginning of year balance | (a) carrent rear | (5) | , | · cai | (6) | rears back | 1(4) | Timee rears back | (5). 54. 1 | cars back |
| ь | Contributions | | | | | | | | | | |
| c | Investment earnings or losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| e | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | - | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the yea | r end balance held | as | | | | | | | | |
| а | Board designated or quasi-endowment 🕨 | % | | | | | | | | | |
| Ь | Permanent endowment 🕨 % | • | | | | | | | | | |
| c | Term endowment ► % | | | | | | | | | | |
| 3а | Are there endowment funds not in the posses organization by | ssion of the organiz | ation | that a | re held | and a | dministere | d for | the | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(| | 140 |
| | (ii) related organizations | | | | | | | | 3a(| | |
| Ь | If "Yes" to 3a(II), are the related organizatio | ns listed as require | d on S | ched | ule R? | | | | 3t | , | |
| 4 | Describe in Part XIV the intended uses of th | | | | | | | | | | |
| Par | t VI Investments—Land, Buildings | s, and Equipme | nt. S | ee F | orm 99 | 0, Pa | rt X, line | 10. | Γ | | |
| | Description of investment | | | |) Cost or c is (investn | | (b) Cost or obasis (oth | | (c) Accumulated depreciation | (d) Bo | ook value |
| 1a | Land | | | | | | 8. | 2,161 | | | 82,16 |
| b | Buildings | | | | | | 1,150 | 5,309 | 77,52 | .0 | 1,078,789 |
| c | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | | | | 129 | 9,916 | 44,25 | i8 | 85,658 |
| e | Other | | | | | | | | | | |

1,246,608

| Part VII Investments—Other Securities. Sec | e Form 990, Part X, line 17 | |
|--|------------------------------------|--|
| (a) Description of security or category (including name of security) | (b)Book value | (c) Method of valuation Cost or end-of-year market value |
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | * | |
| Part VIII Investments—Program Related. Se | ee Form 990, Part X, line | 13. |
| (a) Description of investment type | (b) Book value | (c) Method of valuation |
| —————————————————————————————————————— | (b) Book value | Cost or end-of-year market value |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | ▶ Inc. 1E | |
| Part IX Other Assets. See Form 990, Part X, | ine 15. | (b) Book value |
| | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, (a) Descri | ine 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line | ine 15. | (b) Book value |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part | Ine 15. Iption 15.) X, line 25. | |
| Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line | ine 15. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part | Ine 15. Iption 15.) X, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | Ine 15. Iption 15.) X, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | Ine 15. Iption 15.) X, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | Ine 15. Iption 15.) X, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | Ine 15. Iption 15.) X, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | Ine 15. Iption 15.) X, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | Ine 15. Iption 15.) X, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | Ine 15. Iption 15.) X, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | Ine 15. Iption 15.) X, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | Ine 15. Iption 15.) X, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | Ine 15. Iption 15.) X, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | Ine 15. Iption 15.) X, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | Ine 15. Iption 15.) X, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | Ine 15. Iption 15.) X, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | Ine 15. Iption 15.) X, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | Ine 15. Iption 15.) X, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | 15.) X, line 25. (b) A mount | |

Schedule D (Form 990) 2009

| Pai | t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen | its | |
|-----|--|----------|-----------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 3,956,825 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 3,821,479 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 135,346 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 0 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 135,346 |
| Par | Reconciliation of Revenue per Audited Financial Statements With Revenue p | er Retur | n |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 2,093,938 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | 119,558 |
| 3 | Subtract line 2e from line 1 | 3 | 1,974,380 |
| 4 | A mounts 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 XIV) | | |
| c | Add lines 4a and 4b | 4c | 1,982,445 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 3,956,825 |
| | Reconciliation of Expenses per Audited Financial Statements With Expenses | per Ret | |
| 1 | Total expenses and losses per audited financial | 1 | 1,958,592 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| c | Other losses | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | 119,558 |
| 3 | Subtract line 2e from line 1 | 3 | 1,839,034 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | 1,982,445 |
| | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 3,821,479 |

