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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b> <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012</b>		<b>D Employer identification number</b> 23-7375346	
<b>B Check if applicable</b> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>E Telephone number</b> (804) 771-5820	
<b>C Name of organization</b> UNITED WAY OF GREATER RICHMOND & PETERSB Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 2001 MAYWILL STREET City or town, state or country, and ZIP + 4 RICHMOND, VA 23230		<b>G Gross receipts \$</b> 16,894,892	
<b>F Name and address of principal officer</b> LYNN PHARR 2001 MAYWILL STREET RICHMOND, VA 23230		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c) Group exemption number</b> ▶	
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ WWW.YOURUNITEDWAY.ORG			
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation</b> 1911	<b>M State of legal domicile</b> VA

Part I		Summary	
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities AS THE REGION'S PRINCIPAL AUTHORITY ON HUMAN SERVICE ISSUES, UNITED WAY IS COMMITTED TO UNDERSTANDING THE DEPTH OF NEEDS IN THE COMMUNITY AND BRINGING TOGETHER THE RESOURCES NECESSARY TO OVERCOME OUR MOST PRESSING SOCIAL CHALLENGES. UNITED WAY OF GREATER RICHMOND & PETERSBURG HELPS BUILD CAPACITY IN CRITICAL PROGRAMS AND SERVICES TO PREPARE CHILDREN, HELP FAMILIES AND INDIVIDUALS ACHIEVE FINANCIAL STABILITY AND SUPPORT THE HEALTH AND WELLNESS OF OLDER ADULTS. WORKING TOGETHER WITH ORGANIZATIONS AND INDIVIDUALS THROUGHOUT GREATER RICHMOND AND PETERSBURG, THE ORGANIZATION IS CHANGING AND IMPROVING LIVES NOT ONLY IN THE MOMENT OF NEED, BUT FOR THE LONG-TERM.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	37
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	37
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	<b>5</b>	88
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	397	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	16,932,047	15,500,913
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	0	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	119,052	118,704
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	1,064,728	1,275,275
		18,115,827	16,894,892
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	11,200,142	11,386,863
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	3,804,824	3,880,401
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 1,739,581		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	2,851,950	2,630,803
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	17,856,916	17,898,067
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	258,911	-1,003,175
	Net Assets or Fund Balances		<b>Beginning of Current Year</b>
<b>20</b> Total assets (Part X, line 16) . . . . .		14,957,435	14,234,157
<b>21</b> Total liabilities (Part X, line 26) . . . . .		5,996,920	6,006,520
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .		8,960,515	8,227,637

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	<div>*****</div> <div>Signature of officer</div>		<div>2012-11-13</div> <div>Date</div>
	<div>LAURA MELOY CHIEF OPERATING OFFICER</div> <div>Type or print name and title</div>		
Paid Preparer's Use Only	<div>Preparer's signature</div> <div>JOHN E KENT</div>	<div>Date</div>	<div>Check if self-employed</div> <div><input type="checkbox"/></div>
	<div>Preparer's taxpayer identification number (see instructions)</div> <div>P01076641</div>		<div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>KEITERSTEPHENSURSTGARY &amp; SHREAVESPC</div> <div>PO BOX 32066</div> <div>RICHMOND, VA 232942066</div>
	<div>EIN</div> <div>54-1631262</div>		<div>Phone no</div> <div>(804) 747-0000</div>
<div>May the IRS discuss this return with the preparer shown above? (see instructions)</div> <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>			

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization’s mission

UNITED WAY OF GREATER RICHMOND & PETERSBURG'S MISSION IS TO LEAD THE WAY TO SOLUTIONS FOR A BETTER COMMUNITY WE ACCOMPLISH THIS BY \* PROVIDING COMMUNITY LEADERSHIP \* DEVELOPING SOLUTIONS \* RAISING AND LEVERAGING FUNDS FOR IMPACT UNITED WAY IMPROVES LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY TO ADVANCE THE COMMON GOOD WE FOCUS ON THE BUILDING BLOCKS OF A GOOD LIFE EDUCATION HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL INCOME HELPING FAMILIES AND INDIVIDUALS ACHIEVE FINANCIAL STABILITY AND STABLE HOUSING HEALTH SUPPORTING THE HEALTH AND WELLNESS OF OLDER ADULTS AND THEIR CAREGIVERS UNITED WAY CREATES LASTING CHANGE BY BRINGING TOGETHER PEOPLE AND ORGANIZATIONS TO TACKLE COMMUNITY ISSUES AND INVEST IN PROVEN SOLUTIONS THROUGH UNITED WAY, THE ONE MILLION RESIDENTS OF THE RICHMOND-PETERSBURG REGION HAVE THE OPPORTUNITY TO GIVE, ADVOCATE AND VOLUNTEER

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 organization’s program service accomplishments for each of its three largest program services, as measured 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 \$ 5,282,909 including grants of \$ ) (Revenue \$ )
	* UNITED WAY PROVIDED TECHNICAL ASSISTANCE AND OUTCOME-FOCUSED FUNDING TO 90 HIGH-PRIORITY, EFFECTIVE PROGRAMS, SERVING MORE THAN 185,000 PEOPLE IN THE RICHMOND-PETERSBURG REGION FOR MANY OF THESE PROGRAMS, UNITED WAY IS THE ONLY STABLE SOURCE OF FUNDING, AS THEIR GOVERNMENT AND FOUNDATION GRANTS FLUCTUATE FROM YEAR TO YEAR * UNITED WAY SUPPORT PROVIDES OPPORTUNITIES FOR AT-RISK CHILDREN AND FAMILIES FOR EXAMPLE MORE THAN 1,700 CHILDREN RECEIVED QUALITY EARLY CHILDHOOD CARE AND HOME VISITING SERVICES LAST YEAR THROUGH UNITED WAY-FUNDED PROGRAMS * MORE THAN 11,000 STUDENTS EARNED BETTER GRADES AND SPENT MORE TIME IN SCHOOL THANKS TO A UNITED WAY-SUPPORTED PROGRAM * UNITED WAY ALSO PROVIDES RESOURCES TO PEOPLE WHO ARE STRUGGLING TO MEET THE MOST BASIC OF NEEDS INCLUDING FOOD, SHELTER AND EMPLOYMENT LAST YEAR MORE THAN 26,000 PEOPLE RECEIVED SERVICES HELPING THEM TO BECOME MORE FINANCIALLY STABLE SUCH AS JOB TRAINING AND PLACEMENT SERVICES, HOUSING ASSISTANCE AND EMERGENCY SHELTER, AND CASE MANAGEMENT SERVICES * UNITED WAY PROVIDES ESSENTIAL SUPPORT TO OLDER ADULTS AND THEIR CAREGIVERS UNITED WAY-FUNDED PROGRAMS SERVED MORE THAN 11,000 OLDER ADULTS OVER AGE 65 THROUGH VARIOUS SUPPORTIVE PROGRAMS LIKE HOME HEALTH AND ADULT DAYCARE, LEGAL ASSISTANCE, HOME DELIVERED MEALS, AND TRANSPORTATION

