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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

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

Open to Public

						mopodion
<u>A</u> F	or the	2010 calendar year, or tax year beginning APR 1,	2010and	ending 1	<u> MAR 31, 2011</u>	
Bo	heck if pplicable	C Name of organization			D Employer identific	cation number
	Addre					
$\overline{}$	Name chang				1 20-3	963486
F	Initial return	Number and street (or P.O. box if mail is not delivered to street	eet address)	Room/suite		
\vdash	Termir	,	cci audi 033)	1100mv3unc	•	497-9086
F	باated Amend			L	G Gross receipts \$	4,213,578.
\vdash	⊒return ∏Applic					
_	⊥tion pendir		TROPON		H(a) Is this a group re	-
		F Name and address of principal officer DARIN SPI	ORGEON		for affiliates?	Yes X No
		SAME AS C ABOVE			H(b) Are all affiliates inc	
		empt status: X 501(c)(3) 501(c) () ◀ (insert r	io.) 4947(a)(1)	or 527	⊣	list (see instructions)
		e: WWW.VIRGINUNITE.ORG	l ou b		H(c) Group exemptio	
		organization: X Corporation Trust Association	Other >	L Year	of formation: 2005 N	A State of legal domicile: DE
Pe	rt I	Summary	77.01			
8	1	Briefly describe the organization's mission or most significant				
Activities & Governance	i	APPROACHES TO SOCIAL AND ENVIRO			· · · · · · · · · · · · · · · · · · ·	
eru	1	Check this box if the organization discontinued its	-	sed of mor	e than 25% of its net as	ssets.
Š		Number of voting members of the governing body (Part VI, lin			3	5
<u>«</u>		Number of independent voting members of the governing boo			- 1 4	1
es	5	Total number of ındıvıduals employed ın calendar year 2010 (l	Part V line 2a) - V	<u> </u>	5	0
Ξ		Total number of volunteers (estimate if necessary)		G	6	0
Act	7 a	Total unrelated business revenue from Part VIII, column (C)	ŋe 12/UG 1 6 2	2011 IC	7a	1,029.
_	b	Net unrelated business taxable income from Form 990-T, Infe	34	Į (/.	7b	0.
			000511	100	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	OGDEN	UI	3,251,806.	4,212,549.
	9	Program service revenue (Part VIII, line 2g)			0.	0.
ě	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)			887.	1,029.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a		0.	0.	
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, c		3,252,693.	4,213,578.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3			2,747,785.	3,204,811.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
Ø	15	Salaries, other compensation, employee benefits (Part IX, coli	umn (A), lines 5-10)	[236,035.	213,336.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	,	"	0.	0.
<u>p</u>	1	Total fundraising expenses (Part IX, column (D), line 25)	537,9	22.		
ũ	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			644,359.	667,138.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column ('A), line 25)	·	3,628,179.	4,085,285.
		Revenue less expenses. Subtract line 18 from line 12	, ,,,,		-375,486.	128,293.
Ses			:	B/	eginning of Current Year	End of Year
ets Parc	<u>,</u> 20	Total assets (Part X, line 16)		<u> </u>	1,402,752.	3,357,476.
SSS		Total liabilities (Part X, line 26)	• • • • •		74,259.	1,900,690.
		Net assets or fund balances. Subtract line 21 from line 20.	• •	 	1,328,493.	1,456,786.
	rt II	Signature Block			1,520,455.	1,430,700.
		ities of perjury, I declare that I have examined this return, including ac	companying schedule	es and staten	nents, and to the hest of m	v knowledge and helief it is
		t, and com <u>pl</u> ete. Declaration of preparer (other than officer) is based of				y momogo ana bonor, icio
<u> </u>		Vad	The state of the s	топ ргориго	19. Aug 2	2011
C: E.		Signature of officer			Date	<u>'l</u>
Her Her		DARIN SPURGEON, AMERICAS DIE	RCTOR			
اور Her الج		Type or print name and title	CDCTOIC			
		Print/Type preparer's name Preparer's	cianatura	\mathcal{I}	Date Check	PTIN
Paid	į.	JOSEPH V. USHER	Signature Josph Me	/ /	4 Aug 1/ self-employe	
	arer		LLP	`	Firm's EIN	
	Only	Firm's address P.O. BOX 2486			- HIIII S EIN	· · · · · · · · · · · · · · · · · · ·
	J,	SAVANNAH, GA 31402	•		Phone no Q	12-234-8243
Max	the IF	IS discuss this return with the preparer shown above? (see in	structions)		Triidiie IIU. 3	X Yes No
				_	_	1 4 4 1 1 C 3 1 NO

