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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNITED WAY OF THE VIRGINIA PENINSULA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 739 THIMBLE SHOALS BLVD SUITE 302 | Room/suite

City or town, state or country, and ZIP + 4
NEWPORT NEWS, VA 23606

D Employer identification number
54-0535602

E Telephone number
(757) 873-9328

G Gross receipts $ 7,497,483

F Name and address of principal officer
TY JOUBERT
739 THIMBLE SHOALS BLVD SUITE 302
NEWPORT NEWS, VA 23606

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UWVP ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1941 | **M** State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE PURPOSE OF THE UNITED WAY OF THE VIRGINIA PENINSULA IS TO IMPROVE THE QUALITY OF LIFE OF PEOPLE IN OUR COMMUNITY AT A COST THAT DOES NOT EXCEED THE RESOURCES PROVIDED BY DONORS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	13
6	Total number of volunteers (estimate if necessary)	**6**	41
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,529,962	6,167,300
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-187,028	184,203
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	435,316	362,398
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,778,250	6,713,901
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,425,314	5,421,229
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	789,320	745,884
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶274,529		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	694,468	549,857
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,909,102	6,716,970
19	Revenue less expenses Subtract line 18 from line 12	-130,852	-3,069

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	12,135,528	12,151,155
21	Total liabilities (Part X, line 26)	5,034,138	4,832,438
22	Net assets or fund balances Subtract line 21 from line 20	7,101,390	7,318,717

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** | 2011-09-16
Signature of officer | Date

TY JOUBERT PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
BRIAN WINDLEY	BRIAN WINDLEY		☑	

Firm's name ▶ WITT MARES PLC | Firm's EIN ▶

Firm's address ▶ 701 TOWN CENTER DRIVE SUITE 900
NEWPORT NEWS, VA 236064287 | Phone no ▶ (757) 873-1587

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE PURPOSE OF THE UNITED WAY OF THE VIRGINIA PENINSULA IS TO IMPROVE THE QUALITY OF LIFE OF PEOPLE IN OUR COMMUNITY AT A COST THAT DOES NOT EXCEED THE RESOURCES PROVIDE BY DONORS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 769,802 including grants of $ 769,802) (Revenue $ 362,398)

INVESTING IN CHILDREN & YOUTH-PROVIDING SUPPORT AND INVOLVEMENT FOR OUR COMMUNITY'S YOUNG PEOPLE, THESE PROGRAMS FOSTER HEALTHY DEVELOPMENT THROUGH RECREATIONAL ACTIVITIES, CHILD ABUSE PREVENTION AND ADVOCACY PROGRAMS, PROVIDING A VIABLE ALTERNATIVE TO GANGS, DRUGS, TEEN PREGNANCY AND FAMILY DYSFUNCTION RESULTS YOU CAN SEE UNITED WAY OF THE VIRGINIA PENINSULARESULTS YOU CAN SEE FOR 2010 -SUPPORTED THE ONLY SLIDING-SCALE TUITION RATE, QUALITY PRESCHOOL PROGRAM ON THE PENINSULA WHICH DEVELOPS THE WHOLE CHILD AND FOSTERS SCHOOL READINESS -SERVED 200 LOCAL CHILDREN AGES 6 WEEKS TO 5 YEARS IN A FULL DAY, YEAR ROUND PROGRAM -SUPPORTED PROGRAMS FOR 254 CHILDREN WITH DEVELOPMENTAL DELAYS, DIAGNOSED DISABILITIES OR ATYPICAL DEVELOPMENT -SUPPORTED THE LOCAL FOODBANK'S PROGRAM WHICH PROVIDED OVER 9 MILLION POUNDS OF FOOD TO TO CHILDREN AND FAMILIES AT RISK OF HUNGER, IN A SAFE AND NURTURING ENVIRONMENT -SUPPORTED YOUTH EMPOWERMENT PROGRAM(YOUTH ANGER MANAGEMENT/PREVENTION) SERVED 550 YOUTHS WITH 94% OF PARTICIPANTS NOT COMMITTING NEW CRIMINAL OFFENSES AND A 57% REDUCTION OF SCHOOL SUSPENSIONS

4b (Code) (Expenses $ 660,390 including grants of $ 660,390) (Revenue $ 0)

RESPONDING TO BASIC NEEDS-DISASTER VICTIMS, HOMELESS PERSONS, SEPARATED FAMILIES, AND THE ECONOMICALLY DISADVANTAGED, ARE JUST A FEW OF THE CLIENTS WHO BENEFIT FROM SOCIAL SUPPORT PROGRAMS THE GOAL IS TO HELP THESE PEOPLE ATTAIN ECONOMIC AND SOCIAL STABILITIY RESULTS YOU CAN SEE FOR 2010 -SUPPORTED AREA'S WINTER HOMELESS SHELTER WHICH PROVIDED 12,012 BED NIGHTS UTILIZED BY 580 GUESTS DURING THE SEASON -31 GUESTS CONFIRMED TO INTAKE WORKERS THAT THEY HAD BECOME EMPLOYED DURING THEIR PARTICIPATION WITH THE EMPLOYMENT SPECIALIST -70 GUESTS WERE KNOWN TO HAVE SECURED HOUSING -SUPPORTED LOCAL DISASTER PROGRAMS THAT RESPONDED TO 213 LOCAL DISASTERS AND TWO NATIONAL DISASTERS