4b	(Code ) (Expenses \$ 3,418,202 including grants of \$ ) (Revenue \$ )
	IN ADDITION TO SUPPORTING A NETWORK OF EFFECTIVE PROGRAMS, UNITED WAY PARTNERS WITH OTHER NONPROFITS, GOVERNMENT, COMPANIES AND INDIVIDUALS TO IMPROVE COMMUNITY-LEVEL SYSTEMS AND CONDITIONS TO DO THIS, UNITED WAY LEADS AND SUPPORTS A VARIETY OF COMMUNITY-LEVEL PLANNING AND CHANGE INITIATIVES THESE INITIATIVES FOCUS ON PREPARING CHILDREN TO BE READY FOR AND SUCCESSFUL IN SCHOOL, HELPING YOUTH DEVELOP POSITIVE BEHAVIORS, AIDING FAMILIES WHO ARE STRUGGLING, AND SUPPORTING OLDER ADULTS TO AGE WITH DIGNITY AND INDEPENDENCE SELECTED ANNUAL ACCOMPLISHMENTS ARE LISTED * THE FOCUS ON EARLY CHILDHOOD DEVELOPMENT AND SCHOOL READINESS CONTINUED WORKING WITH THE GREATER RICHMOND CHAMBER, UNITED WAY’S SMART BEGINNINGS GREATER RICHMOND AND WOMEN’S LEADERSHIP INITIATIVES LED EFFECTIVE EDUCATION AND ADVOCACY STRATEGIES INCREASING THE AWARENESS OF AND SUPPORT FOR EARLY CHILDHOOD PROGRAMS LIKE QUALITY CHILD CARE AND HOME VISITING STATE MEASURES OF KINDERGARTENERS MEETING LANGUAGE AND LITERACY BENCHMARKS (PALS K) CONTINUE TO IMPROVE AS A REGION, WE HAVE MOVED SINCE 2002 FROM 80% TO 87% OF KINDERGARTENERS DEMONSTRATING PRE-LITERACY READINESS ON THE PALS K * IN PARTNERSHIP WITH THE CAPITAL REGION COLLABORATIVE, SEVEN LOCALITIES JOINED WITH SMART BEGINNINGS GREATER RICHMOND TO FORM KEY STRATEGIES FOR ADDRESSING EARLY CHILDHOOD DEVELOPMENT HANOVER COUNTY DEVELOPED A BUSINESS PLAN TO EXPAND HOME VISITING SERVICES CHESTERFIELD COUNTY-COLONIAL HEIGHTS RECEIVED QUALITY IMPROVEMENT (FEDERAL) DOLLARS AND WORKED WITH UNITED WAY’S SMART BEGINNINGS STAFF TO CREATE A POSITIVE PARENTING COMMUNICATION CAMPAIGN * IN PARTNERSHIP WITH SENIOR CONNECTIONS, UNITED WAY PROVIDED FACILITATIVE LEADERSHIP AND PROJECT MANAGEMENT TO COMPLETE THE REGIONAL AGE WAVE PLAN THE COMPLETION OF THE PLAN WAS THE CULMINATION OF A THREE YEAR PROCESS RESULTING IN A COALITION OF OVER 100 PUBLIC AND PRIVATE ORGANIZATIONS, CONTRIBUTORS AND BUSINESSES ORGANIZATIONS SUCH AS THE RICHMOND REGIONAL PLANNING DISTRICT, SMARTER GROWTH, AND SENIOR CONNECTIONS ARE USING THE PLAN TO INFORM THEIR PROGRAMMING AND DIRECTION * IN PARTNERSHIP WITH THE YMCA AND BRIDGING RICHMOND, UNITED WAY CONVENED A COALITION OF YOUTH SERVING ORGANIZATIONS AND CONTRIBUTORS TO DEVELOP THE YOUTH DEVELOPMENT PARTNERSHIP CALL TO ACTION, WHICH OUTLINES KEY STRATEGIES FOR IMPROVING ACADEMIC AND WELL-BEING CONDITIONS OF OUR REGION’S YOUTH UNITED WAY HAS SPEARHEADED THE DEVELOPMENT OF A QUALITY IMPROVEMENT PILOT PROGRAM FOR OUT OF SCHOOL TIME PROGRAMS AND FACILITATED THE SHARING OF TRAINING RESOURCES AMONG YOUTH ORGANIZATIONS * UNITED WAY CONTINUED ITS PARTNERSHIP AND FISCAL SPONSORSHIP ROLE FOR METROCASH, A REGIONAL EARNED INCOME TAX CREDIT COALITION THAT WORKS TO IMPROVE FINANCIAL STABILITY OF LOW INCOME FAMILIES UNITED WAY ENABLED METROCASH TO OBTAIN \$99,250 IN FEDERAL, STATE, AND CORPORATE GRANTS TO INCREASE SERVICES AND OUTREACH PROMOTING FINANCIAL STABILITY FOR WORKING FAMILIES DURING THE LAST TAX SEASON, 180 VOLUNTEERS FOR METROCASH COMPLETED 2,140 TAX RETURNS RESULTING IN REFUNDS OF MORE THAN \$2.4 MILLION FOR WORKING FAMILIES AND INDIVIDUALS (AVERAGE INCOME OF \$19,000) IN THE GREATER RICHMOND REGION ADDITIONALLY, OVER 285 REFERRALS TO FREE CREDIT REPORTS, CREDIT COUNSELING, VIRGINIA 2-1-1, SMALL-BUSINESS DEVELOPMENT PROGRAMS, AND FREE FINANCIAL EDUCATION WERE GIVEN TO TAX CLIENTS THROUGH CASH COACH VOLUNTEERS UNITED WAY IS ALSO THE REGION’S LEADER IN IMPLEMENTING AND TEACHING EFFECTIVE USE OF OUTCOME-BASED PLANNING AND EVALUATION ALL PROGRAMS FUNDED BY UNITED WAY SUBMIT OUTCOME RESULTS ANNUALLY SIMILARLY, INITIATIVES IMPLEMENTED BY UNITED WAY ARE OUTCOME-FOCUSED AND THOROUGHLY EVALUATED BASED ON BOTH OUTCOMES AND RESULTS UNITED WAY ALSO HAS STRONG RESEARCH ABILITIES OUR ANNUAL "INDICATORS OF COMMUNITY STRENGTH" REPORT SHOWS OUR COMMUNITY’S MOST CRITICAL NEEDS AND DETERMINES THE BEST PROGRAMS AND INITIATIVES TO EFFECTIVELY MEET THOSE NEEDS THIS INFORMATION IS USED TO SET PRIORITIES FOR PROGRAM FUNDING AND COMMUNITY PROBLEM-SOLVING ACTIVITIES IN ADDITION, UNITED WAY OFFERS AN INFORMATION & REFERRAL CENTER, REACHED BY DIALING 2-1-1 THE CENTER LINKS PEOPLE IN NEED WITH ORGANIZATIONS THAT PROVIDE ASSISTANCE LAST YEAR THE CENTER RESPONDED TO 37,000 PHONE CALLS TO THE 2-1-1 NUMBER ALMOST HALF OF THOSE CALLERS WERE SEEKING FINANCIAL ASSISTANCE















4c	(Code ) (Expenses \$ 6,103,954 including grants of \$ ) (Revenue \$ )
	IN ADDITION TO DIRECTING CONTRIBUTIONS TO PROGRAMS AND INITIATIVES THAT MAKE AN IMPACT, UNITED WAY FOSTERS LOCAL PHILANTHROPY BY PROVIDING AN OPTION FOR DONORS TO DIRECT THEIR GIVING TO SPECIFIC ELIGIBLE ORGANIZATIONS UNITED WAY COLLECTS AND DISTRIBUTES THESE DONOR-RESTRICTED GIFTS TO ALMOST 500 ORGANIZATIONS THIS SERVICE PROVIDES THOUSANDS OF DONORS AN EFFICIENT AND COST-EFFECTIVE MEANS TO GIVE BACK TO THEIR CHARITIES OF CHOICE

4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )

4e	Total program service expenses \$ 14,805,065
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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	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	<b>Section 501(c)(3) organizations.</b> 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	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
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	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
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	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
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	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
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	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
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	Yes
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	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
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	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
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> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
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> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
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> . . . . .	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>					
Check if Schedule O contains a response to any question in this Part V <input checked="" type="checkbox"/>					
		<b>Yes</b>	<b>No</b>		
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . . .	<b>1a</b>	0		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes		
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	88		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>			No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>			
<b>4a</b>	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 or securities account)? . . . . .	<b>4a</b>			No
<b>b</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				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<b>5a</b>			No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	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? . . . . .	<b>6a</b>			No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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? . . . . .	<b>7a</b>			No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>			No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<b>7f</b>			No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>			
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the aggregate amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	<b>14b</b>			

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

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

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. LAURA MELOY 2001 MAYWILL STREET RICHMOND, VA 23230 (804) 771-5843

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

**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 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 organizations compensated any current or former officer, director, or trustee

[illegible]