	990 (2010) VIRGIN UNIT	E USA	, INC.		20-396	3486	Page 2
<u>Pa</u>	rt III Statement of Program Service	•					<u>. </u>
1	Check if Schedule O contains a response Briefly describe the organization's mission:	to any que NONE	estion in this Part III	····································		· .	
•	then describe the organization's mission.	NONE					
			•	· · · · · · · · · · · · · · · · · · ·		·	
2	Did the organization undertake any significant pr	ogram ser	vices during the year which we	ere not listed on			
	the prior Form 990 or 990-EZ?					LL Yes	X No
3	If "Yes," describe these new services on Schedu		ahaaaa ia hawa aaaduuta .		-0		X No
J	Did the organization cease conducting, or make If "Yes," describe these changes on Schedule O		changes in now it conducts, a	any program service	sr	LI Yesi	A No
4	Describe the exempt purpose achievements for		e organization's three largest o	program services by	expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and						
	allocations to others, the total expenses, and rev			•	J		
4a			0. including grants of \$_3				
	PROMOTE ENTREPRENEURIAL				RONMENTA	L ISS	<u>UES</u>
	AND ADMINISTRATION OF VA	RIOUS	FUNDRAISING-AC	TIVITIES.			
	-						
					-		
		 -					
			· · · · · · · · · · · · · · · · · · ·				
							_
4b	(Code:) (Expenses \$		including grants of \$)	(Revenue \$		
			·				
					<u>.</u>		
							
						-	
							
			······································				
						· · · · · ·	
4c	(Code:) (Expenses \$		including grants of \$)	(Revenue \$		
				<u> </u>		_	
			····				
						-	
							
					 		
			·				
					- ·		
							
4d	Other program services (Describe in Schedule C	·.)					
	(Expenses \$ including gi			nue \$			
le	Total program service expenses ▶	3,316	,300.				
	_					Form 99	0 (2010

 $\mathcal{M}_{1} = \mathcal{M}_{2}$

1 .

Form 990 (2010) VIRGIN UNITE USA, INC.
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)?	l		
_	If "Yes," complete Schedule A	1	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	dunng the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
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		_X
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		_X_
þ	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		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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		<u> X</u>
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 United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	
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 United States? If "Yes," complete Schedule F, Parts III and IV	16_		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
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		<u> </u>
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		<u> </u>
þ	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	

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Form 990 (2010) VIRGIN UNITE USA, INC.

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
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	X	ļ
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ļ		
	Schedule J	23	X	
24a	g ,			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	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		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		X
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			.
00	Schedule L, Part III	27		X
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):	00-		.
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee for a family member thereoff was an efficer.	28b		
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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		Λ
•	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-30		
•	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		х
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		х
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		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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 X 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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	Х	L
_		Form	990	2010)

- 41	Check if Schedule O contains a response to any question in this Part V			
		i	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	\dashv	165	140
b	Enter the number reported in Box 5 of Form 1056. Effer 5 in Not applicable 1b 0	.		
-	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
·	(gambling) winnings to prize winners?	1c		ĺ
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<u>''</u>		
2.0	filed for the calendar year ending with or within the year covered by this return 2a 0			l
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	-55		\vdash
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:	70		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	.		
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
- Ou	any contributions that were not tax deductible?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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.	.		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	.		
а	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	.		1
11	Section 501(c)(12) organizations. Enter:	.		l
а	Gross income from members or shareholders	ļ		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	.		
	amounts due or received from them.)	.		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. 1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			\vdash
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		\vdash
_	Note. See the instructions for additional information the organization must report on Schedule O.	. [1
b	Enter the amount of reserves the organization is required to maintain by the states in which the	,		1
	organization is licensed to issue qualified health plans	.]		1
	Enter the amount of reserves on hand			-
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