4c (Code) (Expenses $ 434,425 including grants of $ 434,425) (Revenue $ 0)

IMPROVING HEALTH & WELLNESS-THESE PROGRAMS ADDRESS DISABLING CONDITIONS OR LIFE-THREATENING ILLNESSES THEIR COMMON GOAL IS TO IMPROVE THE QUALITY OF LIFE FOR THOSE WITH HEALTH ISSUES RESULTS YOU CAN SEE FOR 2010 -SPONSORED TRAINING IN CPR AND FIRST AID AND AUTOMATED EXTERNAL DEFIBRILATOR TRAINING TO 16,194 INDIVIDUALS -SUPPORTED MENTAL HEALTH THERAPY TO APPROXIMATELY 900 INDIVIDUALS, INCLUDING CHILDREN, ADULTS AND FAMILIES -SUPPORTED PROGRAMS THAT PROVIDED NON-EMERGENCY MEDICAL TRANSPORTATION TO 829 CLIENTS

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 3,884,514 including grants of $ 3,556,612) (Revenue $)

4e **Total program service expenses** ▶ $ 5,749,131

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
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, Parts I and IV*	14b		No
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 ? *If "Yes," complete Schedule F, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part 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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–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**		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
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**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	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	**2a**	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		No
b	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**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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.**				
a	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				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
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			No
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 governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Does the organization have members or stockholders?	6		Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	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			No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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

☐ Own 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 organization ▶

TYRONE JOUBERT
739 THIMBLE SHOALS BLVD STE 400
NEWPORT NEWS, VA 23606
(757) 873-9328

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BOBBY HATTEN DIRECTOR	30	X						0	0	0
(2) WILLIAM R ERMATINGER DIRECTOR	30	X						0	0	0
(3) TERRY MORRIS CHAIRMAN OF THE BOARD	30	X		X				0	0	0
(4) KEVIN MURPHY DIRECTOR	30	X						0	0	0
(5) CATHY WILLIAMS DIRECTOR	30	X						0	0	0
(6) ELIZABETH MCCORMICK TREASURER	30	X		X				0	0	0
(7) DR ASHBY KILGORE DIRECTOR	30	X						0	0	0
(8) PAT ROBERTSON DIRECTOR	30	X						0	0	0
(9) BRIAN SKINNER DIRECTOR	30	X						0	0	0
(10) ELIZABETH BASNIGHT DIRECTOR	30	X						0	0	0
(11) MATHEW MULHERIN DIRECTOR	30	X						0	0	0
(12) RHONDRA MATTHEWS DIRECTOR	30	X						0	0	0
(13) TYRONE JOUBERT PRESIDENT/CEO	37 50			X				191,431	0	23,527

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								191,431	0	23,527

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? *If "Yes," complete Schedule J for such individual*	**3**		No
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 J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

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

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

Part VIII Statement 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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a 6,167,300				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f ▶	6,167,300			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f ▶				
	3	Investment income (including dividends, interest and other similar amounts) ▶	133,887			133,887
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 833,898				
	b	Less cost or other basis and sales expenses: 783,582				
	c	Gain or (loss): 50,316				
	d	Net gain or (loss) ▶	50,316			50,316
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See Part IV, line 19 a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue / Business Code				
	11a	SERVICE FEES 900099	294,532	294,532		
	b	MISCELLANEOUS INCOME 900099	67,866	67,866		
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d ▶	362,398			
	12	**Total revenue.** See Instructions ▶	6,713,901	362,398	0	184,203

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	5,421,229	5,421,229		
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	214,958	33,636	117,984	63,338
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	427,395	66,877	234,584	125,934
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	62,080	9,714	34,074	18,292
10 Payroll taxes	41,451	6,486	22,751	12,214
a Fees for services (non-employees) Management				
b Legal	5,408		5,408	
c Accounting	19,200		19,200	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion	1,876	995	382	499
13 Office expenses	23,184	831	14,350	8,003
14 Information technology				
15 Royalties				
16 Occupancy	55,370	8,664	30,391	16,315
17 Travel	5,802		5,802	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	50,861	7,914	27,760	15,187
22 Depreciation, depletion, and amortization	10,244	1,603	5,622	3,019
23 Insurance	6,727	1,053	3,692	1,982
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a COMBINED FEDERAL CAMPAI	149,129		149,129	
b UNCOLLECTIBLE - WRITE-O	146,597	146,597		
c FINANCE CHARGES	39,374	39,374		
d AUTO EXPENSE	12,878	2,015	7,069	3,794
e REPAIRS AND MAINTENANCE	10,024	1,363	6,241	2,420
f All other expenses	13,183	780	8,871	3,532
25 **Total functional expenses.** Add lines 1 through 24f	6,716,970	5,749,131	693,310	274,529
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,386,527	1	2,747,329
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		5,211,209	3	4,757,827
	4	Accounts receivable, net		190,971	4	194,776
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		9,879	9	10,126
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 183,609			
	b	Less accumulated depreciation	10b 156,369	35,493	10c	27,240
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		4,301,449	12	4,413,857
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		12,135,528	16	12,151,155
Liabilities	17	Accounts payable and accrued expenses		2,371,814	17	2,119,663
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		2,662,324	25	2,712,775
	26	**Total liabilities.** Add lines 17 through 25		5,034,138	26	4,832,438
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,238,652	27	4,562,904
	28	Temporarily restricted net assets		2,862,738	28	2,755,813
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		7,101,390	33	7,318,717
	34	Total liabilities and net assets/fund balances		12,135,528	34	12,151,155