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	534,567	0	26,696

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. **3**

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization ►0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	1,771,957			
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e	450,608			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,278,348			
	g	Noncash contributions included in lines 1a-1f \$ 209,464					
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		118,704		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		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) . . . . .					
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . .	a				
b		Less direct expenses . . . .	b				
c		Net income or (loss) from fundraising events . .					
9a		Gross income from gaming activities See Part IV, line 19 . . . .	a				
b		Less direct expenses . . . .	b				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances . . . .	a				
b		Less cost of goods sold . . .	b				
c		Net income or (loss) from sales of inventory . .					
Miscellaneous Revenue		Business Code					
11a		FEES - DONOR DESIGNATI	900099	746,660	746,660		
b		ENDOWMENT INCOME	900099	399,434	399,434		
c	FEES - 3RD PARTY PROC	900099	75,709	75,709			
d	All other revenue . . . . .		53,472	53,472			
e	Total. Add lines 11a-11d . . . . .			1,275,275			
12	Total revenue. See Instructions . . . .			16,894,892	1,275,275	0	118,704

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)  
Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21	11,386,863	11,386,863		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	590,457	163,520	178,586	248,351
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	2,529,361	1,273,321	470,635	785,405
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	165,299	79,555	38,300	47,444
9	Other employee benefits	323,267	185,774	53,387	84,106
10	Payroll taxes	272,017	120,274	65,060	86,683
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	34,197		34,197	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	152,830	24,623	111,551	16,656
12	Advertising and promotion				
13	Office expenses	83,940	56,530	15,124	12,286
14	Information technology				
15	Royalties				
16	Occupancy	415,824	227,925	69,122	118,777
17	Travel	68,217	32,183	17,661	18,373
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	45,138	22,020	19,023	4,095
20	Interest				
21	Payments to affiliates	143,000	47,666	47,667	47,667
22	Depreciation, depletion, and amortization	73,297	24,432	24,433	24,432
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 )				
a	PROGRAM EXPENSES	806,636	806,636		
b	PRINTING AND PUBLICATIO	276,313	107,875	2,350	166,088
c	MOVING AND RECRUITMENT	136,094		136,094	
d	EQUIPMENT MAINTENANCE	125,607	61,222	25,526	38,859
e					
f	All other expenses	269,710	184,646	44,705	40,359
25	Total functional expenses. Add lines 1 through 24f	17,898,067	14,805,065	1,353,421	1,739,581
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			5,203,560	2	4,453,674
	3	Pledges and grants receivable, net . . . . .			4,468,324	3	4,246,328
	4	Accounts receivable, net . . . . .			329,391	4	309,798
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			40,331	9	48,837
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	1,387,057			
	b	Less: accumulated depreciation . . . . .	10b	1,175,855	202,222	10c	211,202
	11	Investments—publicly traded securities . . . . .			4,713,607	11	4,964,318
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .				15	
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			14,957,435	16	14,234,157	
Liabilities	17	Accounts payable and accrued expenses . . . . .			307,518	17	371,057
	18	Grants payable . . . . .			3,919,706	18	3,747,884
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			1,769,696	25	1,887,579
	26	Total liabilities. Add lines 17 through 25 . . . . .			5,996,920	26	6,006,520
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets . . . . .			7,769,821	27	7,329,050
28		Temporarily restricted net assets . . . . .			1,190,694	28	898,587
29		Permanently restricted net assets . . . . .				29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 . . . . .			8,960,515	33	8,227,637
34	Total liabilities and net assets/fund balances . . . . .			14,957,435	34	14,234,157	

Part 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	16,894,892
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,898,067
3	Revenue less expenses Subtract line 2 from line 1	3	-1,003,175
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,960,515
5	Other changes in net assets or fund balances (explain in Schedule O)	5	270,297
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	8,227,637

Part XII Financial Statements and Reporting

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

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

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization UNITED WAY OF GREATER RICHMOND & PETERSB	Employer identification number 23-7375346
--	--

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

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

- 1

☐

A church, convention of churches, or association of churches **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 Se**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 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)		

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	18,921,852	17,584,812	16,990,886	16,932,047	15,666,955	86,096,552
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	18,921,852	17,584,812	16,990,886	16,932,047	15,666,955	86,096,552
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						86,096,552

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	18,921,852	17,584,812	16,990,886	16,932,047	15,666,955	86,096,552
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	454,558	152,690	107,023	119,052	118,704	952,027
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	8,584	9,937	996,025	1,064,728	1,275,275	3,354,549
11 Total support (Add lines 7 through 10)						90,403,128

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

121,939,142

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	95 240 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	96 420 %

16a 33 1/3% support test—2011. 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—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



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

Facts And Circumstances Test

Explanation

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
UNITED WAY OF GREATER RICHMOND & PETERSB

Employer identification number  
23-7375346

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

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

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

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

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

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

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

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance . . . . .			1,011,796		
<b>b</b> Contributions . . . . .				1,000,000	
<b>c</b> Investment earnings or losses . . . . .				11,796	
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .			1,011,796		
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .				1,011,796	

**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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b> Yes	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**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 property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		167,827	108,319	59,508
<b>d</b> Equipment . . . . .		1,219,230	1,067,536	151,694
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> . . . . . ▶				211,202



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	116,894,892
2	Total expenses (Form 990, Part IX, column (A), line 25)	217,898,067
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-1,003,175
4	Net unrealized gains (losses) on investments	4104,255
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8166,042
9	Total adjustments (net) Add lines 4 - 8	9270,297
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-732,878

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	111,061,235
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a104,255	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d166,042	
e	Add lines 2a through 2d . . . . .	2e270,297
3	Subtract line 2e from line 1 . . . . .	310,790,938
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) . . . . .4b6,103,954	
c	Add lines 4a and 4b . . . . .	4c6,103,954
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	516,894,892

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	111,794,113
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a	
b	Prior year adjustments . . . . .2b	
c	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .	2e0
3	Subtract line 2e from line 1 . . . . .	311,794,113
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) . . . . .4b6,103,954	
c	Add lines 4a and 4b . . . . .	4c6,103,954
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	517,898,067

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	INCOME TAX UNCERTAINTIES THE ORGANIZATION HAS ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) GUIDANCE RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE ORGANIZATION'S FINANCIAL STATEMENTS. IN ACCORDANCE WITH THE GUIDANCE, THE ORGANIZATION DISCLOSES THE EXPECTED FUTURE TAX CONSEQUENCES OF UNCERTAIN TAX POSITIONS PRESUMING THE TAXING AUTHORITIES FULL KNOWLEDGE OF THE FACTS AND THE ORGANIZATION'S POSITION AND RECORDS UNRECOGNIZED TAX BENEFITS OR LIABILITIES FOR KNOWN, OR ANTICIPATED, TAX ISSUES BASED ON THE ORGANIZATION'S ANALYSIS OF WHETHER ADDITIONAL TAXES WOULD BE DUE TO THE AUTHORITIES GIVEN THEIR FULL KNOWLEDGE OF THE TAX POSITION. THE ORGANIZATION ACCRUES INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AS OTHER NONCURRENT LIABILITIES AND RECOGNIZES THE RELATED CHANGES IN THE ORGANIZATION'S ASSESSMENTS AS A COMPONENT OF INCOME TAX EXPENSE. THE ORGANIZATION HAS COMPLETED ITS ASSESSMENT AND DETERMINED THAT THERE WERE NO TAX POSITIONS, WHICH WOULD REQUIRE RECOGNITION UNDER THE GUIDANCE. THE ORGANIZATION'S INCOME TAX RETURNS FOR YEARS SINCE 2009 REMAIN OPEN FOR EXAMINATION BY TAX AUTHORITIES.
PART XI, LINE 8 - OTHER ADJUSTMENTS		PRIOR YEAR RECOVERY OF SHRINKAGE 166,042
PART XII, LINE 2D - OTHER ADJUSTMENTS		PRIOR YEAR RECOVERY OF SHRINKAGE 166,042
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS 6,103,954
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS 6,103,954

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF GREATER RICHMOND & PETERSB