1,1, 1,1,

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
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		_X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	<u>-</u>			
	governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following.			
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	_8b		_X_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		Ì	7.5
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
10-	Does the organization have lead chanters, branches, or offlicted?	40-	Yes	No X
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
U	and branches to ensure their operations are consistent with those of the organization?	10b		
11a		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia	-21	
12a		12a	x	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
_	to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
þ	Other officers or key employees of the organization	15b		<u>X</u>
	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		1	
	taxable entity during the year?	16a		<u>X</u>
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		
	List the states with which a copy of the Form 000 is required to be filed NDE			
17 10	List the states with which a copy of this Form 990 is required to be filed ▶DE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
18	public inspection. Indicate how you make these available. Check all that apply.	101		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, at	nd fina	ncial	
13	statements available to the public.	·u iiild	icial	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ion: 🕨	•	
	DARIN SPURGEON - 212-497-9086			
	65 BLEECKER STREET, SIXTH FLOOR, NEW YORK, NY 10012			

Form 990 (2010)	VIRGIN	UNITE	USA.	INC.	

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

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

(A) Name and Title	(B) Average		(C) Position				(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	ual trustee or director			that	Highest compensated employee	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JEAN OELWANG		l						_	_
BOARD MEMBER	8.00	X	ļ	ļ	ļ	-	0.	0.	0
JONATHAN PEACHEY	0.00							_	•
BOARD MEMBER	8.00	X	├—	_	_	\vdash	0.	0.	0
ANDREA BARRON								_	^
BOARD MEMBER	8.00	 ^	 		_	\vdash	 0.	0.	0
DANIEL SCHULMAN	8.00	\ v					0.	0.	0
BOARD MEMBER DAVID CUSH	0.00	┢	ł			 	 0.	0.	U
BOARD MEMBER	8.00	v					0.	0.	0
DARIN SPURGEON	0.00		\vdash		_	┢	 0.	•	
AMERICAS DIRECTOR	40.00			х		X	138,080.	0.	28,659
					l				

Page 7

Page 8

	rt VII Section A. Officers, Directors, T (A)	(B)							(D)	(E)			(F)	
	Name and title	Average	Position (check all that apply)						Reportable	Reportable		Es	timate	ed
	·	hours per week (describe hours for related organizations in Schedule O)	stee or director	lestitutional trustee	all t		Highest compensated complexes		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC		com fr org	nount other pensa om th anizat d relat	ation le tion ted
-														
													-	
			_											
					_									
	Sub-total Total from continuation sheets to Part	/II Section A		<u> </u>	Ll	·			138,080.		0.	2	8,6	59. 0.
	Total (add lines 1b and 1c) Total number of individuals (including but		nose	liste	ed at	oove	e) wh	no re	138,080.		0.	2	8,6	59.
	compensation from the organization												Yes	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			, ke	/ em	plo	yee,	or h	nighest compensated er	nployee on		3	103	x
4	For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab	le co							the organization		4	х	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," co.							elat	ed organization or indivi	dual for services		5		х
<u> </u>	Complete this table for your five highest of the organization NONE	ompensated inc	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of comp	ensa	ation f	rom	
	(A) Name and busines	s address							(B) Description of s	ervices	Co	(Compe) nsatio	n
														
					_			\downarrow						
								-				_		
								-					<u> </u>	<u> </u>
2	Total number of independent contractors \$100,000 in compensation from the organ		ot lu	mite	d to		se lis	sted	l above) who received m	nore than				
												Form	990	2010)