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Ident if ier | Return Reference | Explanation |
|--------------|--|--|
| Part X | Description of Uncertain Tax Positions Under FIN 48 | The Internal Revenue Service has determined that the Organization is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code (IRC), therefore, no provision has been made for income tax expense. Effective July 1, 2009, the Organization adopted the provisions of accounting for uncertainty in income tax positions as required by the Income Taxes Topic of the Financial Accounting Standards. Board (FASB) Accounting Standards Codification, however, management does not believe it is exposed to any such positions as they are defined in this guidance. The Organization files Form 990, Return of Organization Exempt from Income Tax, annually with the United States Department of the Treasury Such returns for the tax years ended June 30, 2007 through 2010 remain open to potential examination by taxing authorities. |
| | | Part XII Audited financial statements do not include donor designated funds collected on behalf of others, which are added back on line 4b Audited financial statements include service fee revenue in income and they are removed from revenue on line 2d for tax purposes Part XIII Audited financial statements include service fees in expenses, which are removed from expenses on line 2d for tax purposes Audited financial statement expenses do not include allocations of funds remitted on behalf of others, which are added to expenses on line 4b for tax purposes |

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DLN: 93493045008001

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

| Name of the organization | | | | | | | Employer idei | ntification number | |
|---|---|-------------|---|-----------------------------------|------------|------------|---|--|--|
| Rappahannock United Way Inc | | | | | | | 54-6042936 | | |
| Part I Fundraising Act | | | | | ed "Yes" | to Form | 1 990, Part IV | , line 17. | |
| 1 Indicate whether the organ | nızatıon raısed fund | s through a | ny of the | following acti | vities Ch | eck all th | nat apply | | |
| a Mail solicitations | | | e | ┌ Solicita | tion of no | n-govern | ment grants | | |
| b Internet and e-mail so | licitations | | f | Solicitation of government grants | | | | | |
| c Phone solicitations | | | g | ☐ Special | fundraisii | ng events | 5 | | |
| d In-person solicitations | 5 | | | | | | | | |
| 2a Did the organization have or key employees listed in | | | | | | | | Г _{Yes} Г м | |
| b If "Yes," list the ten highes to be compensated at leas | | | | | | | | | |
| (i) Name of Individual or entity (fundraiser) | (i) Name of individual or entity (fundraiser) (ii) Activity cor | | Did er have dy or ol of itions? | (iv) Gross i | • | (or r | nount paid to etained by) user listed in col (i) | (vi) A mount paid to (or retained by) organization | |
| | | Yes | No | | | | | | |
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| Total | | | | | | | | | |
| 3 List all states in which th | ne organization is re | egistered o | rlicensed | l to solicit fun | ds or has | been not | ified it is exem | pt from registration or | |

