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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

2010

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

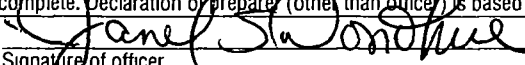
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization RAPPAHANNOCK UNITED WAY, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3310 SHANNON PARK DRIVE City or town, state or country, and ZIP + 4 FREDERICKSBURG, VA 22408 F Name and address of principal officer: JANEL S. DONOHUE SAME AS C ABOVE	D Employer identification number 54-6042936 E Telephone number 540-373-0041 G Gross receipts \$ 3,988,136. 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.RAPPAHANNOCKUNITEDWAY.ORG K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 1939 M State of legal domicile: VA		

Part I Summary

1 Briefly describe the organization's mission or most significant activities. RUW WORKS TO ADVANCE THE COMMON GOOD BY FOCUSING ON EDUCATION, INCOME AND HEALTH. RUW UNITES PEOPLE		
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3 Number of voting members of the governing body (Part VI, line 1a)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	17
6 Total number of volunteers (estimate if necessary)	6	1836
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-E, line 34	7b	0.
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,962,906.	3,926,708.
9 Program service revenue (Part VIII, line 2g)	1,719.	1,287.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,024.	6,310.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<19,824.>	31,952.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,956,825.	3,966,257.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,717,050.	2,806,626.
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)	679,162.	720,177.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 379,431.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	425,267.	461,233.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,821,479.	3,988,036.
19 Revenue less expenses Subtract line 18 from line 12	135,346.	<21,779.>
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	4,386,449.	4,319,600.
21 Total liabilities (Part X, line 26)	2,983,949.	2,938,879.
22 Net assets or fund balances Subtract line 21 from line 20	1,402,500.	1,380,721.

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	Signature of officer  JANEL S. DONOHUE, PRESIDENT Type or print name and title	Date 1/9/12	
Paid Preparer Use Only	Print/Type preparer's name DANIEL HAYNES Preparer's signature DANIEL HAYNES Date 01/09/12 Check if self-employed ☐ PTIN		Firm's EIN ▶ Phone no. 540-371-3566
	Firm's name ▶ PBGH, LLP Firm's address ▶ 725 JACKSON STREET, SUITE 210 FREDERICKSBURG, VA 22401		

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

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:**IMPROVING LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY.****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 \$ 2,806,626. including grants of \$ 2,806,626.) (Revenue \$)
RAPPAHANNOCK UNITED WAY CONDUCTS ANNUAL FUNDRAISING CAMPAIGNS, WORKING WITH OVER 250 ORGANIZATIONS WHICH RUN WORKPLACE GIVING CAMPAIGNS. RUW SUPPORTS APPROXIMATELY 60 PROGRAMS THROUGH THEIR 31 MEMBER AGENCIES, IN ADDITION TO OTHER COMMUNITY BASED NON-PROFIT ORGANIZATIONS THAT PROVIDE HEALTH AND HUMAN SERVICE PROGRAMS. THE RUW CAMPAIGN ALSO SUPPORTS COMMUNITY IMPACT INITIATIVES WHICH WORK IN COORDINATING SOLUTIONS TO HUMAN NEEDS AND PROMOTING CIVIC INVOLVEMENT.

RUW SERVES THE CITY OF FREDERICKSBURG, AND THE COUNTIES OF CAROLINE, KING GEORGE, SPOTSYLVANIA AND STAFFORD.

