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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

UNITED WAY OF SOUTH HAMPTON ROADS

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

2515 WALMER AVENUE

City or town, state or province, country, and ZIP or foreign postal code

NORFOLK, VA 23513

F Name and address of principal officer

JOSEPH COLLINS

2515 WALMER AVENUE

NORFOLK, VA 23513

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UNITEDWAYSHR ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1923

M State of legal domicile VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF SOUTH HAMPTON ROADS COMMUNITIES

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

3 Number of voting members of the governing body (Part VI, line 1a)

3

30

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

29

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

5

50

6 Total number of volunteers (estimate if necessary)

6

2,500

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

0

7b Net unrelated business taxable income from Form 990-T, line 34

7b

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

18,223,110

16,440,180

9 Program service revenue (Part VIII, line 2g)

1,136,772

754,367

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

179,274

176,453

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

1,961,811

60,798

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

21,500,967

17,431,798

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14,807,197

10,606,234

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

2,708,478

2,777,489

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,593,897

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

2,486,864

2,826,822

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

20,002,539

16,210,545

19 Revenue less expenses Subtract line 18 from line 12

1,498,428

1,221,253

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

23,712,654

23,029,628

21 Total liabilities (Part X, line 26)

6,686,282

5,605,968

22 Net assets or fund balances Subtract line 21 from line 20

17,026,372

17,423,660

Part II Signature Block

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

Sign Here

Signature of officer

JOSEPH COLLINS OFFICER

Type or print name and title

2019-05-03

Date

Paid Preparer Use Only

Print/Type preparer's name

JENNIFER N FRENCH

Preparer's signature

JENNIFER N FRENCH

Date

2019-05-03

Check ☒ if self-employed

PTIN

P00659678

Firm's name ▶ PBMARES LLP

Firm's EIN ▶ 54-0737372

Firm's address ▶ 150 BOUSH STREET SUITE 400

Phone no (757) 627-4644

NORFOLK, VA 23510

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

UNITED WAY OF SOUTH HAMPTON ROADS PROVIDES LEADERSHIP THAT BRINGS RESOURCES TOGETHER TO REDUCE POVERTY, INCREASE EDUCATIONAL ATTAINMENT AND MINIMIZE HEALTH DISPARITIES FOR OUR MOST VULNERABLE NEIGHBORS. WE ADVANCE THE COMMON GOOD BY CREATING OPPORTUNITIES FOR A BETTER LIFE FOR ALL. OUR FOCUS IS ON EDUCATION, FINANCIAL STABILITY, AND HEALTH - BUILDING BLOCKS FOR A GOOD QUALITY OF LIFE. WE RECRUIT THE PEOPLE AND ORGANIZATIONS FROM THE COMMUNITY WHO BRING THE PASSION, EXPERTISE AND RESOURCES NECESSARY TO GET THINGS DONE.

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 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 \$ 9,787,988 including grants of \$ 6,899,598) (Revenue \$ 766,203)
See Additional Data	
















4b	(Code) (Expenses \$ 3,871,238 including grants of \$ 3,706,636) (Revenue \$ 48,962)
See Additional Data	

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

4e	Total program service expenses ▶ 13,659,226
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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)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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>		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>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, 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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☒

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a47		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a50		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response or note to any line 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	30	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	29	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its 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.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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 during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ► JOSEPH COLLINS 2515 WALMER AVENUE NORFOLK, VA 23513 (757) 853-8500

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

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[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	541,124	0	120,816

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 4

3	Did the organization list any former 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)	(B)	(C)
Name and business address	Description of services	Compensation

<p>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</p>	
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Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	1,302,955		
	b	Membership dues . . .	1b			
	c	Fundraising events . . .	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	15,137,225		
	g	Noncash contributions included in lines 1a-1f \$ _____		591,891		
	h	Total. Add lines 1a-1f		16,440,180		
Program Service Revenue			Business Code			
	2a	ADMINISTRATION FEES	900099	753,982	753,982	
	b	CONTRACT FEES	900099	385	385	
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		754,367		
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	198,719		198,719
	4		Income from investment of tax-exempt bond proceeds			
	5		Royalties			
	6a	(i) Real	(ii) Personal			
		Gross rents				
		b	Less rental expenses			
		c	Rental income or (loss)			
	d	Net rental income or (loss)				
	7a	(i) Securities	(ii) Other			
		Gross amount from sales of assets other than inventory	525,718			
		b	Less cost or other basis and sales expenses	547,984		
		c	Gain or (loss)	-22,266		
	d	Net gain or (loss)		-22,266		-22,266
	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		OTHER	900090	60,798	60,798	
b						
c						
d		All other revenue				
e		Total. Add lines 11a-11d		60,798		
12		Total revenue. See Instructions		17,431,798	815,165	0
						176,453