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

2011

Open to Public  
Inspection

Employer identification number  
23-7375346

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

140

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 UNITED WAY WORKS TO ENSURE THAT GRANT DOLLARS ARE USED TO ADDRESS OUR MOST PRESSING NEEDS AND TO MAKE THE GREATEST DIFFERENCE THE COMMUNITY ACTION FUND IS THE POOL OF UNDESIGNATED DOLLARS MADE POSSIBLE THROUGH GENEROUS INVESTMENTS FROM INDIVIDUALS AND COMPANIES THIS FUND SUPPORTS THE BEST PACKAGE OF HUMAN SERVICE PROGRAMS AVAILABLE IN THE REGION EXPERIENCED COMMUNITY VOLUNTEERS WORK TOGETHER TO UNDERSTAND THE NEEDS IN THE COMMUNITY AND INVEST IN THE BEST PROGRAMS TO SOLVE THOSE ISSUES THEY SET DIRECTION WITH A VISION AND COMMUNITY GOALS THAT THEY WISH TO ACHIEVE THESE VOLUNTEERS WORKING TOGETHER IN ACTION COUNCILS ANALYZE DATA, STUDY RESEARCH, AGREE ON A NECESSARY ARRAY OF SERVICES AND THEN SET PRIORITIES FOR UNITED WAY FUNDING EACH FUNDED PROGRAM AND PROJECT IS REQUIRED TO MEASURE ITS OUTCOMES THE ACTION COUNCILS AND STAFF WORK YEAR-ROUND TO ENSURE THAT EACH PROGRAM FUNDED THROUGH COMMUNITY ACTION IS MONITORED, EVALUATED AND MEASURED FOR EFFECTIVENESS BY DOING THIS, UNITED WAY AND THE COMMUNITY ARE BUILDING A SYSTEM OF CARE THAT PRODUCES LASTING CHANGE AND RESULTS YOU CAN SEE IN ADDITION TO DIRECTING CONTRIBUTIONS TO PROGRAMS AND INITIATIVES THAT MAKE AN IMPACT, UNITED WAY FOSTERS LOCAL PHILANTHROPY BY PROVIDING AN OPTION FOR DONORS TO DIRECT THEIR GIVING TO SPECIFIC ELIGIBLE ORGANIZATIONS UNITED WAY COLLECTS AND DISTRIBUTES THESE DONOR-RESTRICTED GIFTS TO ALMOST 500 ORGANIZATIONS THIS SERVICE PROVIDES THOUSANDS OF DONORS AN EFFICIENT AND COST-EFFECTIVE MEANS TO GIVE BACK TO THEIR CHARITIES OF CHOICE THE ENTITIES THAT RECEIVED \$5,000 OR MORE ARE LISTED ABOVE

Software ID:  
Software Version:  
EIN: 23-7375346  
Name: UNITED WAY OF GREATER RICHMOND & PETERSB

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A GRACE PLACE ADULT CARE CENTER8030 STAPLES MILL ROAD RICHMOND, VA 23228	23- 7118287	501(C)(3)	146,444				PROGRAM SERVICES AND GENERAL PURPOSES
AL-A-MO RECOVERY CENTER 35 SOUTH MARKET STREET PETERSBURG, VA 23804	54- 0913148	501(C)(3)	8,589				PROGRAM SERVICES AND GENERAL PURPOSES



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION GREATER RICHMOND CHAPTER4600 COX ROAD SUITE 130 GLEN ALLEN, VA 23060	54-1263555	501(C)(3)	20,388				PROGRAM SERVICES AND GENERAL PURPOSES
ALZHEIMER'S RESEARCH AND PREVENTION FOUNDATION		501(C)(3)	5,217				PROGRAM SERVICES AND GENERAL PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN CANCER SOCIETY SOUTH ATLANTIC DIVISION8219 TOWN CENTER DRIVE BALTIMORE, MD 21236	58-0659875	501(C)(3)	54,941				PROGRAM SERVICES AND GENERAL PURPOSES
AMERICAN DIABETES ASSOCIATION RICHMOND VA1701 NORTH BEAUREGARD STREET ALEXANDRIA, VA 22311	13-1623888	501(C)(3)	21,690				PROGRAM SERVICES AND GENERAL PURPOSES

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

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AMERICAN FAMILY ASSOCIATION		501(C)(3)	6,686				PROGRAM SERVICES AND GENERAL PURPOSES
AMERICAN HEART ASSOCIATION4217 PARK PLACE COURT GLEN ALLEN, VA 23060	13-5613797	501(C)(3)	26,752				PROGRAM SERVICES AND GENERAL PURPOSES

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

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AMERICAN RED CROSS NATIONAL 2025 E STREET WASHINGTON, DC 20006	53-0196605	501(C)(3)	31,923				PROGRAM SERVICES AND GENERAL PURPOSES
AMERICAN RED CROSS GREATER RICHMOND CHAPTER420 EAST CARY STREET RICHMOND, VA 23219	54-1234986	501(C)(3)	418,418				PROGRAM SERVICES AND GENERAL PURPOSES

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AMERICAN RED CROSS SOUTHSIDE AREA CHAPTER 3267 CRATER ROAD A PETERSBURG, VA 23805	54-6000057	501(C)(3)	51,197				PROGRAM SERVICES AND GENERAL PURPOSES
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 520 EIGHTH AVENUE 7TH FLOOR NEW YORK, NY 10018	13-1623829	501(C)(3)	11,386				PROGRAM SERVICES AND GENERAL PURPOSES

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

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ARMY COMMUNITY SERVICE1231 MAHONE AVENUE FORT LEE, VA 23801	54-1186950	501(C)(3)	9,644				PROGRAM SERVICES AND GENERAL PURPOSES
ASSOCIATION FOR THE SUPPORT OF CHILDREN WITH CANCER5211 WEST BROAD STREET RICHMOND, VA 23230	51-0173669	501(C)(3)	9,064				PROGRAM SERVICES AND GENERAL PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AUTISM SOCIETY OF AMERICA4340 EAST-WEST HIGHWAY BETHESDA, MD 20814	54-1701693	501(C)(3)	12,001				PROGRAM SERVICES AND GENERAL PURPOSES
BENSLEY-BERMUDA VOLUNTEER RESCUE SQUAD 2500 RIO VISTA STREET CHESTER, VA 23831	54-6054052	501(C)(3)	11,724				PROGRAM SERVICES AND GENERAL PURPOSES

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

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BIG BROTHERS BIG SISTERS SERVICES 5511 STAPLES MILL ROAD RICHMOND, VA 23228	54-0702502	501(C)(3)	120,357				PROGRAM SERVICES AND GENERAL PURPOSES
BOAZ AND RUTH INC 3030 MEADOWBRIDGE ROAD RICHMOND, VA 23222	03-0376726	501(C)(3)	15,521				PROGRAM SERVICES AND GENERAL PURPOSES



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

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BON SECOURS - VARIOUS PROGRAMS7229 FOREST AVENUE SUITE 208 RICHMOND, VA 23226	54-1201346	501(C)(3)	206,444				PROGRAM SERVICES AND GENERAL PURPOSES
BOY SCOUTS - HEART OF VIRGINIA COUNCIL4015 FITZHUGH AVENUE RICHMOND, VA 23230	54-0505872	501(C)(3)	221,682				PROGRAM SERVICES AND GENERAL PURPOSES

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

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BOYS AND GIRLS CLUBS OF METRO RICHMOND5511 STAPLES MILL ROAD RICHMOND, VA 23228	54-0564901	501(C)(3)	331,120				PROGRAM SERVICES AND GENERAL PURPOSES
BREAST CANCER AFRICAN AMERICAN SISTERS NETWORKPO BOX 15661 RICHMOND, VA 23227	36-4495454	501(C)(3)	8,793				PROGRAM SERVICES AND GENERAL PURPOSES

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CARES244 HALIFAX STREET PETERSBURG, VA 23803	52- 1248949	501(C)(3)	33,204				PROGRAM SERVICES AND GENERAL PURPOSES
CARITASPO BOX 25790 RICHMOND, VA 23260	54- 1441917	501(C)(3)	267,372				PROGRAM SERVICES AND GENERAL PURPOSES

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

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CATHOLIC RELIEF SERVICES		501(C)(3)	5,548				PROGRAM SERVICES AND GENERAL PURPOSES
CENTRAL VIRGINIA BURN CAMP1960 CANDLEWYCK DRIVE CHARLOTTESVILLE, VA 22901	54-1909017	501(C)(3)	6,691				PROGRAM SERVICES AND GENERAL PURPOSES

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

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CHALLENGE DISCOVERY PROJECTS5012 WINDY HOLLOW CIRCLE GLEN ALLEN, VA 23059	51- 0250681	501(C)(3)	6,427				PROGRAM SERVICES AND GENERAL PURPOSES
CHESTERFIELD PUBLIC EDUCATION FOUNDATIONPO BOX 3883 RICHMOND, VA 23235	54- 1595479	501(C)(3)	10,708				PROGRAM SERVICES AND GENERAL PURPOSES