| Pa | rt II | Fundraising Events. Com more than \$15,000 on Form | | | | | report | ted |
|--|-----------|---|-------------------------------------|--|-------------------------------------|---------------------------|------------|-------|
| | | | (a) Event #1 Kick Off (event type) | (b) Event #2 BCT Emerg Fund (event type) | (c) O ther Events 5 (total number) | (d) Tot (Add col co | | |
| ₽ | 1 | Gross receipts | 8,505 | 122,688 | 26,831 | | 15 | 8,024 |
| Revenue | 2 | Less Charitable contributions | 8,505 | 122,688 | 26,831 | | 15 | 8,024 |
| <u>~</u> | 3 | Gross income (line 1 minus line 2) | | | | | | |
| | 4 | Cash prizes | | | | | | |
| မွာ | 5 | Non-cash prizes | | | | | | |
| Expenses | 6 | Rent/facility costs | 2,179 | | | | | 2,179 |
| Ä | 7 | Food and beverages | 4,765 | | 7,119 | | 1 | 1,884 |
| Direct | 8 | Entertainment | | | 750 | | | 750 |
| Δ | 9 | Other direct expenses . | 4,123 | | 5,313 | | | 9,436 |
| | 10 | Direct expense summary Add lin | es 4 through 9 ın column | (d) | 🛌 | | 2 | 4,249 |
| | 11 | Net income summary Combine III | nes 3, column d, and line | 10 | | | -2 | 4,249 |
| Par | t III | Gaming. Complete if the or \$15,000 on Form 990-EZ, lir | ganızatıon answered ' ne 6a. | "Yes" to Form 990, Pa | rt IV, line 19, or repo | rted mor | e thar | 1 |
| Reveilue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) O ther gaming | (d) Tot (Add col co | | |
| | 1 | Gross revenue | | | | | | |
| ses | 2 | Cash prizes | | | | | | |
| Expenses | 3 | Non-cash prizes | | | | | | |
| Direct D | 4 | Rent/facility costs | | | | | | |
| <u>ā</u> | 5 | Other direct expenses | | | | | | |
| | 6 | Volunteer labor | Г Yes | ┌ Yes | ∀es | | | |
| | | Direct expense summary Add line | | | | | | |
| | 8 | Net gaming income summary Com | bine lines 1, column d, ar | nd line 7 | <u> </u> | | Yes | No |
| 9 a b | Is t | er the state(s) in which the organiza he organization licensed to operate No," Explain | | | . | · 9a | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | | | | | | | | |
| b | If "\ | Yes," Explain | | | | | | |
| 11 12 | Is t | es the organization operate gaming a he organization a grantor, beneficia ned to administer charitable gaming | ry or trustee of a trust or | a member of a partnersh | ıp or other entity | 11 | | |
| | 10111 | neu to auminister chantable gaming | | | Schedule G (Form 9 | 12 | EZ) 20 | 09 |

| | | Yes | No |
|-----------|--|----------|----|
| 13 | Indicate the percentage of gaming activity operated in | | |
| а | The organization's facility | | |
| b | An outside facility | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | |
| | | | |
| | Name 🟲 | | |
| | | | |
| | | | |
| | Address - | | |
| | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming | | |
| | revenue? | , | |
| b | If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the | + | |
| | amount of gaming revenue retained by the third party 🟲 \$ | | |
| c | If "Yes," enter name and address | | |
| | | | |
| | Name 🟲 | | |
| | | | |
| | | | |
| | Address • | | |
| 16 | | | |
| 16 | Gaming manager information | | |
| | | | |
| | Name 🟲 | | |
| | Name F | | |
| | Gaming manager compensation 🕨 \$ | | |
| | | | |
| | Description of services provided - | | |
| | Director/officer Employee Independent contractor | | |
| | I Director/officer I Employee I Independent contractor | | |
| .7 | Mandatory distributions | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | <u> </u> | |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent | | |
| | in the organization's own exempt activities during the tax year ▶ \$ | 1 | |

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

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

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

OMB No 1545-0047

DLN: 93493045008001

Inspect ion

| | organization | | | | | | Employer identification | on number |
|-----------|---|----------------------|--|--------------------------------------|---|---|--|--------------------------------------|
| Rappahanr | nock United Way Inc | | 54-6042936 | | | | | |
| Part I | General Information | on Grants and | Assistance | | | | | |
| the s | s the organization maintain re selection criteria used to awa cribe in Part IV the organizati | rd the grants or ass | ıstance? | | | - | • | ▽ Yes ┌ N |
| Part II | Grants and Other Ass Form 990, Part IV, line Part IV and Schedule I- | 21 for any recipie | ent that received m | nore than \$5,000. Ch | eck this box if no one | recipient received | d more than \$5,000. | Use |
| , , | me and address of organization r government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of gran or assistance |
| See Addı | itional Data Table | | | | | · | | |

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance | (b) Number of recipients | (c)A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|----------------------------------|-----------------------------|-----------------------------------|--|---------------------------------------|
| | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Return Reference | Explanation |
|------------------|--|
| | Schedule I, Part I, Line 2 Citizen Review is the internal process to evaluate and review agency programs and allocate RUW grants from the Community Care Fund More than 60 community volunteers are recruited and trained every year to assess the program results and fiscal health of partner agencies At the end of the process formal funding recommendations are presented to the RUW Board of Directors for final approval |
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| | |
| | |
| | Part I, Line 2 |

SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

• Attach to Form 990.