4b (Code:) (Expenses \$ 650,288. including grants of \$) (Revenue \$ 16,780.)
RUW PROGRAMS INCLUDE: TECHNICAL ASSISTANCE FOR NON-PROFITS, SMART BEGINNINGS RAPPAHANNOCK AREA, INFORMATION SERVICES, VOLUNTEER SERVICES, EARNED INCOME TAX CREDIT COALITION AND RAPPAHANNOCK REGION VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **3,456,914.**

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)? <i>If "Yes," complete Schedule A</i>	1 X	
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? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	X
b 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	

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	☐ Yes ☒ No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	11	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	17	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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?		
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.		
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?		X
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 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

☒**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	21												
b	Enter the number of voting members included in line 1a, above, who are independent	21												
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?													X
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?													X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?													X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?													X
6	Does the organization have members or stockholders?													X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?													X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?													X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:													
a	The governing body?									X				
b	Each committee with authority to act on behalf of the governing body?									X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O													X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?													X
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?													
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X											
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			X										
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				X									
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done					X								
13	Does the organization have a written whistleblower policy?						X							
14	Does the organization have a written document retention and destruction policy?							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?													
a	The organization's CEO, Executive Director, or top management official								X					
b	Other officers or key employees of the organization								X					
	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?													X
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?													

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
BARBARA E. TOMAYKO, DIRECTOR OF FIN - 540-373-0041
3310 SHANNON PARK DRIVE, FREDERICKSBURG, VA 22408

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

☐ 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			
CATHY DAVIS CHAIRMAN	1.00	X						0.	0.	0.
RICHARD HURLEY DIRECTOR	1.00	X						0.	0.	0.
THERESA LIVELSBERGER SECRETARY	1.00	X						0.	0.	0.
EDWARD ALLISON DIRECTOR	1.00	X						0.	0.	0.
CARRIE O'MALLEY DIRECTOR	1.00	X						0.	0.	0.
ANA CHICHESTER DIRECTOR	1.00	X						0.	0.	0.
MARIA FRANKLIN DIRECTOR	1.00	X						0.	0.	0.
JOSEPH GRZEIKA DIRECTOR	1.00	X						0.	0.	0.
MELISSA SMITH DIRECTOR	1.00	X						0.	0.	0.
CRAIG LEWIS TREASURER	1.00	X						0.	0.	0.
SHAWN SLOAN DIRECTOR	1.00	X						0.	0.	0.
AMANDA TALBERT DIRECTOR	1.00	X						0.	0.	0.
WILLIAM YOUNG DIRECTOR	1.00	X						0.	0.	0.
JARVIS BAILEY DIRECTOR	1.00	X						0.	0.	0.
STEPHEN COOLEY DIRECTOR	1.00	X						0.	0.	0.
GLENN KINARD DIRECTOR	1.00	X						0.	0.	0.
LINDA WORRELL DIRECTOR	1.00	X						0.	0.	0.

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			
MICHAEL BROWN DIRECTOR	1.00	X						0.	0.	0.
JEANNE BURKETT DIRECTOR	1.00	X						0.	0.	0.
WILLIAM KINNAMON HONORARY MEMBER	1.00	X						0.	0.	0.
BARBARA TOMAYKO DIRECTOR OF FINANCE AND AD	40.00			X				60,101.	0.	0.
JANEL S. DONOHUE PRESIDENT	40.00			X				74,995.	0.	0.
1b Sub-total								135,096.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								135,096.	0.	0.

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 **0**

- 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
- 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
- 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

	Yes	No
3		X
4		X
5		X

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. **NONE**

(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	1 a Federated campaigns	1a	480,992.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	155,426.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,290,290.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			3,926,708.			
Program Service Revenue	2 a VOL. MGMT. TRAINING	Business Code	611710	1,287.	1,287.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,287.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			6,310.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a		38,338.			
b Less: direct expenses		b		21,879.			
c Net income or (loss) from fundraising events				16,459.			16,459.
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a 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				
11 a MISCELLANEOUS		900099	15,493.	15,493.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			15,493.				
12 Total revenue. See instructions.			3,966,257.	16,780.	0.	22,769.	