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

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MEMORIAL CHILD GUIDANCE CLINICCHILDSAVERS 200 NORTH 22ND STREET RICHMOND,VA 23223	54-0505927	501(C)(3)	371,835				PROGRAM SERVICES AND GENERAL PURPOSES
CHILDREN'S HOME OF VIRIGNIA BAPTIST INC 6900 HICKORY ROAD PETERSBURG,VA 23803	54-0612705	501(C)(3)	12,108				PROGRAM SERVICES AND GENERAL PURPOSES

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

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CHILDRENS HOME SOCIETY OF VIRGINIA4200 FITZHUGH AVENUE RICHMOND, VA 23230	54-0505884	501(C)(3)	138,160				PROGRAM SERVICES AND GENERAL PURPOSES
CHILDREN'S HOSPITAL AND HEALTHCARE SERVICES FOUNDATION2924 BROOK ROAD RICHMOND, VA 23220	51-0220692	501(C)(3)	33,465				PROGRAM SERVICES AND GENERAL PURPOSES

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

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CHRISTMAS MOTHER CHESTERFIELD-COLONIAL HEIGHTS PO BOX 2500 CHESTERFIELD, VA 23832	54-1780756	501(C)(3)	6,491				PROGRAM SERVICES AND GENERAL PURPOSES
CIRCLE CENTER ADULT DAY SERVICES 4900 WEST MARSHALL STREET RICHMOND, VA 23230	54-0991287	501(C)(3)	100,529				PROGRAM SERVICES AND GENERAL PURPOSES



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COLONIAL HEIGHTS FIRE AND EMERGENCY MEDICAL SERVICES100 B HIGHLAND AVENUE COLONIAL HEIGHTS, VA 23834	54-1450734	501(C)(3)	5,912				PROGRAM SERVICES AND GENERAL PURPOSES
COMFORT ZONE CAMP4906 CUTSHAW AVENUE RICHMOND, VA 23230	54-1916517	501(C)(3)	11,925				PROGRAM SERVICES AND GENERAL PURPOSES

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

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COMMUNITIES IN SCHOOLS2922 WEST MARSHALL STREET 2ND FLOOR FLOOR RICHMOND, VA 23230	54-1799922	501(C)(3)	116,273				PROGRAM SERVICES AND GENERAL PURPOSES
COMMONWEALTH CATHOLIC CHARITIES1512 WILLOW LAWN DRIVE RICHMOND, VA 23230	54-0505877	501(C)(3)	270,543				PROGRAM SERVICES AND GENERAL PURPOSES

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

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CONCERNED BLACK MEN OF RICHMONDPO BOX 4747 RICHMOND, VA 23220	52- 1584862	501(C)(3)	12,819				PROGRAM SERVICES AND GENERAL PURPOSES
CENTRAL VIRGINIA LEGAL AID SOCIETY101 WEST BROAD STREET 101 RICHMOND, VA 23220	54- 0900644	501(C)(3)	64,679				PROGRAM SERVICES AND GENERAL PURPOSES

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CRATER DISTRICT AGENCY ON AGING 23 SEYLER DRIVE PETERSBURG, VA 23805	54-0976916	501(C)(3)	13,450				PROGRAM SERVICES AND GENERAL PURPOSES
CROSS OVER MINISTRY INC8600 QUIOCCASIN ROAD RICHMOND, VA 23229	54-1371067	501(C)(3)	27,637				PROGRAM SERVICES AND GENERAL PURPOSES

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DAILY PLANET517 WEST GRACE STREET RICHMOND, VA 23220	54-0900368	501(C)(3)	258,375				PROGRAM SERVICES AND GENERAL PURPOSES
DISABLED AMERICAN VETERANS	52-1521276	501(C)(3)	10,939				PROGRAM SERVICES AND GENERAL PURPOSES

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

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EMERGENCY MEDICATION FUND DINWIDDIEPO BOX 107 DINWIDDIE,VA 23841	54-1742470	501(C)(3)	5,000				PROGRAM SERVICES
ELK HILL FARM INC PO BOX 99 GOOCHLAND,VA 23063	23-7071154	501(C)(3)	9,882				PROGRAM SERVICES AND GENERAL PURPOSES

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FAMILY LIFELINE 2325 WEST BROAD STREET RICHMOND, VA 23220	54-0737133	501(C)(3)	714,187				PROGRAM SERVICES AND GENERAL PURPOSES
FAN FREE CLINIC PO BOX 6477 RICHMOND, VA 23230	54-0927792	501(C)(3)	116,766				PROGRAM SERVICES AND GENERAL PURPOSES

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FEED THE CHILDREN	54-1517707	501(C)(3)	7,153				PROGRAM SERVICES AND GENERAL PURPOSES
FEEDMORE INC 1415 RHOADMILLER STREET RICHMOND,VA 23220	54-1150923	501(C)(3)	391,564				PROGRAM SERVICES AND GENERAL PURPOSES



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FIRST BOOK OF GREATER RICHMOND1319 F STREET NW SUITE 1000 WASHINGTON, DC 20004	52-1779606	501(C)(3)	5,841				PROGRAM SERVICES AND GENERAL PURPOSES
FISHER HOUSE FOUNDATION OF RICHMOND9201 ARBORETUM PARKWAY SUITE 200 CHESTERFIELD, VA 23236	20-5377240	501(C)(3)	32,498				PROGRAM SERVICES AND GENERAL PURPOSES

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FORT LEE CHILD YOUTH & SCHOOL SERVICES500 LEE AVENUE FORT LEE,VA 23801	03-0573899	501(C)(3)	5,146				PROGRAM SERVICES AND GENERAL PURPOSES
FOSTER GRANDPARENTS PROGRAM-PETERSBURG23 SEYLER DRIVE PETERSBURG,VA 23805	54-0917166	501(C)(3)	23,413				PROGRAM SERVICES AND GENERAL PURPOSES

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FREDERIC SCOTT REED FOUNDATION PO BOX 290 MANAKIN SABOT, VA 23103	23-7009135	501(C)(3)	12,000				PROGRAM SERVICES AND GENERAL PURPOSES
FREEDOM HOUSE 1201 HULL STREET RICHMOND,VA 23224	52-1295178	501(C)(3)	65,926				PROGRAM SERVICES AND GENERAL PURPOSES

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FRIENDS ASSOCIATION FOR CHILDREN1004 ST JOHN STREET RICHMOND,VA 23220	54-0505899	501(C)(3)	385,334				PROGRAM SERVICES AND GENERAL PURPOSES
GIRL SCOUTSCOMMONWEALTH COUNCIL OF VA7300 HANOVER GREEN DRIVE MECHANICSVILLE,VA 23111	54-0534506	501(C)(3)	47,253				PROGRAM SERVICES AND GENERAL PURPOSES

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GOOCHLAND FREE CLINIC AND FAMILY SERVICES PO BOX 116 GOOCHLAND, VA 23063	54-1967650	501(C)(3)	33,718				PROGRAM SERVICES AND GENERAL PURPOSES
GOOD SAMARITAN MINISTRIES2307 HULL STREET RICHMOND, VA 23224	54-1371830	501(C)(3)	8,559				PROGRAM SERVICES AND GENERAL PURPOSES

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GOODWILL OF CENTRAL VIRGINIA6301 MIDLOTHIAN TURNPIKE RICHMOND, VA 23225	54-0455395	501(C)(3)	60,027				PROGRAM SERVICES AND GENERAL PURPOSES
THE GREATER RICHMOND ARC 1901 WESTWOOD AVENUE RICHMOND, VA 23227	54-0629691	501(C)(3)	127,276				PROGRAM SERVICES AND GENERAL PURPOSES

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GREATER RICHMOND SCANCASA RICHMOND103 EAST GRACE STREET RICHMOND,VA 23219	54-1584969	501(C)(3)	21,117				PROGRAM SERVICES AND GENERAL PURPOSES
HABITAT FOR HUMANITY RICHMOND METROPOLITAN 2281-A DABNEY ROAD SUITE A RICHMOND,VA 23230	54-1385198	501(C)(3)	13,931				PROGRAM SERVICES AND GENERAL PURPOSES