	,		(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	b c d e f	Fundraising events Related organizations 1c 1d				
Program Service Revenue	2 a b c d e	All other program service revenue	le .			
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	1,029.		1,029.	
	6 a b c	Gross Rents Less rental expenses (i) Real (ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis				
0	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising events (not	_			
Other Revenue	b	including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b				
	9 a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses b				
	10 a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory				
	11 a b c	Miscellaneous Revenue Business Cod	е			
03200	12	Total. Add lines 11a-11d Total revenue. See instructions.	4213578.	0.	1,029.	0 . Form 990 (2010)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	olete column (A) but are	not required to complete	e columns (B), (C), and (D)	
	not include amounts reported on lines 6b, 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	3,204,811.	3,204,811.		
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	138,080.	44,173.	44,260.	49,647.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	20 160	10.010	11 (12	C [17
7	Other salaries and wages	30,169.	12,010.	11,642.	6,517.
8	Pension plan contributions (include section 401(k)	9,515.	3,755.	2 800	2 970
^	and section 403(b) employer contributions)	23,809.	9,396.	2,890. 7,233.	2,870.
9	Other employee benefits Payroll taxes	11,763.	4,641.	3,574.	7,180. 3,548.
10 11	Fees for services (non-employees):	11,703.	4,041.	3,3/4.	3,340.
	Management				
a b	Legal	157,064.	30,110.	93,013.	33,941.
	Accounting	35,352.	30,110.	35,352.	33,341.
	Lobbying	33,332.		33,332.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				· ·
12	Advertising and promotion				
13	Office expenses	1,175.		1,175.	
14	Information technology	1,711.	369.	1,065.	277.
15	Royalties				
16	Occupancy	20,004.		20,004.	
17	Travel .	17,160.	7,035.	4,805.	5,320.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization				
23	Insurance				
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.)				
а	ROCK THE KASBAH FUNDRAI	405,976.			405,976.
b	MISCELLANEOUS EXPENSES	22,646.			22,646.
С	MISCELLANEOUS EXPENSES:	3,415.		3,415.	
d	BANK CHARGES	2,457.		2,457.	
е	GENERAL OVERHEADS: BUSIN	178.		178.	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,085,285.	3,316,300.	231,063.	<u>537,922.</u>
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 (B) End of year (A) Beginning of year 1,260,995 3,354,018. Cash - non-interest-bearing 1 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 141,757. 4 3,458. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other 2.774 basis. Complete Part VI of Schedule D 10a 2.774 b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments · program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 1,402,752. 3,357,476. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 13,009. 4,297. Accounts payable and accrued expenses 17 17 2,000. 1,896,393. 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 Liabilities 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 59,250 0. 25 Other liabilities Complete Part X of Schedule D 25 900,690. Total liabilities. Add lines 17 through 25 74,259 26 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,263,625. 27 Unrestricted net assets 27 <u>11,989.</u> 1,444,797. 28 64,868. Temporarily restricted net assets 28 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 1,456,786. 1,328,493. 33 Total net assets or fund balances 33 Total liabilities and net assets/fund balances ,402,752. 3,357,476.

	1990 (2010) VIRGIN UNITE USA, INC.	<u> 20-396</u>	3486	Pag	ge 12
Pa	rt XI Reconciliation 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	4,21	3 <u>,5</u>	<u>78.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,08	5,2	<u>85.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	12	8,2	93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,32	3,4	<u>93.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
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	1,45	5,7	86.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?	•	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2010)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

TENCENT INTERNET HER TNO Employer identification number 20 2062406

_			ATVGTM	ONITE OSA, I	TAC •						<u> </u>	400	
	rt I			ity Status (All organiz					tructions.				
'nе	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox)					
1		A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i).				
2		A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.))							
3				ital service organization			170/b)/1)	(A)(iii).					
4				operated in conjunction					/b)(1)(A)(ii	i). Enter t	the hospital	's nam	e.
		city, and stat							.(-)(-)(-)(-)	,,,		• • • • • • • • • • • • • • • • • • • •	-,
5		•		benefit of a college or ui	niversity o	wned or or	perated by	a govern	mental uni	t describi	ed in		
			(b)(1)(A)(iv). (Compl				, , , , , , , , , , , , , , , , , , ,	u govo	mornar arr	. 00001101	00 111		
6				ent or governmental unr	t december	d in anatia	- 470/hV/	4\/ A\/\					
7	一											ن لد مالت	_
•	ш			eives a substantial part	or its supp	ort from a	governme	ental unit c	or from the	generai	public desc	nbea i	n
_			(b)(1)(A)(vi). (Comple	•	.	5							
8	믕			section 170(b)(1)(A)(vi).						_	_		_
9	LX			eives: (1) more than 33							-		
			•	nctions - subject to certa	•	•	•			• •	•		
		_		axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nization a	after June 3	0, 197	5.
			509(a)(2). (Complete										
10	님			perated exclusively to te		-			•				
11				perated exclusively for the									or
				ations described in secti				2) See see	ction 509 (a)(3). Che	eck the box	that	
			_	organization and comple	$\overline{}$	-					,		
		a L Type		• •		e III - Fund	•	•		₫	Type III - (
е				at the organization is not									n
		foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations desi	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e ill				
		supporting o	rganization, check tl	nis box							•		
g		Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
		(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	described	ın (ii) and (i	iii) below,		Yes	No
		the gove	erning body of the si	upported organization?							11g(i)		
		(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
		(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)		
h		Provide the fe	ollowing information	about the supported org	ganization	(s).					<u> </u>		
					_								
ίì	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganızation	(v) Did you	u notify the	(vi) ls		(vii) An	nount of	F
1.7		nization	(, =	organization (described on lines 1-9		sted in your		ion in cot.	organization (i) organiz	on in col. ed in the l		port	
	·			above or IRC section	governing	document?	(i) of you	r support?	U.S	.?	000	,	
				(see instructions))	Yes	No	Yes	No	Yes	No			
									1				
	,				 								
						 		-		—			
								-			<u> </u>		