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	2,806,626.	2,806,626.		
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	84,571.	36,067.	34,066.	14,438.
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	552,626.	288,852.	67,158.	196,616.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	48,802.	24,178.	8,102.	16,522.
10 Payroll taxes	34,178.	13,015.	6,879.	14,284.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	19,700.	7,657.	2,071.	9,972.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	52,543.	51,424.	392.	727.
12 Advertising and promotion	14,805.	6,985.	50.	7,770.
13 Office expenses	26,244.	11,216.	3,631.	11,397.
14 Information technology	726.	482.	13.	231.
15 Royalties				
16 Occupancy	22,686.	10,755.	3,411.	8,520.
17 Travel	15,870.	8,180.	934.	6,756.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,997.	1,081.	1,063.	1,853.
20 Interest	26,546.	12,828.	4,144.	9,574.
21 Payments to affiliates	23,862.	11,280.	3,334.	9,248.
22 Depreciation, depletion, and amortization	61,772.	26,779.	10,534.	24,459.
23 Insurance	3,955.	1,916.	554.	1,485.
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 <u>SUPPLIES</u>	135,243.	105,881.	0.	29,362.
b <u>MISCELLANEOUS</u>	24,488.	18,296.	806.	5,386.
c <u>REPAIRS AND MAINTENANCE</u>	17,713.	7,302.	3,513.	6,898.
d <u>DUES AND SUBSCRIPTIONS</u>	5,629.	2,399.	670.	2,560.
e <u>TRAINING</u>	5,454.	3,715.	366.	1,373.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,988,036.	3,456,914.	151,691.	379,431.
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	590,596.	1	651,114.
	2 Savings and temporary cash investments	769,886.	2	685,110.
	3 Pledges and grants receivable, net	1,709,192.	3	1,690,591.
	4 Accounts receivable, net	43,177.	4	64,775.
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,423.	9	8,471.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,384,522.		
	b Less: accumulated depreciation	180,412.		
		1,246,608.	10c	1,204,110.
	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	18,567.	15	15,429.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	4,386,449.	16	4,319,600.
Liabilities	17 Accounts payable and accrued expenses	76,505.	17	38,114.
	18 Grants payable	2,164,910.	18	2,217,929.
	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	742,534.	23	682,836.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,983,949.	26	2,938,879.
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	1,222,983.	27	1,185,825.
	28 Temporarily restricted net assets	179,517.	28	194,896.
	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	1,402,500.	33	1,380,721.
	34 Total liabilities and net assets/fund balances	4,386,449.	34	4,319,600.

Part XI Reconciliation of Net AssetsCheck 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	3,966,257.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,988,036.
3	Revenue less expenses. Subtract line 2 from line 1	3	<21,779.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,402,500.
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	1,380,721.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

- 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?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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 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 Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2010)

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.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

RAPPAHANNOCK UNITED WAY, INC.

Employer identification number

54-6042936

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

(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 supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

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.")	3420816.	3333567.	3461408.	3962906.	3926708.	18105405.
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	3420816.	3333567.	3461408.	3962906.	3926708.	18105405.
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 4						18105405.

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	3420816.	3333567.	3461408.	3962906.	3926708.	18105405.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	35,533.	30,121.	34,922.	12,024.	6,310.	118,910.
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						18224315.
12 Gross receipts from related activities, etc. (see instructions)					12	71,724.

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	99.35 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.25 %
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 a 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 section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 10c, 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 ☐

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

2010Open to Public
Inspection

Name of the organization

RAPPAHANNOCK UNITED WAY, INC.

Employer identification number

54-6042936

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 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?		☐ 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 education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a 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
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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 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 (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	▶ \$ _____

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 (ASC 958) 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 acquisition, 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:

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

	Amount
1c	
1d	
1e	
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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ☐ %
 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:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI 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		82,161.		82,161.
b Buildings		1,156,309.	106,288.	1,050,021.
c Leasehold improvements				
d Equipment		146,052.	74,124.	71,928.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ☐ 1,204,110.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must 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
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,966,257.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,988,036.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<21,779.>
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	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<21,779.>

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	2,222,084.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	125,449.
e	Add lines 2a through 2d	2e	125,449.
3	Subtract line 2e from line 1	3	2,096,635.
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	1,869,622.
c	Add lines 4a and 4b	4c	1,869,622.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,966,257.