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	6,713,901
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,716,970
3	Revenue less expenses Subtract line 2 from line 1	3	-3,069
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	7,101,390
5	Other changes in net assets or fund balances (explain in Schedule O)	5	220,396
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,318,717

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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		

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SCHEDULE A (Form 990 or 990EZ)

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.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF THE VIRGINIA PENINSULA

Employer identification number
54-0535602

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,582,179	7,478,694	6,952,859	6,529,962	6,167,300	34,710,994
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	7,582,179	7,478,694	6,952,859	6,529,962	6,167,300	34,710,994
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						787,427
6 **Public Support.** Subtract line 5 from line 4						33,923,567

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	7,582,179	7,478,694	6,952,859	6,529,962	6,167,300	34,710,994
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	260,718	307,568	230,744	145,433	133,887	1,078,350
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	285,804	316,518	376,120	435,316	362,398	1,776,156
11 **Total support** (Add lines 7 through 10)						37,565,500

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	**14**	90 310 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	**15**	90 790 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 54-0535602
Name: UNITED WAY OF THE VIRGINIA PENINSULA

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 3,884,514 including grants of $ 3,556,612) (Revenue $ 0)

THESE PROGRAMS SUPPORT AND SUSTAIN FAMILIES, PARTICULARLY THOSE EXPERIENCING STRESS OR DYSFUNCTION EDUCATION, COUNSELING, CHILD AND ADULT DAY CARE, TREATMENT FOR SEXUAL OR PHYSICAL ABUSE, EMERGENCY SHELTER, FOOD AND CLOTHING ARE AMONG THE SERVICES OFFERED RESULTS YOU CAN SEE IN 2010 -SUPPORTED PROGRAMS THAT HELPED 878 FRAIL, ELDERLY AND DISABLED ADULTS REMAIN IN THEIR HOMES WITH THE ASSISTANCE OF VOLUNTEER SUPPORT SERVICES AND/OR IN HOME RESPITE CARE SERVICES -SUPPORTED PROGRAMS THAT HELPED 259 OLDER ADULTS, DEVELOPMENTALLY DISABLED ADULTS, AND METALLY ILL ADULTS WHO HAVE BEEN AJUDICATED BY A JUDGE OR SOME OTHER AUTHORITY AS UNABLE TO CARE FOR THEMSELVES AND WERE RECEIVING GUARDIAN, CONSERVATOR OR REPRESENTATIVE PAYEE SERVICES -SUPPORTED JOB REDINESS AND EMPLOYMENT PROGRAM FOR EX OFFENDERS TO SERVE 353 INDIVIDUALS WITH A 96% SUCCESS RATE OF THEM OBTAINING A JOB

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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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF THE VIRGINIA PENINSULA

Employer identification number
54-0535602

Part I 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
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 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 ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 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
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

1a 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

b 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 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,373,707	1,451,604	1,613,263		
b Contributions	-70,535	-77,897	-161,659		
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,303,172	1,373,707	1,451,604		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		117,167	91,527	25,640
e Other		66,442	64,842	1,600
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				27,240

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PUBLICLY TRADED STOCK AND BONDS	4,413,857	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	4,413,857	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ALLOCATIONS AND DESIGNATIONS PAYABLE	2,697,363
CAPITAL LEASE OBLIGATIONS	15,412
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	2,712,775

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,713,901
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,716,970
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,069
4	Net unrealized gains (losses) on investments	4	220,397
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1
9	Total adjustments (net) Add lines 4 - 8	9	220,396
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	217,327

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	3,803,952
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	220,397		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	220,397
3	Subtract line **2e** from line **1**			3	3,583,555
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	3,130,346		
c	Add lines **4a** and **4b**			4c	3,130,346
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	6,713,901

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	3,586,624
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	3,586,624
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	3,130,346		
c	Add lines **4a** and **4b**			4c	3,130,346
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	6,716,970