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Page 2 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.") 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 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) 6 Public support. Subtract line 5 from line 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 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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.) 11 Total support. Add lines 7 through 10 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 section 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	·	%
15	Public support percentage from 2009 Schedule A, Part II, line 14	15		%
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 m	ore, o	check this box and	
	stop here. The organization qualifies as a publicly supported organization			ightharpoons
b	33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or m	ore, 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, a	nd lır	e 14 is 10% or more,	
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Par	t IV F	now the organization	
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			ightharpoons
b	10% -facts-and-circumstances test - 2009 if the organization did not check a box on line 13, 16a, 16b, or 1	7a a	nd 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

Schedule A (Form 990 or 990-EZ) 2010 VIRGIN UNITE USA, INC. 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.)

Se	ction A. Public Support	ciow, picase comp	ioto i ait ii.j			-	-
Cale	endar 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.")	264,250.	1,512,484.	3,269,177,	3,252,693,	4 212 549.	12,511,153.
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 organ- ization's benefit and either paid to or expended on its behalf				ï		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and	264,250.	1,512,484.	3,269,177.	3,252,693,	4,212,549,	12,511,153,
t	3 received from disqualified persons 2 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			-			0.
c	Add lines 7a and 7b						0.
_8	Public support (Subtract line 7c from line 6)						12 511 153
Sec	ction B. Total Support					_	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	264,250.	1,512,484,	3,269,177,	3,252,693,	4,212,549,	12,511,153,
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-					
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	064.050					
	Total support (Add lines 9, 10c, 11, and 12)	264,250.	1,512,484,	3,269,177	3,252,693,	4,212,549.	12,511,153,
14	First five years. If the Form 990 is for check this box and stop here	the organization's	tirst, secona, tnira	i, tourth, or tifth tax	x year as a section	1 501(c)(3) organiz	ation,
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2010 (I	ine 8, column (f) div	vided by line 13, ∞	olumn (f))		15	100.00 %
16	Public support percentage from 2009	Schedule A, Part I	II, line 15				100.00 %
<u>Sec</u>	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	10 (line 10c, colum	in (f) divided by line	e 13, column (f))		17	.00 %
18	Investment income percentage from 2	2009 Schedule A, F	Part III, line 17			18	%
19a	33 1/3% support tests - 2010. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box ar		=	· · ·	• •		►X
b	33 1/3% support tests - 2009. If the						
20	line 18 is not more than 33 1/3%, che					-	P
<u> 20</u>	Private foundation. If the organization	ir did flot check a b	ox on line 14, 19a	, or 190, check this	s nox and see ins.	tructions	<u> </u>

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.

2010 Open to Public Inspection

Name of the organization

Employer identification number

VIRGIN UNITE USA, INC. 20-3963486 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Ves Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 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 Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes 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 (ASC 958), 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 (ASC 958), 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 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 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