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

1	Total expenses and losses per audited financial statements	1	2,243,863.
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	125,449.
e	Add lines 2a through 2d	2e	125,449.
3	Subtract line 2e from line 1	3	2,118,414.
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	1,869,622.
c	Add lines 4a and 4b	4c	1,869,622.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,988,036.

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, line 2; 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.

PART X, LINE 2: THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE

ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC); THEREFORE, NO PROVISION HAS BEEN MADE FOR INCOME TAX EXPENSE. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS, AS REQUIRED BY THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION, AND HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION

Part XIV Supplemental Information (continued)

FILES FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, ANNUALLY WITH THE UNITED STATES DEPARTMENT OF THE TREASURY. SUCH RETURNS FOR THE TAX YEARS ENDED JUNE 30, 2008 AND BEYOND REMAIN OPEN TO POTENTIAL EXAMINATION BY TAXING AUTHORITIES.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PROGRAM SERVICE FEES 125,449.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PLEDGES RAISED ON BEHALF OF OTHERS 1,869,622.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

PROGRAM SERVICE FEES 125,449.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

ALLOCATIONS TO DESIGNATED AGENCIES 1,869,622.

PART XII: AUDITED FINANCIAL STATEMENTS DO NOT INCLUDE DONOR DESIGNATED FUNDS COLLECTED ON BEHALF OF OTHERS, WHICH ARE ADDED BACK ON LINE 4B.

AUDITED FINANCIAL STATEMENTS INCLUDE SERVICE FEE REVENUE IN INCOME AND THEY ARE REMOVED FROM REVENUE ON LINE 2D FOR TAX PURPOSES.

PART XIII: AUDITED FINANCIAL STATEMENTS INCLUDE SERVICE FEES IN EXPENSES, WHICH ARE REMOVED FROM EXPENSES ON LINE 2D FOR TAX PURPOSES. AUDITED FINANCIAL STATEMENT EXPENSES DO NOT INCLUDE ALLOCATIONS OF FUNDS REMITTED ON BEHALF OF OTHERS, WHICH ARE ADDED TO EXPENSES ON LINE 4B FOR TAX PURPOSES.

Department of the Treasury
Internal Revenue Service

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

2010

Open To Public Inspection

RAPPAHANNOCK UNITED WAY, INC.

Employer identification number
54-6042936

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		KICK OFF (event type)	LEADERSHIP RECEPTION (event type)	3 (total number)	
Revenue	1 Gross receipts	18,857.	13,850.	5,631.	38,338.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	18,857.	13,850.	5,631.	38,338.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	11,665.	5,971.	4,243.	21,879.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(21,879)
	11 Net income summary. Combine line 3, column (d), and line 10				16,459.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

13a %

b An outside facility

13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**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

RAPPAHANNOCK UNITED WAY, INC.

Employer identification number
54-6042936

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 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
AMERICAN RED CROSS 2025 E STREET, NW WASHINGTON, DC 20006	53-0196605	501C3	30,618.	0.			GENERAL SUPPORT TO IMPROVE LIVES
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY, VA 20151	54-1517707	501C3	41,173.	0.			GENERAL SUPPORT TO IMPROVE LIVES
ANIMAL CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	94-3193389	501C3	40,324.	0.			GENERAL SUPPORT TO IMPROVE LIVES
ANIMAL WELFARE FUND, INC. 10 CHESTNUT STREET SALEM, VA 22401	26-0610986	501C3	9,270.	0.			GENERAL SUPPORT TO IMPROVE LIVES
CANCERCURE OF AMERICA: CARE, UNDERSTAND, RESEARCH & END - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, VA 94939	81-0648432	501C3	32,634.	0.			GENERAL SUPPORT TO IMPROVE LIVES
CHILDREN FIRST - AMERICA'S CHARITIES - 14150 NEWBROOK DRIVE, SUITE 110 - CHANTILLY, VA 20151	30-0186795	501C3	25,116.	0.			GENERAL SUPPORT TO IMPROVE LIVES
2 Enter total number of section 501(c)(3) and government organizations							▶ 68.
3 Enter total number of other organizations							▶