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HABITAT FOR HUMANITY TRI-CITIESPO BOX 30707 829 PETERSBURG, VA 23805	54-1662947	501(C)(3)	7,748				PROGRAM SERVICES AND GENERAL PURPOSES
HANOVER ADULT CENTER7231 STONEWALL PARKWAY MECHANICSVILLE, VA 23111	54-1040080	501(C)(3)	31,676				PROGRAM SERVICES AND GENERAL PURPOSES



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HANOVER ARCPO BOX 91 ASHLAND, VA 23005	54- 0975872	501(C)(3)	37,682				PROGRAM SERVICES AND GENERAL PURPOSES
HANOVER EDUCATION FOUNDATIONPO BOX 1297 ASHLAND, VA 23005	54- 1573406	501(C)(3)	18,190				PROGRAM SERVICES AND GENERAL PURPOSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANOVER SAFE PLACE629 A NORTH WASHINGTON HIGHWAY ASHLAND,VA 23005	31-1415701	501(C)(3)	5,245				PROGRAM SERVICES AND GENERAL PURPOSES
HDS FUND2902 HUNGARY SPRING ROAD RICHMOND,VA 23228	54-1423490	501(C)(3)	6,797				PROGRAM SERVICES AND GENERAL PURPOSES

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

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THE HEALING PLACE700 DINWIDDIE AVENUE RICHMOND,VA 23224	31-1770517	501(C)(3)	154,180				PROGRAM SERVICES AND GENERAL PURPOSES
HENRICO EDUCATION FOUNDATION3820 NINE MILE ROAD HENRICO,VA 23223	54-1893274	501(C)(3)	15,529				PROGRAM SERVICES AND GENERAL PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOLIDAY HELPER ASSOCIATION4250 CROSSINGS BOULEVARD PRINCE GEORGE, VA 23875	27-3287577	501(C)(3)	6,070				PROGRAM SERVICES AND GENERAL PURPOSES
HOMEWARD1125 COMMERCE ROAD RICHMOND, VA 23224	05-0606153	501(C)(3)	61,234				PROGRAM SERVICES AND GENERAL PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOMEAGAIN5 EAST FRANKLIN STREET RICHMOND, VA 23220	54- 1159513	501(C)(3)	60,524				PROGRAM SERVICES AND GENERAL PURPOSES
IVNA HEALTH CARE5008 MONUMENT AVENUE RICHMOND, VA 23230	54- 0505918	501(C)(3)	209,678				PROGRAM SERVICES AND GENERAL PURPOSES

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

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JEWISH COMMUNITY FEDERATION OF RICHMOND5403 MONUMENT AVENUE RICHMOND, VA 23226	54-0524512	501(C)(3)	29,055				PROGRAM SERVICES AND GENERAL PURPOSES
JEWISH FAMILY SERVICES6718 PATTERSON AVENUE RICHMOND, VA 23226	54-0526201	501(C)(3)	144,793				PROGRAM SERVICES AND GENERAL PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JUVENILE DIABETES RESEARCH FOUNDATION CENTRAL VIRGINIA CHAPTER 1801 LIBBIE AVENUE SUITE 106 RICHMOND, VA 23226	54-1626038	501(C)(3)	10,078				PROGRAM SERVICES AND GENERAL PURPOSES
K9 ALERT SEARCH & RESCUE DOGS INCPO BOX 2572 MIDLOTHIAN, VA 23113	54-1550289	501(C)(3)	5,916				PROGRAM SERVICES AND GENERAL PURPOSES

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

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LITTLE SISTERS OF THE POOR RICHMOND1503 MICHAELS ROAD HENRICO,VA 23229	54-0608201	501(C)(3)	16,331				PROGRAM SERVICES AND GENERAL PURPOSES
MAKE-A-WISH FOUNDATION OF GREATER VIRGINIA 2810 NORTH PARHAM ROAD SUITE 302 RICHMOND,VA 23294	54-1429614	501(C)(3)	22,234				PROGRAM SERVICES AND GENERAL PURPOSES



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MANCHESTER VOLUNTEER RESCUE SQUADPO BOX 198 CHESTERFIELD, VA 23832	23-7072969	501(C)(3)	7,001				PROGRAM SERVICES AND GENERAL PURPOSES
MASSEY CANCER CENTER MCV FOUNDATIONPO BOX 980234 RICHMOND, VA 23298	54-6053660	501(C)(3)	13,912				PROGRAM SERVICES AND GENERAL PURPOSES

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

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NATIONAL MULTIPLE SCLEROSIS SOCIETY CENTRAL VIRGINIA 4200 INNSLAKE DRIVE SUITE 3014 GLEN ALLEN, VA 23060	54-0633474	501(C)(3)	7,170				PROGRAM SERVICES AND GENERAL PURPOSES
NATIONAL SOCIETY TO PREVENT BLINDNESS 11618 BUSY STREET RICHMOND, VA 23236	23-7033230	501(C)(3)	5,016				PROGRAM SERVICES AND GENERAL PURPOSES

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

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NEEDLE'S EYE MINISTRIES INC 104 BERRINGTON COURT RICHMOND,VA 23221	54-1057092	501(C)(3)	16,230				PROGRAM SERVICES AND GENERAL PURPOSES
NOVA OF VIRGINIA AQUATICS INC 12207 GAYTON ROAD RICHMOND,VA 23238	54-1487388	501(C)(3)	6,022				PROGRAM SERVICES AND GENERAL PURPOSES

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

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OFFENDER AID AND RESTORATION OF RICHMONDONE NORTH THIRD STREET 200 RICHMOND, VA 23219	54-0974305	501(C)(3)	117,902				PROGRAM SERVICES AND GENERAL PURPOSES
ASSOCIATION FOR RETARDED CITIZENSPO BOX 2085 PETERSBURG, VA 23804	54-0836365	501(C)(3)	34,185				PROGRAM SERVICES AND GENERAL PURPOSES

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

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IN HOME CARE FUND FOR THE ELDERLY PETERSBURG400 FARMER STREET PETERSBURG, VA 23804	54-0973185	501(C)(3)	5,000				PROGRAM SERVICES
PETERSBURG DEPT OF SOCIAL SERVICES400 FARMER STREET PETERSBURG, VA 23803		501(C)(3)	40,000				PROGRAM SERVICES

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PETERSBURG HEALTH DEPARTMENT301 HALIFAX STREET PETERSBURG, VA 23803	54-6001775	501(C)(3)	28,000				PROGRAM SERVICES
PETERSBURG LIBRARY FOUNDATION137 SOUTH SYCAMORE STREET PETERSBURG, VA 23803	74-3090885	501(C)(3)	11,470				PROGRAM SERVICES AND GENERAL PURPOSES

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

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PLANNED PARENTHOOD VIRGINIA LEAGUE FOR201 NORTH HAMILTON AVENUE RICHMOND, VA 23221	54-0505973	501(C)(3)	13,731				PROGRAM SERVICES AND GENERAL PURPOSES
PREGNANCY RESOURCE CENTER OF METRO RICHMOND1510 WILLOW LAWN DRIVE SUITE 200 RICHMOND, VA 23230	52-1280960	501(C)(3)	27,509				PROGRAM SERVICES AND GENERAL PURPOSES

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

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PROJECT HOMES88 CARNATION STREET RICHMOND, VA 23225	54- 1595851	501(C)(3)	42,501				PROGRAM SERVICES AND GENERAL PURPOSES
QUIN RIVERS AGENCY FOR COMMUNITY ACTION12025 COURTHOUSE CIRLCE 300 NEW KENT, VA 23124	54- 0880233	501(C)(3)	64,896				PROGRAM SERVICES AND GENERAL PURPOSES



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RAPPAHANNOCK UNITED WAY VA 3310 SHANNON PARK DRIVE FREDERICKSBURG, VA 22408	54- 6042936	501(C)(3)	17,703				PROGRAM SERVICES AND GENERAL PURPOSES
READ CENTER2000 BREMO ROAD 102 RICHMOND, VA 23226	54- 1364885	501(C)(3)	10,606				PROGRAM SERVICES AND GENERAL PURPOSES