		UNITE USA,					396348	
Pa	rt III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other record	ds, check any o	f the following tha	at are a sigi	nificant use of	rts collection	n items
	(check all that apply):							
а	Public exhibition			r exchange progr				
þ	Scholarly research	•	Other_					
С	Preservation for future generations							
4	Provide a description of the organization's c	ollections and expla	in how they furt	her the organizat	ion's exem	pt purpose in	Part XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, historica	l treasures, or oth	ner sımılar a	assets		
	to be sold to raise funds rather than to be m						Yes	☐ No
Pai	rt IV Escrow and Custodial Arran		ete if the organ	zation answered	"Yes" to F	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa			<u></u>				
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for contrib	utions or other as	ssets not ir	ncluded		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:					
							Amoun	<u> </u>
C	Beginning balance					1c		
d	Additions during the year		•			1d		
е	Distributions during the year .					1e		
f	Ending balance					1f_		
	Did the organization include an amount on F		21?				Yes	☐ No
	If "Yes," explain the arrangement in Part XIV							
Pai	rt V Endowment Funds. Complete	if the organization ar	nswered "Yes"	to Form 990, Part	IV, line 10			
		(a) Current year	(b) Prior yea	ar (c) Two yea	rs back (d	i) Three years ba	ack (e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses .							
g	End of year balance							
2	Provide the estimated percentage of the year	ar end balance held a	as:					
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
-		.%						
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are h	eld and administe	ered for the	organization	_	
	by:							Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						. 3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedule R?				3b	
4	Describe in Part XIV the intended uses of the			·				
Pai	t VI Land, Buildings, and Equipn	nent. See Form 99	0, Part X, line 10	D				
	Description of investment	(a) Cost or o	1	Cost or other	(c) Acc	umulated	(d) Boo	k value
		basis (investi	ment) b	asis (other)	depr	eciation		
1a	Land .							
b	Buildings							
c	Leasehold improvements .							
đ	Equipment							
	Other .			2,774.		2,774.		0.
Total	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, ∞lumn (B),	line 10(c).)		•		0.

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INC.

Schedule D (Form 990) 2010

VIRGIN UNITE USA,

20-3963486 Page 3

_	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial St		486 Page -
1	Total revenue (Form 990, Part VIII, column (A), line 12)		atements	
2	Total expenses (Form 990, Part IX, column (A), line 25)	1	 	
3	,	2		
	Excess or (deficit) for the year. Subtract line 2 from line 1	3		
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8	_ _	
9	Total adjustments (net). Add lines 4 through 8	9		
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 t XII Reconciliation of Revenue per Audited Financial Statements With Rever	10	r Peturn	
1	Total revenue, gains, and other support per audited financial statements	ide pe		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	1	
a	Net unrealized gains on investments 2a Donated services and use of facilities 2b		 	
b		-	 	
C	Recoveries of prior year grants		 	
d	Other (Describe in Part XIV.) Add lines 2a through 2d		 	
e			2e	
3	Subtract line 2e from line 1		3	· · · · · · · · · · · · · · · · · · ·
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.)			
c	Add lines 4a and 4b		4c	
5 Pai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses r		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		'	
-а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
c	Other losses 2c			
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.) 4b			
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pai	t XIV Supplemental Information			
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to pro			
		· · · · · ·		
				

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

A A COLOR

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

VIE	RGIN UNITE US	SA, INC.			20-39634	86
Pai	rt I General Info	rmation on A	ctivities Out	tside the United States. Comple	te if the organization answered	"Yes"
_	to Form 990, Par		mointoin room	do to autotantiate the amount of the an	onto au accintanco the	
1	-	_		ds to substantiate the amount of the gra- selection criteria used to award the grai		Yes No
2	For grantmakers. Desc	cribe in Part V the	e organization's	procedures for monitoring the use of gr	ant funds outside the United St	ates.
_3	Activities per Region. (T	he following Part (b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	an be duplicated if additional space is n (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	eeded.) (e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	·					
_						
	Sub-total Total from continuation sheets to Part I	0	0			0,
С	Totals (add lines 3a and 3b)	0	0			0.

Page 2 (i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance 20-3963486 of cash grant cash disbursement 11,212, WIRE TRANSFER 1,446,687, WIRE TRANSFER (f) Manner of 419603, WIRE TRANSFER (e) Amount recipient who received more than \$5,000 Check this box if no one recipient received more than \$5,000 NO ASSIST COMMUNITIES ADJACENT TO THE SABI CHANGE EDUCATION AND NITE UK'S PROGRAMS TO SUPPORT CLIMATE TO PROVIDE SKILLS PEOPLE IN MOROCCO SAND GAME RESERVE THROUGH EDUCATION TO SUPPORT VIRGIN (d) Purpose of NUDERPRIVILEGED AND INITIATIVES, grant PRAINING TO INC. VIRGIN UNITE USA, NITED KINGDOM (c) Region Part II can be duplicated if additional space is needed. SOUTH AFRICA POROCCO (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2010 (a) Name of organization Part