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

Schedule I (Form 990) (2010)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) 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
CHILDREN'S CHARITABLE ALLIANCE 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	94-3232038	501C3	6,449.	0.			GENERAL SUPPORT TO IMPROVE LIVES
CHILDREN'S CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	94-3148588	501C3	25,539.	0.			GENERAL SUPPORT TO IMPROVE LIVES
CHILDREN'S MEDICAL CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	27-0093393	501C3	14,430.	0.			GENERAL SUPPORT TO IMPROVE LIVES
CHRISTIAN CHARITIES USA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	94-3255961	501C3	38,207.	0.			GENERAL SUPPORT TO IMPROVE LIVES
CHRISTIAN SERVICE CHARITIES 7620 LITTLE RIVER TURNPIKE, SUITE 6 ANNANDALE, VA 22003	94-3193374	501C3	80,719.	0.			GENERAL SUPPORT TO IMPROVE LIVES
COMMUNITY HEALTH CHARITIES 200 NORTH GLEBE RD, SUITE 801. ARLINGTON, VA 22203	13-6167225	501C3	123,568.	0.			GENERAL SUPPORT TO IMPROVE LIVES
COMMUNITY HEALTH CHARITIES OF VIRGINIA - 813 DILIGENCE DRIVE, SUITE 121-A - NEWPORT NEWS, VA 23606	54-1876027	501C3	32,393.	0.			GENERAL SUPPORT TO IMPROVE LIVES
COMMUNITY1ST - AMERICA'S CHARITIES OF GREATER WASHINGTON D.C. - 14150 NEWBROOK DRIVE, SUITE 110 - CHANTILLY, VA 20151	01-0914846	501C3	11,969.	0.			GENERAL SUPPORT TO IMPROVE LIVES
CONSERVATION & PRESERVATION CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	94-3217738	501C3	14,760.	0.			GENERAL SUPPORT TO IMPROVE LIVES

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) 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
DIVINE MERCY CARE 11135 LEE HWY FAIRFAX, VA 22030	34-1985248	501C3	5,503.	0.			GENERAL SUPPORT TO IMPROVE LIVES
DO UNTO OTHERS: AMERICA'S EMERGENCY RELIEF, DEVELOPMENT, AND HUMANITARIAN O - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 -	94-3148590	501C3	5,449.	0.			GENERAL SUPPORT TO IMPROVE LIVES
EARTHSHARE 7735 OLD GEORGETOWN ROAD BETHESDA, MD 20814	52-1601960	501C3	19,992.	0.			GENERAL SUPPORT TO IMPROVE LIVES
FOOD FOR THE POOR, INC. 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501C3	6,104.	0.			GENERAL SUPPORT TO IMPROVE LIVES
GLOBAL IMPACT 66 CANAL CENTER PLAZA, SUITE 310 ALEXANDRIA, VA 22314	52-1273585	501C3	39,888.	0.			GENERAL SUPPORT TO IMPROVE LIVES
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	94-3217739	501C3	39,467.	0.			GENERAL SUPPORT TO IMPROVE LIVES
HEALTH FIRST - AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY, VA 20151	30-0186796	501C3	14,154.	0.			GENERAL SUPPORT TO IMPROVE LIVES
HUMAN CARE CHARITIES OF AMERICA 11100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	94-3067804	501C3	7,309.	0.			GENERAL SUPPORT TO IMPROVE LIVES
HUMAN SERVICE CHARITIES OF AMERICA 7620 LITTLE RIVER TURNPIKE, SUITE 60 ANNANDALE, VA 22003	94-3240353	501C3	6,997.	0.			GENERAL SUPPORT TO IMPROVE LIVES