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	BOARD RESERVE IN EVENT OF MAJOR FINANCIAL OR ORGANIZATIONAL CRISIS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	IN 2009, THE UWVP ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740 THE STANDARD PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE UWVP'S MANAGEMENT HAS EVALUATED THE IMPACT OF THE STANDARD TO ITS FINANCIAL STATEMENTS, BUT DOES NOT ANTICIPATE A MATERIAL EFFECT THE UWVP IS NOT AWARE OF ANY MATERIAL UNCERTAIN TAX POSITIONS, AND HAS NOT ACCRUED THE EFFECT OF ANY UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2010 AND 2009 THE UWVP'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES, GENERALLY FOR A PERIOD OF THREE YEARS FROM THE DATE THEY WERE FILED WITH FEW EXCEPTIONS, THE UWVP IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY FEDERAL, STATE OR LOCAL AUTHORITIES FOR YEARS BEFORE 2007 THE UWVP'S POLICY IS TO CLASSIFY INCOME TAX RELATED INTEREST AND PENALTIES IN INTEREST EXPENSE AND OTHER EXPENSES, RESPECTIVELY
		PART XII LINE 4B AND PART XIII LINE 4B $39,374 FINANCE CHARGES NETTED WITH INTEREST INCOME FOR BOOK PURPOSES $146,597 BAD DEBT EXPENSE NETTED WITH REVENUES FOR BOOK PURPOSES $2,944,385 DONOR DESIGNATED GRANTS

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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

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF THE VIRGINIA PENINSULA

Employer identification number
54-0535602

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

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) Amount of cash grant	(d) Amount 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 MONITORING POLICIES FOR ALLOCATIONS & GRANTS-THESE ORGANIZATIONS RECEIVE DISCRETIONARY FUNDING AND THUS UNDERGO INTENSIVE PRE-SCREENING AND FOLLOW UP BEFORE BEING AWARDED FUNDING INCLUDING -AN APPLICATION PROCESS THAT INCLUDES EXPLANATION OF PROPOSED USE AND RESULTS OF FUNDING -FINANCIAL REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND FISCAL POLICIES -VERIFICATION OF IRS 501(C)(3) -ANNUAL PROGRESS REPORTS SHOWING HOW FUNDS ARE BEING UTILIZED AND DETAILING THE OUTCOMES USING THE LOGIC-MODEL MONITORING POLICIES FOR DESIGNATED FUNDS-THESE ORGANIZATIONS HAVE NO FORMAL RELATIONSHIP WITH UNITED WAY OTHER THAN THE FACT THAT DONORS HAVE REQUESTED US TO ACT AS AN AGENT ON THEIR BEHALF AND SEND FUNDS TO THESE ORGANIZATIONS WE VERIFY THE ORGANIZATION'S CONTACT INFORMATION AND THAT IT IS A 501(C)(3) IN GOOD STANDING WITH THE IRS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 54-0535602
Name: UNITED WAY OF THE VIRGINIA PENINSULA

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS & GIRLS CLUB VA PENINSULA11825 ROCK LANDING DRIVE NEWPORT NEWS,VA 23606	54-0538202	501(C)(3)	369,451				INVESTING IN CHILDREN & YOUTH
FOODBANK OF THE VA PENINSULA9912 HOSIER STREET NEWPORT NEWS,VA 23601	54-1422298	501(C)(3)	96,592				RESPONDING TO BASIC NEEDS
AMERICAN RED CROSS-HAMPTON RDS4915 WEST MERCURY BOULEVARD NEWPORT NEWS,VA 23605	54-0515737	501(C)(3)	130,027				RESPONDING TO BASIC NEEDS
SALVATION ARMY - PEN COMMANDPO BOX 7529 HAMPTON,VA 23666	58-0660607	501(C)(3)	184,519				RESPONDING TO BASIC NEEDS
TRANSITIONSPO BOX 561 HAMPTON,VA 23669	51-0239447	501(C)(3)	141,925				BUILDING SELF SUFFICIENCY
CENTER FOR CHILD & FAMILY SVS2021 CUNNINGHAM DRIVE HAMPTON,VA 23666	54-0505893	501(C)(3)	152,293				IMPROVING HEALTH
DOWNTOWN HAMPTON CHILDTHE BAGLEY CENTER 60 BATTLE ROAD HAMPTON,VA 23666	54-0890222	501(C)(3)	105,483				INVESTING IN CHILDREN & YOUTH
ARC OF THE VA PENINSULA2520 58TH STREET HAMPTON,VA 23661	54-0802199	501(C)(3)	92,504				IMPROVING HEALTH
BOY SCOUTS OF AM-COL VA11721 JEFFERSON AVENUE NEWPORT NEWS,VA 23606	54-0505994	501(C)(3)	36,620				INVESTING IN CHILDREN & YOUTH
GIRLS INC OF THE GREATER PEN1300 THOMAS STREET SUITE C HAMPTON,VA 23669	54-0679053	501(C)(3)	96,742				INVESTING IN CHILDREN & YOUTH
PENINSULA METRO YMCA 101 LONG GREEN BOULEVARD YORKTOWN,VA 23693	54-0524905	501(C)(3)	63,042				IMPROVING HEALTH
CATHOLIC CHARITIES OF EASTERN VA5361 VIRGINIA BEACH BOULEVARD SUITE A VIRGINIA BEACH,VA 23462	54-0505879	501(C)(3)	23,090				RESPONDING TO BASIC NEEDS