75,000, WIRE TRANSFER

INITIATIVES,

IRELAND

Y 25 4

recognized as taxex	:	
e recognized as charties by the foreign country,	on 501(c)(3) equivalency letter	
Enter total number of recipient organizations listed above that are	the IRS, or for which the grantee or counsel has provided a section	Enter total number of other organizations or entities
	2 Enter total number of recipient organizations listed above that are recognized as chanties by the foreign country, recognized as tax-exempt by	2 Enter total number of recipient organizations listed above that are recognized as charties by the foreign country, recognized as tax+ the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2010

SEE PART V FOR COLUMN (D) DESCRIPTIONS

1. 5 1. 3

Page 3

Schedule F (Form 990) 2010 VIRGIN UNITE USA, INC. 20–3963486

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

					, · •
(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2010
(g) Description of non-cash assistance					Schedul
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

<u>Schedu</u>	ule F (Form 990) 2010 VIRGIN UNITE USA, INC.	<u> 20-3963486</u>	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2010

a distribution

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information.
SCHEDULE F, PART I, LINE 2: FOR ALL GRANTS OVER \$5,000, THE RECEIVING
ORGANIZATION MUST PROVIDE FINANCIAL STATEMENTS TO VIRGIN UNITE USA FOR
EACH FISCAL YEAR UNTIL ALL OF THE GRANT FUNDS ARE EXPENDED. THE
RECEIVING ORGANIZATIONS MUST ALSO PROVIDE SUPPORTING DETAIL FOR HOW THE
GRANT FUNDS ARE EXPENDED.
PART II, COLUMN (D):
REGION: MOROCCO
(D) PURPOSE OF GRANT: TO PROVIDE SKILLS TRAINING TO UNDERPRIVILEGED
PEOPLE IN MOROCCO, ESPECIALLY WOMEN.
REGION: SOUTH AFRICA
(D) PURPOSE OF GRANT: TO ASSIST COMMUNITIES ADJACENT TO THE SABI SAND
GAME RESERVE THROUGH EDUCATION, HEALTH CARE, SOCIAL AND ECONOMIC
DEVELOPMENT.

20-3963486 Page 5

Schedule F (Form 990) 2010

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Schedule F (Form 990) 2010 VIRGIN UNITE USA, INC.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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
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VALUE OF USE OF SALIZATION TO THE TICE TICE	ተሞፑ ፲፻፭፮	TML					20-3963486
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount	o substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?			:	:	٠	. X Yes No
2 Describe in Part IV the organization's procedures for monitoring the	cedures for moni	toring the use of grant	use of grant funds in the United States	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	Governments an	d Organizations in the	United States. C	omplete if the orga	inization answered "Y	'es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no	\$5,000. Check this	s box if no one recipien	it received more th	an \$5,000. Part II	can be duplicated if a	one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	▲ pep
1 (a) Name and address of organization or government	(p) EIN	(c) IRC 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
BREEN CHIMNEYS							TO SUPPORT THE
156 W. 145TH STREET, SUITE 1				•			ENVIRONMENTAL INITIATIVES
IEW YORK, NY 10031	13-3897106	501 (C) (3)	33,333,	0			OF GREEN CHIMNEYS.
MATIONAL ASSOCIATION FOR THE							TO SUPPORT THE FURTHER
DUCATION OF HOMELESS CHILDREN AND							TRAINING AND EDUCATION OF
COUTH - P.O. BOX 26274 -							COUNSELORS AND
IINNEAPOLIS, MN 55426	93-1154323	501 (C) (3)	33,333,	0			COMMUNITY-BASED SERVICE
							TO SUPPORT CARBON WAR
ARBON WAR ROOM							ROOM IN ITS WORK TO
150 F STREET NW, 8TH FLOOR							TRANSITION THE U.S.
ASHINGTON, DC 20004	27-0616224	501 (C) (3)	1,020,138.	0			ECONOMY TO CLEAN ENERGY
							TO SUPPORT THE PROGRAMS
SASHA BRUCE YOUTHWORK							OF SASHA BRUCE YOUTHWORK
41 8TH STREET, SE							WHO WORK WITH URBAN
ASHINGTON DC 20003	33-0141865	501 (C) (3)	58,333,	0			хоитн.
							TO HELP FUND NATIONAL
TANDUP FOR KIDS							OFFICE STAFF AND TO
3 WALTON STREET, SUITE 100							ASSIST VARIOUS LOCATIONS
TLANTA, GA 30303	33-0414865	501 (C) (3)	25,000.	0			THORUGHOUT THE U.S.
		_		•			