OMB No 1545-0047

2009

Open to Public

| Internal Revenue Service | ► Attach to Form 990. | Inspection |
|--|-----------------------|-----------------------|
| Name of the organizat Rappahannock United Way | | identification number |
| | 54-60429 | 936 |

| ldentifier | Return Reference | Explanation |
|---|---------------------|--|
| Form 990, Part VI, Section B, line 11 | | The Finance Committee reviews the 990 and then it is presented to and reviewed by the Board of Directors before filing with IRS |
| Form 990, Part VI, Section B, line 12c | | Disclose promptly all known or potential conflicts in matters before the Board of Directors or before any RUW standing or ad hoc committee, and abstain from voting on such matters |
| Form 990, Part VI, Section B, line 15 | | The Executive Committee of the Board of Directors meets at a minimum annually to review the performance of the President. The committee uses data obtained from outside sources regarding compensation for the president. |
| Form 990, Part VI, Section C, line 19 | | GOVERNING DOCUMENTS, ANNUAL REPORT, 990 AND FINANCIALS ARE AVAILABLE UPON REQUEST AND/OR ON THE WEBSITE |
| Form 990, Part XI, Line 2 | | There is an audit committee that oversees the audit and selection of independent accountants. The committee has a Chair and two additional members. The committee meets with the auditors before and again after the audit is finished to review, the audited statements and any comments presented by the auditors. |
| Form 990, Part XI, Line 2c | | No changes to audit committee from prior year |

Software ID:

Software Version:

EIN: 54-6042936

Name: Rappahannock United Way Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|
| A merican Red Cross4836 Southpoint Parkway Fredericksburg, VA 22407 | 53-0196605 | 501c3 | 92,345 | | | | General support to Improve lives |
| Boy Scouts of America National Capital Area9190 Rockville Pike Bethesda, MD 20814 | 53-0204610 | 501c3 | 36,000 | | | | General support to Improve lives |
| Boys & Girls Club of FredericksburgP O Box 3481 Fredericksburg,VA 22401 | 53-0236759 | 501c3 | 66,000 | | | | General support to improve lives |
| Catholic Charities of Arlington Diocese305 Hanson Avenue Suite 180 Fredericksburg, VA 22401 | 54-0515706 | 501c3 | 132,843 | | | | General support to Improve lives |
| Children's Home Society of Virginia2300 Fall Hill Avenue Suite 238 Fredericksburg, VA 22401 | 54-0505884 | 501c3 | 20,000 | | | | General support to ımprove lıves |
| disAbility Resource Center 409 Progress St Fredericksburg, VA 22401 | 54-1687677 | 501c3 | 13,000 | | | | General support to Improve lives |
| Fredericksburg Area Food BankPO Box 1006 Fredericksburg,VA 22402 | 54-1255013 | 501c3 | 190,153 | | | | General support to Improve lives |
| Fredericksburg Area HIVAIDS415 Elm Street Fredericksburg,VA 22401 | 54-1644116 | 501c3 | 21,000 | | | | General support to Improve lives |
| Fredericksburg Counseling ServicesRiverside Business Center 305 Hanson Avenue 140 Fredericksburg, VA 22401 | 54-0844464 | 501c3 | 62,000 | | | | General support to improve lives |
| Girl Scouts Commonwealth Council of Virginia IncPO Box 548 Mechanicsville, VA 23111 | 54-0534506 | 501c3 | 39,000 | | | | General support to improve lives |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501c3 Healthy Families 15 Hope 54-2029476 General support to Road improve lives 34,008 Stafford, VA 22554 Hospice Support Care 1701 52-1203673 501c3 General support to Fall Hill Avenue Suite 109 improve lives 49.998 Fredericksburg, VA 22401 54-1677934 501c3 Lloyd F Moss Free Clinic General support to 1301 Sam Perry Blvd Suite improve lives 70,000 100 Fredericksburg, VA 22401 Mental Health America of 54-0678704 501c3 General support to Fredericksburg2217 Princess improve lives 41,900 Anne St Suite 219-1 Fredericksburg, VA 22401 Rapp Adult Activities Inc600 51-0246333 501c3 General support to Jackson Street improve lives 63,000 Fredericksburg, VA 22401 Rapp Area Agency on Aging 54-1027651 501c3 General support to 171 Warrenton Rd improve lives 31,934 Fredericksburg, VA 22405 501c3 Rapp Area Council for 62-1462030 General support to Children and ParentsPO Box improve lives 24,675 7402 Fredericksburg, VA 22404 501c3 Rapp Area Court Appointed 54-1600702 General support to Special Advocates 10401 improve lives 26,500 Courthouse Road Suite C Spotsylvania, VA 22553 Rapp Area Kids on the Block 54-1593013 501c3 General support to 600 Jackson St improve lives 5,000 Fredericksburg, VA 22401 Rapp Area YMCA212 Butler 54-0965826 501c3 General support to Rd improve lives 60,000 Fredericksburg, VA 22405