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RICHMOND ANIMAL LEAGUE11401 INTERNATIONAL DRIVE RICHMOND, VA 23236	51-0240493	501(C)(3)	11,160				PROGRAM SERVICES AND GENERAL PURPOSES
RICHMOND HILL 2209 EAST GRACE STREET RICHMOND, VA 23223	54-1360535	501(C)(3)	21,921				PROGRAM SERVICES AND GENERAL PURPOSES

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

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RICHMOND PUBLIC SCHOOLS EDUCATION FOUNDATION301 NORTH 9TH STREET RICHMOND, VA 23219	54-2025186	501(C)(3)	8,869				PROGRAM SERVICES AND GENERAL PURPOSES
RICHMOND SPCA 2519 HERMITAGE ROAD RICHMOND, VA 23220	54-0506328	501(C)(3)	64,824				PROGRAM SERVICES AND GENERAL PURPOSES

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RIVERSIDE SCHOOL INC2110 MCRAE ROAD RICHMOND, VA 23235	54-0895408	501(C)(3)	9,177				PROGRAM SERVICES AND GENERAL PURPOSES
RONALD MCDONALD HOUSE CHARITIES OF RICHMOND2330 MONUMENT AVENUE RICHMOND, VA 23220	52-1359486	501(C)(3)	7,341				PROGRAM SERVICES AND GENERAL PURPOSES

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

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RICHMOND ORGANIZATION FOR SEXUAL MINORITY YOUTHPO BOX 5542 RICHMOND, VA 23220	54-1572424	501(C)(3)	17,508				PROGRAM SERVICES AND GENERAL PURPOSES
SACRED HEART CENTER INC1400 PERRY STREET RICHMOND, VA 23224	54-1590419	501(C)(3)	6,989				PROGRAM SERVICES AND GENERAL PURPOSES

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SAFE HABORPO BOX 17996 RICHMOND, VA 23226	54- 1950038	501(C)(3)	10,384				PROGRAM SERVICES AND GENERAL PURPOSES
SALVATION ARMY - RICHMOND2 WEST GRACE STREET RICHMOND, VA 23220	58- 0660607	501(C)(3)	422,336				PROGRAM SERVICES AND GENERAL PURPOSES

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SAMARITAN'S PURSEPO BOX 3000 BOONE,NC 28607	58- 1437002	501(C)(3)	5,389				PROGRAM SERVICES AND GENERAL PURPOSES
SENIOR CONNECTIONS24 EAST CARY STREET RICHMOND,VA 23219	54- 0950714	501(C)(3)	58,555				PROGRAM SERVICES

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SMART BEGINNINGS-PETERSBURG CHILD CARE ACCREDITATION FUNDPO BOX 11807 RICHMOND, VA 23230	23-7375346	501(C)(3)	8,000				PROGRAM SERVICES
SOUTH RICHMOND ADULT DAY CARE CENTER1500 HULL STREET ROAD RICHMOND, VA 23224	51-0163293	501(C)(3)	20,633				PROGRAM SERVICES AND GENERAL PURPOSES



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SOUTHSIDE CHILD DEVELOPMENT CENTER1420 MCDONOUGH STREET RICHMOND, VA 23234	54-0519585	501(C)(3)	117,121				PROGRAM SERVICES AND GENERAL PURPOSES
SPECIAL OLYMPICS VIRGINIA INC3212 SKIPWITH ROAD SUITE 100 RICHMOND, VA 23294	54-1013637	501(C)(3)	9,440				PROGRAM SERVICES AND GENERAL PURPOSES

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ST JOSEPH'S VILLA8000 BROOK ROAD RICHMOND, VA 23227	54-0505950	501(C)(3)	6,299				PROGRAM SERVICES AND GENERAL PURPOSES
ST JUDE CHILDREN'S RESEARCH HOSPITAL - VIRGINIA	35-1044585	501(C)(3)	67,492				PROGRAM SERVICES AND GENERAL PURPOSES

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SUSAN G KOMEN FOR THE CURE CENTRAL VIRGINIA AFFILIATE1433 JOHNSTONE WILLIS DRIVE RICHMOND, VA 23235	75-2844659	501(C)(3)	35,383				PROGRAM SERVICES AND GENERAL PURPOSES
UNITED NEGRO COLLEGE FUND 8260 WILLOW OAKS CORPORATE DRIVE FAIRFAX, VA 22031	13-1624241	501(C)(3)	45,397				PROGRAM SERVICES AND GENERAL PURPOSES

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UNITED WAY OF GREATER ST LOUIS MO INC910 NORTH 11TH STREET ST LOUIS, MO 63101	43-0714167	501(C)(3)	5,105				PROGRAM SERVICES AND GENERAL PURPOSES
UNITED WAY OF GREATER WILLIAMSBURG VA 312 WALLER MILL ROAD SUITE 100 WILLIAMSBURG, VA 23185	54-0844073	501(C)(3)	6,057				PROGRAM SERVICES AND GENERAL PURPOSES

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UNITED WAY OF HALIFAX VAPO BOX 709 SOUTH BOSTON, VA 24592	98-0048901	501(C)(3)	6,565				PROGRAM SERVICES AND GENERAL PURPOSES
UNITED WAY OF HOPEWELL-PRINCE GEORGE VAPO BOX 394 HOPEWELL,VA 23860	54-1019535	501(C)(3)	17,950				PROGRAM SERVICES AND GENERAL PURPOSES

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UNITED WAY OF SOUTH HAMPTON ROADS VAPO BOX 41069 NORFOLK,VA 23541	54-0506322	501(C)(3)	9,994				PROGRAM SERVICES AND GENERAL PURPOSES
UNITED WAY OF THE THOMAS JEFFERSON AREA VA806 EAST HIGH STREET CHARLOTTESVILLE,VA 22902	54-0505882	501(C)(3)	6,978				PROGRAM SERVICES AND GENERAL PURPOSES

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UNITED WAY OF THE VIRGINIA PENINSULA VA 739 THIMBLE SHOALS BOULEVARD SUITE 400 NEWPORT NEWS, VA 23606	54-0535602	501(C)(3)	5,996				PROGRAM SERVICES AND GENERAL PURPOSES
USO OF HAMPTON ROADS AND CENTRAL VIRGINIAPO BOX 7250 HAMPTON, VA 23666	54-1305517	501(C)(3)	10,959				PROGRAM SERVICES AND GENERAL PURPOSES

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VIRGINIA BREAST CANCER FOUNDATION5004 MONUMENT AVENUE SUITE 102 HENRICO, VA 23230	54-1633519	501(C)(3)	10,794				PROGRAM SERVICES AND GENERAL PURPOSES
VIRGINIA HEALTH CARE FOUNDATION707 EAST MAIN STREET SUITE 1350 RICHMOND, VA 23219	54-1639924	501(C)(3)	6,664				PROGRAM SERVICES AND GENERAL PURPOSES



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VIRGINIA HOME 1101 HAMPTON STREET RICHMOND, VA 23220	54-0577900	501(C)(3)	8,767				PROGRAM SERVICES AND GENERAL PURPOSES
VIRGINIA MENTORING PARTNERSHIP10 EAST FRANKLIN STREET SUITE 302 RICHMOND, VA 23219	54-1814823	501(C)(3)	5,105				PROGRAM SERVICES AND GENERAL PURPOSES

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VIRGINIA NATIONAL GUARD FOUNDATION316 10TH STREET BLACKSTONE,VA 23824	54-1289097	501(C)(3)	6,791				PROGRAM SERVICES AND GENERAL PURPOSES
VIRGINIA SUPPORTIVE HOUSINGPO BOX 8585 RICHMOND,VA 23230	54-1444564	501(C)(3)	38,591				PROGRAM SERVICES AND GENERAL PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VIRGINIA VOICE FOR THE PRINT HANDICAPPEDPO BOX 15546 RICHMOND, VA 23227	54-1076238	501(C)(3)	14,873				PROGRAM SERVICES AND GENERAL PURPOSES
WILLIAM BYRD COMMUNITY HOUSE 224 SOUTH CHERRY STREET RICHMOND, VA 23220	54-0519589	501(C)(3)	190,021				PROGRAM SERVICES AND GENERAL PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOUNDED WARRIOR EMERGENCY SUPPORT FUND		501(C)(3)	5,196				PROGRAM SERVICES AND GENERAL PURPOSES
WOUNDED WARRIOR PROJECT FREDERICKSBURG600 JACKSON STREET FREDERICKSBURG, VA 22401	20- 2370934	501(C)(3)	26,475				PROGRAM SERVICES AND GENERAL PURPOSES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA OF GREATER RICHMOND2 WEST FRANKLIN STREET FLOOR 2 RICHMOND, VA 23220	54-0505986	501(C)(3)	472,356				PROGRAM SERVICES AND GENERAL PURPOSES
YWCA OF RICHMOND VA2 WEST FRANKLIN STREET FLOOR 2 RICHMOND, VA 23220	54-0506493	501(C)(3)	324,475				PROGRAM SERVICES AND GENERAL PURPOSES