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

3 Enter total number of other organizations.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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Schedule I (Form 990) (2010)

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Page 2

20-3963486

(Form 990) (2010) VIRGIN UNITE USA, INC.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule | (Form 990) (2010)

| Part III | Grants and Other

(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	de the information	required in Part I,	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: FOR AL	L GRANTS	FOR ALL GRANTS OVER \$5,000,		THE RECEIVING	
ORGANIZATION MUST PROVIDE FINANCIAL STATEMENTS TO VIRGIN UNITE USA FOR EACH	L STATEM	ENTS TO VI	RGIN UNITE	USA FOR EACH	
FISCAL YEAR UNTIL ALL OF THE GRANT FUNDS ARE EXPENDED.	FUNDS A	RE EXPENDE		THE RECEIVING	
ORGANIZATIONS MUST ALSO PROVIDE SUPPORTING DETAIL FOR HOW THE GRANT FUNDS	PPORTING	DETAIL FC	R HOW THE	GRANT FUNDS	
ARE EXPENDED.					

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL ASSOCIATION FOR THE EDUCATION OF HOMELESS CHILDREN AND YOUTH

032102 01-13-11

Schedule I (Form 990) 2010 VIRGIN UNITE USA, INC.	20-3963486 Page 2
Part IV Supplemental Information	
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE	FURTHER TRAINING AND
EDUCATION OF COUNSELORS AND COMMUNITY-BASED SERVICE	E PROVIDERS FOR
HOMELESS YOUTH.	
NAME OF ORGANIZATION OR GOVERNMENT: CARBON WAR ROOM	M
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CARI	BON WAR ROOM IN ITS
WORK TO TRANSITION THE U.S. ECONOMY TO CLEAN ENERGY	Y SOLUTIONS.

Same Same

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

Open to Public

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Attach to Form 990. See separate instructions.

INC.

VIRGIN UNITE USA,

Employer identification number 20-3963486

			Yes	No
1a	Check the appropriate 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 indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of 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			
	X Approval by the board or compensation committee			i
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:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations 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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	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		_X_
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		_X_
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

- 1 - N B

Schedule J (Form 990) 2010

Part It 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

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(0)	(Q)	(E)	(F)
(A) Nате		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or
			compensation	compensation				Form 990-EZ
	Θ	119,937.	18,143.	0.	8,183.	20,476.	166,739.	0
1 DARIN SPURGEON	Θ	0.	0	0.	0.	0.	0	0.
	Θ							
2	(ii)							
	Θ							
8	Œ				-			
	ε							
4	▣							
	Ξ							
5	⊞							
	Θ							
9	(ii)							
	Ξ							
7	(ii)							
	Ξ							
8	⊞							
	Ξ							
6	(ii)							
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10	⊞							
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	Ξ							
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Schedule J (Form 990) 2010

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

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Name of the organization

VIRGIN UNITE USA, INC.

Employer identification number 20-3963486

71N01N 0N112 00N7 1NC1
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
VARIOUS FUNDRAISING ACTIVITIES.
FORM 990, PART VI, SECTION A, LINE 8B: NO COMMITTEES HAVE THE AUTHORITY TO
ACT ON BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETED FORM 990 IS
DISTRIBUTED TO THE BOARD MEMBERS, WHO REVIEW THE RETURN BEFORE IT IS SIGNED
AND FILED.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES AN
ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT FROM EACH DIRECTOR,
OFFICER, AND STAFF MEMBER. THESE STATEMENTS ARE REVIEWED BY THE BOARD OF
DIRECTORS AT A REGULARLY SCHEDULED MEETING. DIRECTORS, OFFICERS AND STAFF
MEMBERS ARE REQUIRED TO REPORT ANY POTENTIAL CONFLICT OF INTEREST AS AND
WHEN IT ARISES.
FORM 990, PART VI, SECTION C, LINE 19: VIRGIN UNITE USA, INC. MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.
THE PROCESS FOR REVIEWING THE FORM 990 AND THE AUDITED FINANCIAL
STATEMENTS HAS NOT CHANGED SINCE THE PRIOR YEAR.