Software ID: **Software Version:**

EIN: 54-6042936

Name: Rappahannock United Way Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Independent Contractors | | | | | | | | | | |
|--|--------------------------------|---|-----------------------|------------|---|--|--------|----------------------------------|---------------------------------------|--|
| (A) Name and Title | (B) Average hours per | Average Position (check all Reportable hours that apply) compensation | | Reportable | (E) Reportable compensation from related | (F) Estimated amount of other compensation | | | | |
| | we e k | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | from the organization and related organizations |
| Jack Rowley Ex-officio | 1 00 | Х | | Х | | | | 0 | 0 | 0 |
| Richard Hurley Chairman | 1 00 | X | | X | | | | 0 | 0 | 0 |
| Theresa Livelsberger Secretary | 1 00 | X | | X | | | | 0 | 0 | 0 |
| Edward Allison Director | 1 00 | Χ | | | | | | 0 | 0 | 0 |
| Ronald Branscome Treasurer | 1 00 | Х | | Х | | | | 0 | 0 | 0 |
| Carrie O'Malley Director | 1 00 | X | | | | | | 0 | 0 | 0 |
| A na Chichester Director | 1 00 | X | | | | | | 0 | 0 | 0 |
| Cathy Davis Director | 1 00 | X | | | | | | 0 | 0 | 0 |
| Marıa Franklın Dırector | 1 00 | Х | | | | | | 0 | 0 | 0 |
| Joseph Grzeika Director | 1 00 | X | | | | | | 0 | 0 | 0 |
| A I Smith Director | 1 00 | X | | | | | | 0 | 0 | 0 |
| Craig Lewis Director | 1 00 | X | | | | | | 0 | 0 | 0 |
| Shawn Sloan Dırector | 1 00 | X | | | | | | 0 | 0 | 0 |
| A manda Talbert Dırector | 1 00 | X | | | | | | 0 | 0 | 0 |
| Laurie Wideman director | 1 00 | X | | | | | | 0 | 0 | 0 |
| William Young Director | 1 00 | X | | | | | | 0 | 0 | 0 |
| Jarvis Bailey Director | 1 00 | X | | | | | | 0 | 0 | 0 |
| Stephen Cooley Dırector | 1 00 | X | | | | | | 0 | 0 | 0 |
| Glenn Kınard Dırector | 1 00 | X | | | | | | 0 | 0 | 0 |
| Fred Rankın Dırector | 1 00 | X | | | | | | 0 | 0 | 0 |
| Lında Worrell Dırector | 1 00 | X | | | | | | 0 | 0 | 0 |
| Barbara Tomayko Director of Finance and | 40 00 | | | X | | | | 54,836 | 0 | 0 |
| Janel S Donohue President | 40 00 | | | Х | | | | 55,751 | 0 | 453 |
| Stephen Batsche Former President | 40 00 | | | Х | | | | 111,424 | 0 | 0 |