LHA

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) 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
KING GEORGE ANIMAL RESCUE LEAGUE PO BOX 1003 DAHLGREN, VA 22445	54-1976265	501C3	10,387.	0.			GENERAL SUPPORT TO IMPROVE LIVES
KING GEORGE FIRE AND RESCUE, INC. PO BOX 466 KING GEORGE, VA 22445	54-1981999	501C3	11,677.	0.			GENERAL SUPPORT TO IMPROVE LIVES
LOCAL INDEPENDENT CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE STE 340 - LARKSPUR, CA 94939	94-3042430	501C3	11,657.	0.			GENERAL SUPPORT TO IMPROVE LIVES
MEDICAL RESEARCH CHARITIES 7620 LITTLE RIVER TURNPIKE, SUITE 6 ANNANDALE, VA 22003	94-3148591	501C3	13,721.	0.			GENERAL SUPPORT TO IMPROVE LIVES
MILITARY, VETERANS & PATRIOTIC SERVICE ORGANIZATIONS OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	94-3193418	501C3	151,761.	0.			GENERAL SUPPORT TO IMPROVE LIVES
RAPPAHANNOCK UNITED WAY, INC. 3310 SHANNON PARK DRIVE FREDERICKSBURG, VA 22408	54-6042936	501C3	137,719.	0.			GENERAL SUPPORT TO IMPROVE LIVES
SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS OF FREDERICKSBURG - 10819 COURTHOUSE ROAD - FREDERICKSBURG, VA 22408	54-0648185	501C3	20,948.	0.			GENERAL SUPPORT TO IMPROVE LIVES
UNITED SERVICE ORGANIZATIONS, INC. (USO) - 2111 WILSON BLVD., SUITE 1200 - ARLINGTON, VA 22201	13-1610451	501C3	8,827.	0.			GENERAL SUPPORT TO IMPROVE LIVES
UNITED WAY OF CHARLES COUNTY 10250 LA PLANTA ROAD LA PLATA, MD 20646	52-1356960	501C3	13,914.	0.			GENERAL SUPPORT TO IMPROVE LIVES