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LINK OF HAMPTON ROADS 10413 WARWICK BOULEVARD NEWPORT NEWS,VA 23601	54-1556503	501(C)(3)	95,171				RESPONDING TO BASIC NEEDS
PLANNED PARENTHOOD OF SE VA400 YALE DRIVE HAMPTON,VA 23606	54-0929058	501(C)(3)	44,297				IMPROVING HEALTH
PENINSULA READS393 DENBIGH BOULEVARD SUITE A NEWPORT NEWS,VA 23608	54-0843098	501(C)(3)	60,888				RESPONDING TO BASIC NEEDS
RIVERSIDE HEALTH SYSTEMSFOUNTAIN PLAZA ONE 701 TOWN CENTER DRIVE SUITE 1000 NEWPORT NEWS,VA 23606	54-1994013	501(C)(3)	90,000				RESPONDING TO BASIC NEEDS
PENINSULA AGENCY ON AGING739 THIMBLE SHOALS BOULEVARD SUITE 1006 NEWPORT NEWS,VA 23606	54-0151069	501(C)(3)	39,576				RESPONDING TO BASIC NEEDS
ALTERNATIVES INC2021-B CUNNINGHAM DRIVE SUITE 5 HAMPTON,VA 23666	54-0948440	501(C)(3)	56,508				INVESTING IN CHILDREN & YOUTH
AMERICAN RED CROSS-YORKPOQ6912 GEORGE WASHINGTON MEMORIAL HIGHWAY YORKTOWN,VA 23692	54-0549100	501(C)(3)	18,336				RESPONDING TO BASIC NEEDS
GIRL SCOUTS OF THE COLONIAL912 CEDAR ROAD CHESAPEAKE,VA 23322	54-1158412	501(C)(3)	31,454				INVESTING IN CHILDREN & YOUTH
CHILD DEVELOPMENT RESOURCESPO BOX 280 NORGE,VA 23127	54-0791991	501(C)(3)	44,036				INVESTING IN CHILDREN & YOUTH
PENINSULA YWCAPO BOX 736 NEWPORT NEWS,VA 23607	54-0545602	501(C)(3)	47,500				IMPROVING HEALTH
THE VOLUNTEER CENTER 2210 EXECUTIVE DRIVE SUITE B HAMPTON,VA 23666	54-1810258	501(C)(3)	44,500				BUILDING CAPACITY
EDMARC HOSPICE FOR CHILDREN516 LONDON STREET PORTSMOUTH,VA 23704	54-1092904	501(C)(3)	10,986				IMPROVING HEALTH

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BACON STREET247 MCLAWS CIRCLE WILLIAMSBURG,VA 23185	54-0891035	501(C)(3)	23,803				IMPROVING HEALTH
GLOUCESTER HOUSINGPO BOX 772 HAYES,VA 23072	54-1635676	501(C)(3)	24,125				BUILDING SELF SUFFICIENCY
USO OF HAMPTON ROADS PO BOX 7250 HAMPTON,VA 23666	54-1305517	501(C)(3)	12,191				RESPONDING TO BASIC NEEDS
RETIRED SENIOR VOL PROGRAM12388 WARWICK BOULEVARD SUITE 201 NEWPORT NEWS,VA 23606	31-1725529	501(C)(3)	22,090				BUILDING SELF SUFFICIENCY
BOYS & GIRLS CLUB VA PENINSULA11825 ROCK LANDING DRIVE CHEASPEAKE BUILDING SUITE B NEWPORT NEWS,VA 23606	54-0538202	501(C)(3)	64,334				DESIGNATION
COMMUNITY HEALTH CHARITIES OF VIRGINIA 813 DILIGENCE DRIVE SUITE 121-A NEWPORT NEWS,VA 23606	54-1876027	501(C)(3)	354,059				DESIGNATION
FOODBANK OF THE VA PENINSULA9912 HOSIER STREET NEWPORT NEWS,VA 23601	54-1422298	501(C)(3)	151,693				DESIGNATION
AMERICAN RED CROSS-HAMPTON RDS4915 WEST MERCURY BOULEVARD NEWPORT NEWS,VA 23605	54-0515737	501(C)(3)	82,087				DESIGNATION
SALVATION ARMY - PEN COMMANDPO BOX 7529 HAMPTON,VA 23666	58-0660607	501(C)(3)	57,002				DESIGNATION
TRANSITIONSPO BOX 561 HAMPTON,VA 23669	51-0239447	501(C)(3)	21,864				DESIGNATION
CENTER FOR CHILD & FAMILY SVS2021 CUNNINGHAM DRIVE SUITE 400 HAMPTON,VA 23666	54-0505893	501(C)(3)	8,730				DESIGNATION
DOWNTOWN HAMPTON CHILDTHE BAGLEY CENTER 60 BATTLE ROAD HAMPTON,VA 23666	54-0890222	501(C)(3)	19,872				DESIGNATION