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| Supplies | 121,312 | 74,020 | 0 | 47,292 |
| Dues and subscriptions | 26,984 | 8,426 | 5,856 | 12,702 |
| Miscellaneous | 21,942 | 10,260 | 3,158 | 8,524 |
| Training | 15,444 | 9,862 | 1,035 | 4,547 |
| repairs and maintenance | 14,687 | 4,109 | 2,724 | 7,854 |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| Rapp Big BrothersSisters 325A Wallace St Fredericksburg, VA 22401 | 54-0848850 | 501c3 | 51,000 | | | | General support to Improve lives | | |
| Rapp Council Against Sexual Assault2601 Princess Anne St Ste 102 Fredericksburg, VA 22401 | 54-1443112 | 501c3 | 39,000 | | | | General support to Improve lives | | |
| Rapp Council on Domestic ViolenceP O Box 1007 Fredericksburg, VA 22402 | 52-1142547 | 501c3 | 66,150 | | | | General support to Improve lives | | |
| Rapp Emergency Medical Services Council435 Hunter Street Fredericksburg, VA 22401 | 54-1038962 | 501c3 | 12,000 | | | | General support to ımprove lives | | |
| Rapp Goodwill IndustriesPO Box 905 Fredericksburg, VA 22401 | 54-0808744 | 501c3 | 50,000 | | | | General support to ımprove lives | | |
| Rapp Legal Services618 Kenmore Avenue Suite 1-A Fredericksburg, VA 22401 | 23-7362601 | 501c3 | 44,912 | | | | General support to Improve lives | | |
| Rapp Refuge - Hope House 902 Lafayetter Blvd Fredericksburg, VA 22401 | 52-1419314 | 501c3 | 60,000 | | | | General support to Improve lives | | |
| SERVEPO Box 1357 Stafford, VA 22554 | 54-1289683 | 501c3 | 30,000 | | | | General support to ımprove lıves | | |
| The Arc of Rappahannock Inc 1640-B Lafayette Blvd Fredericksburg, VA 22401 | 54-6046070 | 501c3 | 40,000 | | | | General support to ımprove lives | | |
| The Salvation Army of FredericksburgPO Box 179 Fredericksburg, VA 22401 | 58-0660607 | 501c3 | 100,000 | | | | General support to improve lives | | |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant ıf applicable valuation non-cash assistance organization arant cash or assistance or government (book, FMV, appraisal, assistance other) Thurman Brisben CenterPO 54-1647219 501c3 General support to Box 1295 improve lives 55,000 Fredericksburg, VA 22402 Volunteer Emergency 54-1144174 501c3 General support to Families for ChildrenPO Box improve lives 8.000 35074 Richmond. VA 23235 Human Service Charities of 94-3240353 501c3 General support to America7620 Little River improve lives 5,380 Turnpike Suite 600 Annandale, VA 22003 Health First - America's 30-0186796 501c3 General support to Charities 14150 Newbrook improve lives 5,474 Drive Suite 110 Chantilly, VA 20151 501c3 Mary Washington Hospice 54-1240646 General support to 5012 Southpoint parkway improve lives 5,705 Fredericksburg, VA 22407 WAMU44000 Brandywine St 53-0196549 501c3 General support to NW improve lives 5,779 Washington, DC 20016 Predmont United WayPO box 54-0852967 501c3 General support to 398 improve lives 6,510 Culpeper, VA 22701 United Way of Charles County 52-1356960 501c3 General support to 10250 La Plata Road improve lives 7,245 La Plata, MD 20646 Women Children and Family 94-3193386 501c3 General support to Service Charities of America improve lives 7,407 1100 Larkspur landing circle Suite 340 larkspur, CA 94939 54-0897679 501c3 Action in Community through General support to service of Prince William Inc improve lives 7,798 PO box 74 Dumfries, VA 22026