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) 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
WAMU (AMERICAN UNIVERSITY) 4000 BRANDYWINE ST, NW WASHINGTON, DC 20016	53-0196549	501C3	6,833.	0.			GENERAL SUPPORT TO IMPROVE LIVES
WOMEN, CHILDREN, AND FAMILY SERVICE CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	94-3193386	501C3	10,879.	0.			GENERAL SUPPORT TO IMPROVE LIVES
WOUNDED WARRIORS FAMILY SUPPORT, INC. - 920 S. 107TH AVE., SUITE 250 - OMAHA, NE 68114	20-1407520	501C3	9,722.	0.			GENERAL SUPPORT TO IMPROVE LIVES
AMERICAN RED CROSS 4836 SOUTHPOINT PARKWAY FREDERICKSBURG, VA 22407	53-0196605	501C3	50,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
BOY SCOUTS OF AMERICA, NATIONAL CAPITAL AREA - 9190 ROCKVILLE PIKE - BETHESDA, MD 20814	53-0204610	501C3	20,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
BOYS & GIRLS CLUB OF FREDERICKSBURG - P. O. BOX 3481 - FREDERICKSBURG, VA 22401	53-0236759	501C3	30,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
CATHOLIC CHARITIES OF ARLINGTON DIOCESE - 305 HANSON AVENUE, SUITE #180 - FREDERICKSBURG, VA 22401	54-0515706	501C3	40,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
CHILDREN'S HOME SOCIETY OF VIRGINIA - 2300 FALL HILL AVENUE, SUITE 238 - FREDERICKSBURG, VA 22401	54-0505884	501C3	13,177.	0.			GENERAL SUPPORT TO IMPROVE LIVES
DISABILITY RESOURCE CENTER 409 PROGRESS ST. FREDERICKSBURG, VA 22401	54-1687677	501C3	15,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) 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
FREDERICKSBURG AREA FOOD BANK P.O. BOX 1006 FREDERICKSBURG, VA 22402	54-1255013	501C3	26,260.	0.			GENERAL SUPPORT TO IMPROVE LIVES
FREDERICKSBURG AREA HIV/AIDS 415 ELM STREET FREDERICKSBURG, VA 22401	54-1644116	501C3	14,900.	0.			GENERAL SUPPORT TO IMPROVE LIVES
FREDERICKSBURG COUNSELING SERVICES RIVERSIDE BUSINESS CENTER, 305 HANSON AVENUE #140 - FREDERICKSBURG, VA 22401	54-0844464	501C3	45,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
GIRL SCOUTS COMMONWEALTH COUNCIL OF VIRGINIA, INC. - P.O. BOX 548 - MECHANICSVILLE, VA 23111	54-0534506	501C3	25,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
HEALTHY FAMILIES 15 HOPE ROAD STAFFORD, VA 22554	54-2029476	501C3	33,351.	0.			GENERAL SUPPORT TO IMPROVE LIVES
HOSPICE SUPPORT CARE 1701 FALL HILL AVENUE, SUITE 109 FREDERICKSBURG, VA 22401	52-1203673	501C3	11,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
LLOYD F. MOSS FREE CLINIC 1301 SAM PERRY BLVD., SUITE 100 FREDERICKSBURG, VA 22401	54-1677934	501C3	10,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
MENTAL HEALTH AMERICA OF FREDERICKSBURG - 2217 PRINCESS ANNE ST, SUITE 219-1 - FREDERICKSBURG, VA 22401	54-0678704	501C3	42,400.	0.			GENERAL SUPPORT TO IMPROVE LIVES
RAPP. ADULT ACTIVITIES, INC. 600 JACKSON STREET FREDERICKSBURG, VA 22401	51-0246333	501C3	65,991.	0.			GENERAL SUPPORT TO IMPROVE LIVES

LHA

Schedule I (Form 990)

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RAPP. AREA AGENCY ON AGING 171 WARRENTON RD FREDERICKSBURG, VA 22405	54-1027651	501C3	29,500.	0.			GENERAL SUPPORT TO IMPROVE LIVES	
RAPP. AREA YMCA 212 BUTLER RD FREDERICKSBURG, VA 22405	54-0965826	501C3	35,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES	
RAPP. BIG BROTHERS/SISTERS 325A WALLACE ST FREDERICKSBURG, VA 22401	54-0848850	501C3	60,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES	
RAPP. COUNCIL AGAINST SEXUAL ASSAULT - 2601 PRINCESS ANNE ST., STE 102 - FREDERICKSBURG, VA 22401	54-1443112	501C3	26,165.	0.			GENERAL SUPPORT TO IMPROVE LIVES	
RAPP. COUNCIL ON DOMESTIC VIOLENCE P. O. BOX 1007 FREDERICKSBURG, VA 22402	52-1142547	501C3	54,328.	0.			GENERAL SUPPORT TO IMPROVE LIVES	
RAPPAHANNOCK COURT APPOINTED SPECIAL ADVOCATES	54-1400700	501C3	21,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES	
RAPP. EMERGENCY MEDICAL SERVICES COUNCIL - 435 HUNTER STREET - FREDERICKSBURG, VA 22401	54-1038962	501C3	11,500.	0.			GENERAL SUPPORT TO IMPROVE LIVES	
RAPP. GOODWILL INDUSTRIES P.O. BOX 905 FREDERICKSBURG, VA 22401	54-0808744	501C3	30,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES	
RAPP. LEGAL SERVICES 618 KENMORE AVENUE, SUITE 1-A FREDERICKSBURG, VA 22401	23-7362601	501C3	44,932.	0.			GENERAL SUPPORT TO IMPROVE LIVES	