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARC OF THE VA PENINSULA2520 58TH STREET HAMPTON,VA 23661	54-0802199	501(C)(3)	17,751				DESIGNATION
BOY SCOUTS OF AM-COL VA11721 JEFFERSON AVENUE NEWPORT NEWS,VA 23606	54-0505994	501(C)(3)	61,115				DESIGNATION
PENINSULA METRO YMCA 101 LONG GREEN BOULEVARD YORKTOWN,VA 23693	54-0524905	501(C)(3)	16,136				DESIGNATION
CATHOLIC CHARITIES OF EASTERN VA5361 VIRGINIA BEACH BOULEVARD SUITE A VIRGINIA BEACH,VA 23462	54-0505879	501(C)(3)	65,407				DESIGNATION
LINK OF HAMPTON ROADS 10413 WARWICK BOULEVARD NEWPORT NEWS,VA 23601	54-1556503	501(C)(3)	20,949				DESIGNATION
PLANNED PARENTHOOD OF SE VA400 YALE DRIVE HAMPTON,VA 23606	54-0929058	501(C)(3)	21,287				DESIGNATION
PENINSULA READS393 DENBIGH BOULEVARD SUITE A NEWPORT NEWS,VA 23608	54-0843098	501(C)(3)	11,240				DESIGNATION
PENINSULA AGENCY ON AGING739 THIMBLE SHOALS BOULEVARD SUITE 1006 NEWPORT NEWS,VA 23606	54-0151069	501(C)(3)	21,662				DESIGNATION
ALTERNATIVES INC2021-B CUNNINGHAM DRIVE SUITE 5 HAMPTON,VA 23666	54-0948440	501(C)(3)	9,298				DESIGNATION
AMERICAN RED CROSS-YORKPOQ6912 GEORGE WASHINGTON MEMORIAL HIGHWAY YORKTOWN,VA 23692	54-0549100	501(C)(3)	43,785				DESIGNATION
GIRL SCOUTS OF THE COLONIAL912 CEDAR ROAD CHESAPEAKE,VA 23322	54-1158412	501(C)(3)	9,701				DESIGNATION
CHILD DEVELOPMENT RESOURCESPO BOX 280 NORGE,VA 23127	54-0791991	501(C)(3)	13,336				DESIGNATION

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EDMARC HOSPICE FOR CHILDREN516 LONDON STREET PORTSMOUTH,VA 23704	54-1092904	501(C)(3)	25,018				DESIGNATION
USO OF HAMPTON ROADS PO BOX 7250 HAMPTON,VA 23666	54-1305517	501(C)(3)	21,647				DESIGNATION
RIVERSIDE HEALTH FOUNDATIONFOUNTAIN PLAZA ONE 701 TOWN CENTER DRIVE SUITE 1000 NEWPORT NEWS,VA 23606	54-1994013	501(C)(3)	42,100				DESIGNATION
BIG BROTHERS BIG SISTERS364 MCLAWS CIRCLE SUITE 2 WILLIAMSBURG,VA 23185	54-1153403	501(C)(3)	29,510				INVESTING IN CHILDREN & YOUTH
PRESCHOOL PARTNERS OF THE VIRGINIA PENINSULA 321 MAIN STREET SUITE A NEWPORT NEWS,VA 23601	20-1421867	501(C)(3)	11,934				DESIGNATION
GLOUCESTER-MATHEWS HUMANE SOCIETYPO BOX 385 GLOUCESTER,VA 23061	51-0206328	501(C)(3)	5,054				DESIGNATION
GLOUCESTER VOL FIRE & RESCUEPO BOX 1417 GLOUCESTER,VA 23061	23-7028667	501(C)(3)	5,396				DESIGNATION
SIX HOUSE INCORPORATED2003 KECOUGHTAN ROAD HAMPTON,VA 23661	22-3861588	501(C)(3)	7,481				DESIGNATION
UNITED WAY OF GREATER WILLIAMSBURG312 WALLER MILL ROAD SUITE 100 WILLIAMSBURG,VA 23187	54-0844073	501(C)(3)	5,047				DESIGNATION
CARENET RESOURCE PREGNANCY321 MAIN STREET SUITE 1 NEWPORT NEWS,VA 23601	54-1372036	501(C)(3)	5,441				DESIGNATION
CNU ALUMNI ASSOCIATION1 UNIVERSITY PLACE NEWPORT NEWS,VA 23606	23-7212543	501(C)(3)	5,000				DESIGNATION
YWCA OF THE VIRGINIA PENINSULA2602 ORCUT AVENUE NEWPORT NEWS,VA 23607	54-0545602	501(C)(3)	8,946				DESIGNATION