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization UNITED WAY OF GREATER RICHMOND & PETERSB	Employer identification number 23-7375346
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Part I

Questions Regarding Compensation

	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		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
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?		
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		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		No
b Any related organization?		No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		No
b Any related organization?		No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Name of the organization  
UNITED WAY OF GREATER RICHMOND & PETERSB

Employer identification number  
23-7375346

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	35	209,464	NY STOCK EXCHANGE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( )				
26 Other ►( )				
27 Other ►( )				
28 Other ► ( )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .				Yes No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

**Part III**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER RICHMOND & PETERSB

Employer identification number

23-7375346

Identifier	Return Reference	Explanation
OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES & HIGHEST COMPENSATED EMPLOYEES	FORM 990, PART VII, SECTION A	RICHARD SCHULTZ ENDED HIS DUTIES AS CHIEF DEVELOPMENT OFFICER ON JULY 18, 2012
OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES & HIGHEST COMPENSATED EMPLOYEES	FORM 990, PART VII, SECTION A	LYNN PHARR ASSUMED HER DUTIES AS CHIEF EXECUTIVE OFFICER ON MAY 1, 2012, THEREFORE NO COMPENSATION IS INCLUDED FOR THE CALENDAR YEAR REPORTING ON PART VII OF THE FORM 990
	FORM 990, PART VI, SECTION A, LINE 2	CHERYL REEVER MOORE AND SARAH G GREEN ARE BOTH EMPLOYED BY THE FEDERAL RESERVE BANK OF RICHMOND MARK HOUSEHOLDER IS AN EXECUTIVE WITH THE PRINCIPAL FINANCIAL GROUP WHICH MANAGES THE ORGANIZATION'S PENSION PLAN GAIL LETTS IS AN EXECUTIVE WITH SUNTRUST BANK, WHICH IS THE BANKING INSTITUTION OF THE ORGANIZATION
	FORM 990, PART VI, SECTION B, LINE 11	THE DRAFT OF THE FORM 990 IS PROPOSED TO THE AUDIT COMMITTEE BY MANAGEMENT ONCE THE AUDIT COMMITTEE APPROVES IT, THE FORM 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS FOR REVIEW AFTER REVIEW BY THE BOARD OF DIRECTORS, THE FORM 990 IS FILED WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	UNITED WAY'S CONFLICT OF INTEREST POLICY IS GIVEN TO ALL NEW EMPLOYEES AND DIRECTORS DURING THEIR ORIENTATION THEY ARE REQUIRED TO SIGN THE POLICY ACKNOWLEDGING THAT THEY RECEIVED IT BOTH THE DIRECTORS AND EMPLOYEES ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY WHICH IS REGULARLY AND CONSISTENTLY MONITORED AND ENFORCED FOR BOTH DIRECTORS AND EMPLOYEES
	FORM 990, PART VI, SECTION B, LINE 15	THERE IS AN EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS THAT DETERMINES THE CEO'S AND OTHER KEY EMPLOYEES' COMPENSATION THE CEO AND OTHER KEY EMPLOYEE COMPENSATION IS REVIEWED ANNUALLY THIS COMMITTEE REVIEWS MARKET DATA TO ENSURE THAT THE COMPENSATION LEVELS ARE IN LINE WITH THE MARKET AND OTHER SIMILAR ORGANIZATIONS THE ORGANIZATION ALSO HAS AN INDEPENDENT COMPENSATION STUDY PERFORMED EVERY THREE TO FIVE YEARS
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 104,255 PRIOR YEAR RECOVERY OF SHRINKAGE 166,042 TOTAL TO FORM 990, PART XI, LINE 5 270,297
	PART I, LINE 15 AND LINE 17	PRIOR YEAR SALARIES, OTHER COMPENSATION, AND EMPLOYEE BENEFITS HAVE BEEN RESTATED TO INCLUDE PERSONNEL COSTS FROM COMMUNITY INITIATIVES THAT WERE HISTORICALLY REPORTED IN OTHER EXPENSES ON FORM 990

Additional Data

Software ID:

Software Version:

EIN: 23-7375346

Name: UNITED WAY OF GREATER RICHMOND & PETERSB

Form 990, Special Condition Description:

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

(A) Name and Title	(B) Average hours per week	(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			
GAIL LETTS CHAIR	1 00	X		X				0	0	0
KEVIN W BARR DIRECTOR	1 00	X						0	0	0
MAGGI BECKSTOFFER DIRECTOR	1 00	X						0	0	0
ROBERT BLAKE DIRECTOR	1 00	X						0	0	0
DAVE CHEEK DIRECTOR	1 00	X						0	0	0
ANTHONY CONTE TREASURER	1 00	X		X				0	0	0
ROBERT CRUM DIRECTOR	1 00	X						0	0	0
DELEGATE ROSALYN R DANCE DIRECTOR	1 00	X						0	0	0
JEFFREY CARR EDWARDS DIRECTOR	1 00	X						0	0	0
BARBARA FAUROT DIRECTOR	1 00	X						0	0	0
JUDITH LUNDIE GILL DIRECTOR	1 00	X						0	0	0
MARK B GOODWIN DIRECTOR	1 00	X						0	0	0
SALLY G GREEN DIRECTOR	1 00	X						0	0	0
G SLAUGHTER FITZ-HUGH III DIRECTOR	1 00	X						0	0	0
RICHARD T HATCH DIRECTOR	1 00	X						0	0	0
MICHAEL N HERRING DIRECTOR	1 00	X						0	0	0
CATHY W HOWARD PHD DIRECTOR	1 00	X						0	0	0
MARK A HOUSEHOLDER DIRECTOR	1 00	X						0	0	0
GAIL JOHNSON DIRECTOR	1 00	X						0	0	0
JONATHAN LEON DIRECTOR	1 00	X						0	0	0
CHANNING MARTIN CHAIR-ELECT	1 00	X		X				0	0	0
ROBERT E MACPHERSON DIRECTOR	1 00	X						0	0	0
KELLY MARCHAL DIRECTOR	1 00	X						0	0	0
CHERYL REEVER MOORE DIRECTOR	1 00	X						0	0	0
AMY P NISENSEN DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(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				
JAMES L PHILLIPS DIRECTOR	1 00	X							0	0	0
MICHAEL ROSSER DIRECTOR	1 00	X							0	0	0
DOUGLAS M ROTH DIRECTOR	1 00	X							0	0	0
STEPHEN R SCHERGER DIRECTOR	1 00	X							0	0	0
MYRA G SMITH DIRECTOR	1 00	X							0	0	0
GREG SUTFIN DIRECTOR	1 00	X							0	0	0
JOHN B SYER JR DIRECTOR	1 00	X							0	0	0
NANCY THOMAS DIRECTOR	1 00	X							0	0	0
SHANNON L VENABLE DIRECTOR	1 00	X							0	0	0
J SCOTT WALTERS DIRECTOR	1 00	X							0	0	0
SHERRIE BRACH CEO - ENDED 9/30/11	40 00			X					165,192	0	4,620
GAIL HARRIS VP STRATEGIC MARKETING & R	40 00			X					110,200	0	6,815
LAURA MELOY CHIEF OPERATING OFFICER	40 00			X					118,965	0	8,504
RICHARD SCHULTZ CHIEF DEV OFFICER-ENDED 7/18/12	40 00			X					108,960	0	6,537
CLAIBORNE MASON INTERIM CEO-10/1/11 - 4/30/12	40 00			X					31,250	0	220
LYNN PHARR CEO-STARTED 5/1/12	40 00			X					0	0	0