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Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) 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
RAPP. REFUGE - HOPE HOUSE 902 LAFAYETTE BLVD. FREDERICKSBURG, VA 22401	52-1419314	501C3	25,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
SERVE P.O. BOX 1357 STAFFORD, VA 22554	54-1289683	501C3	37,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
THE ARC OF RAPPAHANNOCK, INC. 1640-B LAFAYETTE BLVD FREDERICKSBURG, VA 22401	54-6046070	501C3	20,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
SMART BEGINNINGS RAPPAHANNOCK AREA	54-6042936	501C3	10,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
THE SALVATION ARMY OF FREDERICKSBURG - P.O. BOX 179 - FREDERICKSBURG, VA 22401	58-0660607	501C3	44,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
THURMAN BRISBEN CENTER P.O. BOX 1295 FREDERICKSBURG, VA 22402	54-1647219	501C3	25,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
VOLUNTEER EMERGENCY FAMILIES FOR CHILDREN - P.O. BOX 35074 - RICHMOND, VA 23235	54-1144174	501C3	5,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
RACCAP PO BOX 7402 FREDERICKSBURG, VA 22404	62-1462030	501C3	15,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES

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Schedule I (Form 990)

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.
Part III can be duplicated 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.

SCHEDULE I, PART I, LINE 2: CITIZEN REVIEW IS THE INTERNAL PROCESS TO EVALUATE AND REVIEW AGENCY PROGRAMS AND ALLOCATE RUW GRANTS FROM THE COMMUNITY CARE FUND. MORE THAN 60 COMMUNITY VOLUNTEERS ARE RECRUITED AND TRAINED EVERY YEAR TO ASSESS THE PROGRAM RESULTS AND FISCAL HEALTH OF PARTNER AGENCIES. AT THE END OF THE PROCESS FORMAL FUNDING RECOMMENDATIONS ARE PRESENTED TO THE RUW BOARD OF DIRECTORS FOR FINAL APPROVAL.

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.

OMB No 1545-0047

2010
Open to Public
Inspection

Name of the organization

RAPPAHANNOCK UNITED WAY, INC.

Employer identification number
54-6042936

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

OF DIVERSE BACKGROUNDS AND INTERESTS THROUGH EFFECTIVE PARTNERSHIPS
WITH BUSINESS, GOVERNMENT AND NON-PROFIT ORGANIZATIONS TO CREATIVELY
SOLVE OUR COMMUNITY ISSUES.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE REVIEWS THE
990 AND THEN IT IS PRESENTED TO AND REVIEWED BY THE BOARD OF DIRECTORS
BEFORE FILING WITH IRS.

FORM 990, PART VI, SECTION B, LINE 12C: DISCLOSE PROMPTLY ALL KNOWN OR
POTENTIAL CONFLICTS IN MATTERS BEFORE THE BOARD OF DIRECTORS OR BEFORE ANY
RUW STANDING OR AD HOC COMMITTEE, AND ABSTAIN FROM VOTING ON SUCH MATTERS.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE
BOARD OF DIRECTORS MEETS AT A MINIMUM ANNUALLY TO REVIEW THE PERFORMANCE OF
THE PRESIDENT. THE COMMITTEE USES DATA OBTAINED FROM OUTSIDE SOURCES
REGARDING COMPENSATION FOR THE PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, ANNUAL REPORT,
990 AND FINANCIALS ARE AVAILABLE UPON REQUEST AND/OR ON THE WEBSITE.

FORM 990, PART XII, LINE 2C

NO CHANGES IN PROCESS FROM PRIOR YEAR.