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YOUNG LIFE OF THE VIRGINIA PENINSULA28 HARPERSVILLE ROAD NEWPORT NEWS,VA 23601	84-0385934	501(C)(3)	11,850				DESIGNATION
COMMUNITY HEALTH CHARITIES OF VIRGINIA PO BOX 75153 BALTIMORE,MD 21275	13-6167225	501(C)(3)	203,218				CFC DESIGNATION
COMMUNITY HEALTH CHARITIES OF VIRGINIA 813 DILIGENCE DRIVE SUITE 121-A NEWPORT NEWS,VA 23606	54-1876027	501(C)(3)	93,497				CFC DESIGNATION
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICAPO BOX 45763 SAN FRANCISCO,CA 94145	94-3217739	501(C)(3)	80,719				CFC DESIGNATION
MILITARY VETERANS & PATRIOTIC SERVICE ORGANIZATIONS OF AMERICAPO BOX 45766 SAN FRANCISCO,CA 94145	94-3193418	501(C)(3)	77,858				CFC DESIGNATION
GLOBAL IMPACTPO BOX 409616 ATLANTA,GA 30384	52-1273585	501(C)(3)	36,871				CFC DESIGNATION
CHRISTIAN SERVICE CHARITIESPO BOX 79704 BALTIMORE,MD 21279	94-3193374	501(C)(3)	61,693				CFC DESIGNATION
CANCER CURE OF AMERICAPO BOX 45501 SAN FRANCISCO,CA 94145	81-0648432	501(C)(3)	69,545				CFC DESIGNATION
UNITED WAY OF SOUTH HAMPTON ROADS2515 WALMER AVENUE NORFOLK,VA 23541	54-0506322	501(C)(3)	55,863				CFC DESIGNATION
ANIMAL CHARITIES OF AMERICAPO BOX 45756 SAN FRANCISCO,CA 94145	94-3193389	501(C)(3)	59,839				CFC DESIGNATION
AMERICAN RED CROSSPO BOX 73857 CHICAGO,IL 60673	53-0196605	501(C)(3)	41,979				CFC DESIGNATION
CHILDREN'S CHARITIES OF VIRGINIAPO BOX 45757 SAN FRANCISCO,CA 94145	94-3148588	501(C)(3)	54,555				CFC DESIGNATION

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHRISTIAN CHARITIES USAPO BOX 45758 SAN FRANCISCO,CA 94145	94-3255961	501(C)(3)	51,639				CFC DESIGNATION
AMERICA'S CHARITIESPO BOX 79750 BALTIMORE,MD 21279	54-1517707	501(C)(3)	38,296				CFC DESIGNATION
MEDICAL RESEARCH CHARITIESPO BOX 79703 BALTIMORE,MD 21279	94-3148591	501(C)(3)	31,786				CFC DESIGNATION
UNITED WAY OF GREATER WILLIAMSBURG312 WALLER MILL ROAD SUITE 100 WILLIAMSBURG,VA 23187	54-0844073	501(C)(3)	21,208				CFC DESIGNATION
EARTH SHARECAMPAIGN CFC REGION PO BOX 4011 WASHINGTON,DC 20042	52-1601960	501(C)(3)	26,483				CFC DESIGNATION
CHILDREN FIRST - AMERICA'S CHARITIESPO BOX 79750 BALTIMORE,MD 21279	30-0186795	501(C)(3)	35,443				CFC DESIGNATION
CONSERVATION & PRESERVATION CHARITIES OF AMERICA PO BOX 45759 SAN FRANCISCO,CA 94145	94-3217738	501(C)(3)	26,469				CFC DESIGNATION
CHILDREN'S MEDICAL CHARITIES OF AMERICA PO BOX 45310 SAN FRANCISCO,CA 94145	27-0093393	501(C)(3)	28,014				CFC DESIGNATION
LOCAL INDEPENDENT CHARITIESPO BOX 45754 SAN FRANCISCO,CA 94145	94-3042430	501(C)(3)	12,190				CFC DESIGNATION
WOMEN CHILDREN AND FAMILY SERVICE CHARITIES OF AMERICA PO BOX 45767 SAN FRANCISCO,CA 94145	94-3193386	501(C)(3)	21,392				CFC DESIGNATION
UNITED NEGRO COLLEGE FUND (UNCF)8260 WILLOW OAKS CORPORATE DRIVE FAIRFAX,VA 22031	13-1624241	501(C)(3)	13,322				CFC DESIGNATION
WOUNDED WARRIOR PROJECT7020 AC SKINNER PARKWAY SUITE 100 JACKSONVILLE,FL 32256	20-2370934	501(C)(3)	14,808				CFC DESIGNATION