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501c3 Do unto others America's 94-3148590 General support to Emergency Relief improve lives 8,148 Development and humanıtarıan1100 Larkspur landing circle Suite 340 Larkspur, CA 94939 54-1976265 501c3 King George Animal Rescue General support to leaguePO box 1003 improve lives 8,285 Dahlgren, VA 22448 Animal welfare fund inc10 26-0610986 501c3 General support to Chestnut Street improve lives 9,014 Salem, MA 01970 501c3 child aid international 10 20-1358458 General support to Chestnut Street improve lives 9,295 Salem, MA 01970 wounded warriors family 20-1407520 501c3 General support to support inc920 S 107th improve lives 9,507 Avenue Suite 250 Omaha. NE 68114 94-3042430 501c3 General support to local independent charities of america1100 Larkspur improve lives 9,584 landing circle Suite 340 larkspur, CA 94939 human care charities of 94-3067804 501c3 General support to america1100 Larkspur improve lives 11,084 landing circle Suite 340 Larkspur, CA 94939 27-0093393 501c3 General support to childrens medical charities of america1100 Larkspur improve lives 12,139 landing circle Suite 340 Larkspur, CA 94939 Conservation & Preservation 94-3217738 501c3 General support to Charities of america 1100 improve lives 12,197 Larkspur landing circle Suite 340 Larkspur, CA 94939 USO inc2111 Wilson Blvd 13-1610451 501c3 General support to Suite 1200 improve lives 12,523 Arlington, VA 22201

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, appraisal, assistance other) 54-1981999 King George Fire and Rescue 501c3 General support to IncPo box 466 improve lives 14,524 King George, VA 22485 Children First - America's 30-0186795 501c3 General support to Charities 14150 Newbrook improve lives 14,924 Drive Suite 110 Chantilly, VA 20151 501c3 Earth Share 7735 Old 52-1601960 General support to Georgetown Road Suite 900 improve lives 16,129 Bethesda, MD 20814 54-0648185 501c3 General support to Society for the prevention of cruelty to animals of improve lives 16,520 Fredericksburg10819 Courthouse road Fredericksburg, VA 22408 94-3148591 501c3 General support to Medical research charities 10 Chestnut Street improve lives 23,179 Salem, MA 01970 81-0648432 501c3 CancerCURE of America Care General support to Understand Research & End improve lives 23,858 1100 Larkspur landing circle Suite 340 Larkspur, CA 94939 501c3 American Red Cross431 53-0196605 General support to 18th Street NW 3rd Floor improve lives 26,658 Washington, DC 20006 54-1517707 501c3 General support to America's Charities 14150 Newbrook Drive Suite 110 improve lives 28,801 Chantilly, VA 20151 Animal charities of america 94-3193389 501c3 General support to improve lives 1100 Larkspur landing circle 28,807 Suite 340 larkspur, CA 94939 54-1876027 501c3 community health charities of General support to virginia813 Diligence Drive improve lives 29,249 Suite 121-A Newport News, VA 23606

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| Wounded warrior project7020 AC Skinner Pkwy Suite 100 jacksonville,FL 32256 | 20-2370934 | 501c3 | 29,567 | | | | General support to improve lives | | | |
| children's charities of america1100 Larkspur landing circle Suite 340 Larkspur, CA 94939 | 94-3148588 | 501c3 | 30,683 | | | | General support to Improve lives | | | |
| christian charities USA 1100 Larkspur landing circle Suite 340 larkspur, CA 94939 | 94-3255961 | 501c3 | 31,467 | | | | General support to improve lives | | | |
| global impact66 canal Center Plaza Suite 310 Alexandria,VA 22314 | 52-1273585 | 501c3 | 33,688 | | | | General support to improve lives | | | |
| health & medical research charities of america1100 Larkspur landing circle Suite 340 larkspur, CA 94939 | 94-3217739 | 501c3 | 35,469 | | | | General support to improve lives | | | |
| christian service charities 7620 Little River Turnpike Suite 600 Annandale, VA 22003 | 94-3193374 | 501c3 | 81,559 | | | | General support to improve lives | | | |
| community health charities 200 North Glebe Road suite 801 Arlington, VA 22203 | 13-6167225 | 501c3 | 110,245 | | | | General support to improve lives | | | |
| Military Veterans & Patriotic Service Organizations of America1100 Larkspur landing circle Suite 340 Larkspur, CA 94939 | 94-3193418 | 501c3 | 137,860 | | | | General support to improve lives | | | |