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEALTH FIRST - AMERICA'S CHARITIESPO BOX 79570 BALTIMORE,MD 21279	30-0186796	501(C)(3)	13,754				CFC DESIGNATION
HUMAN CARE CHARITIES OF AMERICAPO BOX 45765 SAN FRANCISCO,CA 94145	94-3067804	501(C)(3)	11,513				CFC DESIGNATION
USO INC2111 WILSON BLVD SUITE 1200 ARLINGTON,VA 22201	13-1610451	501(C)(3)	13,519				CFC DESIGNATION
PENINSULA HABITAT FOR HUMANITY809 MAIN STREET SUITE 105 NEWPORT NEWS,VA 23601	52-1431619	501(C)(3)	12,071				CFC DESIGNATION
DO UNTO OTHERSPO BOX 45760 SAN FRANCISCO,CA 94145	94-3148590	501(C)(3)	13,285				CFC DESIGNATION
EDUCATE AMERICA THE EDUCATION SCHOOL SUPPORT AND SCHOLARSHIP FUNDS COALITIPO BOX 45761 SAN FRANCISCO,CA 94145	94-3193387	501(C)(3)	8,116				CFC DESIGNATION
ABINGDON VOLUNTEER FIRE COMPANY INCPO BOX 9 BENA,VA 23018	23-7330651	501(C)(3)	7,537				CFC DESIGNATION
HUMAN SERVICE CHARITIES OF AMERICA PO BOX 79770 BALTIMORE,MD 21279	94-3240353	501(C)(3)	5,138				CFC DESIGNATION
GLOUCESTER MATHEWS HUMANE SOCIETY INCPO BOX 385 GLOUCESTER,VA 23061	51-0206328	501(C)(3)	6,636				CFC DESIGNATION
HERITAGE HUMANE SOCIETY430 WALLER MILL ROAD WILLIAMSBURG,VA 23185	54-1641580	501(C)(3)	8,733				CFC DESIGNATION
ARCHDIOCESE FOR THE MILITARY SERVICES USA 1025 MICHIGAN AVENUE NE WASHINGTON,DC 20017	13-1624090	501(C)(3)	7,325				CFC DESIGNATION
HISPANIC UNITED FUND 1100 LARKSPUR LANDING CIRCLE SUITE 240 LAKESPUR,CA 94939	68-0455509	501(C)(3)	7,257				CFC DESIGNATION

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL PUBLIC RADIO 635 MASSACHUSETTS AVENUE NW WASHINGTON,DC 20001	52-0907625	501(C)(3)	7,755				CFC DESIGNATION
CATHOLIC CHARITIES USA PO BOX 17066 BALTIMORE,MD 21297	53-0196620	501(C)(3)	7,369				CFC DESIGNATION
INSTITUTE FOR BLACK CHARITIES - VA CHAPTER 143 KENNEDY STREET NW SUITE 13 WASHINGTON,DC 20011	26-1418952	501(C)(3)	5,236				CFC DESIGNATION
AID FOR AFRICA6909 RIDGEWOOD AVENUE CHEVY CHASE,MD 20815	06-1703295	501(C)(3)	6,633				CFC DESIGNATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF THE VIRGINIA PENINSULA

Employer identification number
54-0535602

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TYRONE JOUBERT	(i)	160,729	16,722	13,980	10,284	13,243	214,958	0
	(ii)	0	0	0	0	0	0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 7	BONUS OF $16,722 PAID TO TYRONE JOUBERT

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF THE VIRGINIA PENINSULA

Employer identification number
54-0535602

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION IS A MEMBERSHIP ORGANIZATION EVERY DONOR IS DEEMED A MEMBER

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		EVERY DEEMED MEMBER IS ELIGIBLE TO VOTE FOR BOARD MEMBERS AND ELECT OFFICERS AT THE ANNUAL MEETING

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A COPY OF THE TAX RETURN WAS E-MAILED TO EACH BOARD MEMBER FOR REVIEW BEFORE IT WAS FILED WITH THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICTS ARE MONITORED AND DISCLOSED ANNUALLY WHEN A CONFLICT ARISES, THE BOARD MEMBER IS INFORMED THAT THEY MUST EXCUSE THEMSELVES FROM ANY DECISIONS THAT DIRECTLY IMPACT THE RELATED ENTITY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD OF DIRECTORS HAS AN ANNUAL EXECUTIVE SESSION WITHOUT THE CEO OR STAFF WHERE COMPENSATION FOR THE CEO IS DISCUSSED AND DETERMINED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	INFORMATION IS AVAILABLE AT OUR OFFICE AND RELEASED UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 220,397 ROUNDING ADJUSTMENT -1 TOTAL TO FORM 990, PART XI, LINE 5 220,396

Identifier	Return Reference	Explanation
AUDIT COMMITTEE	FORM 990, PART XI, LINE 2C	AN AUDIT COMMITTEE MEETS WITH THE AUDITING FIRM AT THE BEGINNING OF THE AUDIT TO PROVIDE INPUT TO THE AUDITORS ON ANY SPECIFIC AREAS THAT THEY WISH TO FOCUS ON AT THE END OF THE PROCESS THE COMMITTEE MEETS WITH THE AUDIT FIRM ONCE AGAIN TO DISCUSS HOW THE PROCESS WENT AND TO GO OVER THE AUDITED FINANCIAL THE COMMITTEE THEN REPORTS THE RESULTS TO THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
LINE EXPLANATION	PART V, Q 1C	QUESTION 1C DOES NOT APPLY TO THE ORGANIZATION BECAUSE THE ORGANIZATION DID NOT HAVE BACKUP WITHHOLDING FOR REPORTABLE PAYMENTS TO VENDORS AND REPORTABLE GAMING WINNINGS

Identifier	Return Reference	Explanation
LINE EXPLANATION	FORM 990, PART V, Q 7G AND 7H	QUESTIONS 7G AND 7H DO NOT APPLY TO THE ORGANIZATION BECAUSE THE ORGANIZATION DID NOT HAVE CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY OR CONTRIBUTIONS OF CARS, BOATS, AIRPLANES OR OTHER VEHICLES DURING THE YEAR