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	10,606,234	10,606,234		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	383,038	154,273	76,037	152,728
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.	1,829,128	828,831	256,650	743,647
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	143,316	59,113	35,951	48,252
9 Other employee benefits.	248,597	110,643	58,279	79,675
10 Payroll taxes.	173,410	61,721	36,897	74,792
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	33,856		33,856	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	15,915		15,915	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	442,120	72,022	240,634	129,464
12 Advertising and promotion.	81,604			81,604
13 Office expenses.	176,809	13,868	95,260	67,681
14 Information technology.				
15 Royalties.				
16 Occupancy.	69,704	28,261	25,035	16,408
17 Travel.	17,656	1,219	4,854	11,583
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	115,120	5,375	6,700	103,045
20 Interest.	1,449	1,449		
21 Payments to affiliates.	147,384	147,384		
22 Depreciation, depletion, and amortization.	77,375	11,481	38,271	27,623
23 Insurance.	29,780		29,780	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a COMMUNITY IMPACT PROGRA	1,557,352	1,557,352		
b CAMPAIGNS	56,865			56,865
c DUES AND SUBSCRIPTIONS	3,833		3,303	530
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	16,210,545	13,659,226	957,422	1,593,897
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,454,077	1	1,363,961
	2	Savings and temporary cash investments		2,079,080	2	1,717,208
	3	Pledges and grants receivable, net		5,419,188	3	6,688,293
	4	Accounts receivable, net		82,024	4	4,827
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 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		65,441	9	121,326
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	2,709,326		
	b	Less: accumulated depreciation	10b	1,897,050		
				802,034	10c	812,276
	11	Investments—publicly traded securities		11,045,911	11	7,122,992
	12	Investments—other securities. See Part IV, line 11		1,559,549	12	4,935,068
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		205,350	15	263,677	
16	Total assets. Add lines 1 through 15 (must equal line 34)		23,712,654	16	23,029,628	
Liabilities	17	Accounts payable and accrued expenses		492,461	17	405,847
	18	Grants payable		6,147,933	18	5,169,646
	19	Deferred revenue		32,330	19	0
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other 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		13,558	23	30,475
	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			25	0
	26	Total liabilities. Add lines 17 through 25		6,686,282	26	5,605,968
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		13,290,094	27	5,693,616
	28	Temporarily restricted net assets		2,613,106	28	1,979,364
	29	Permanently restricted net assets		1,123,172	29	9,750,680
	Organizations that do not follow SFAS 117 (ASC 958), 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		17,026,372	33	17,423,660	
34	Total liabilities and net assets/fund balances		23,712,654	34	23,029,628	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,431,798
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,210,545
3	Revenue less expenses Subtract line 2 from line 1	3	1,221,253
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,026,372
5	Net unrealized gains (losses) on investments	5	535,101
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-956,452
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-402,614
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,423,660

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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		

Additional Data

Software ID:
Software Version:
EIN: 54-0506322
Name: UNITED WAY OF SOUTH HAMPTON ROADS

Form 990 (2017)

Form 990, Part III, Line 4a:

UNITED WAY CAMPAIGN-FUNDS ARE DISBURSED TO SIXTY-NINE UNITED WAY CERTIFIED AGENCIES AND OTHER UNAFFILIATED 501(C)(3) ORGANIZATIONS FOR THEIR VARIOUS PROGRAMS TO PROVIDE HUMAN NEEDS SERVICES TO THE COMMUNITY THESE FUNDS ARE INVESTED WISELY INTO PROGRAMS WHOSE OUTCOMES BEST SERVE THE MOST PRESSING NEEDS, PROGRAMS THAT ARE WORKING TO END HOMELESSNESS AND PROVIDE A SAFETY NET FOR FAMILIES AND INDIVIDUALS IN CRISIS SITUATIONS, RAISE HEALTHY AND PREPARED CHILDREN, SUPPORT STRONG FAMILIES AND PROVIDE INDIVIDUALS WITH HEALTH CARE AND ADDRESS THE SPECIAL NEEDS OF THE ELDERLY, DISABLED AND ILL

Form 990, Part III, Line 4b:

COMBINED FEDERAL CAMPAIGN-UNITED WAY OF SOUTH HAMPTON ROADS IS THE PRINCIPAL COMBINED FUND ORGANIZATION (PCFO) FOR THE COMBINED FEDERAL CAMPAIGN OF SHR AND THE COMBINED FUND RAISING ORGANIZATION (CFRO) FOR THE COMBINED CHARITIES CAMPAIGN. UNITED WAY OF SOUTH HAMPTON ROADS DISTRIBUTES FUNDS RAISED FROM THE FEDERAL AND LOCAL GOVERNMENT AND SCHOOLS SECTOR TO VARIOUS NONPROFIT ORGANIZATIONS THAT QUALIFY UNDER FEDERAL AND LOCAL GOVERNMENT REGULATIONS FOR PARTICIPATION IN THE CAMPAIGN.

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
DR AARON SPENCE BOARD MEMBER	1 00 0 00	X						0	0	0
DR ANGELA MERCER BOARD MEMBER	1 00 0 00	X						0	0	0
BECKY HUDZIK-PRESSON BOARD MEMBER	1 00 0 00	X						0	0	0
BEN YOUNG BOARD MEMBER	1 00 0 00	X						0	0	0
BETH ROBERTS BOARD MEMBER	1 00 0 00	X						0	0	0
BRENT HADEN COMM FUNDING CHAIR	1 00 0 00	X		X				0	0	0
CAROL MCCORMACK PRESIDENT & CEO	37 00 3 00	X		X				195,662	0	37,208
DAVID MELE BOARD CHAIR - 2017	1 00 1 00	X		X				0	0	0
DAWN GLENN BOARD VICE CHAIR & CAMPAIGN CHAIR	1 00 0 00	X		X				0	0	0
DEBORAH STEARNS UW FOUNDATION CHAIR - 2017	1 00 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
DENYS DIAZ BOARD MEMBER	1 00 0 00	X						0	0	0
DON BLANKENSHIP BOARD MEMBER, MKT'ING CHAIR	1 00 0 00	X		X				0	0	0
DONNA SPELLER-TURNER AFRICAN AMERICAN LEADERSHIP CHAIR	1 00 1 00	X						0	0	0
DR MELINDA BOONE BOARD MEMBER	1 00 0 00	X						0	0	0
FRANK BROOKS BOARD MEMBER	1 00 0 00	X						0	0	0
J SCOTT ADAMS MISSION UNITED CHAIR	1 00 0 00	X		X				0	0	0
JAMES K SPORE BOARD MEMBER	1 00 0 00	X						0	0	0
JANE SHORT WOMEN UNITED CHAIR	1 00 0 00	X						0	0	0
JOANNE M INMAN BOARD MEMBER	1 00 0 00	X						0	0	0
KURT HOFELICH BOARD CHAIR	1 00 1 00	X		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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
LEWIS W WEBB UNITED FOR CHILDREN CHAIR	1 00 0 00	X		X				0	0	0
MARIANNE DICKERSON BOARD MEMBER	1 00 0 00	X						0	0	0
MICHAEL J FOWLER BOARD MEMBER	1 00 0 00	X						0	0	0
PETER GRAHAM BOARD MEMBER	1 00 0 00	X						0	0	0
RAY LASALLE BOARD MEMBER	1 00 0 00	X						0	0	0
ROBERT BROERMANN UW FOUNDATION CHAIR	1 00 1 00	X		X				0	0	0
RYAN YOUNG BOARD MEMBER	1 00 0 00	X						0	0	0
SARAH HOLTZINGER YOUNG PHILANTHROPIST CHAIR	1 00 0 00	X						0	0	0
SUSANNA ADAMS DELLINGER COMM INVEST CHAIR	1 00 0 00	X						0	0	0
TOM HURLBUT TREASURER & FINANCE COMM CHAIR	1 00 0 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
WILLIAM R REID COO	37 00 3 00			X				129,280	0	18,672
MICHELE ANDERSON CDO	37 00 3 00					X		114,212	0	45,625
JODY ELLIOTT CONTROLLER	37 00 3 00					X		101,970	0	19,311

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

UNITED WAY OF SOUTH HAMPTON ROADS

Employer identification number

54-0506322

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 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	18,601,850	18,519,086	20,076,761	20,184,921	16,500,978	93,883,596
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	18,601,850	18,519,086	20,076,761	20,184,921	16,500,978	93,883,596
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)						612,664
6	Public support. Subtract line 5 from line 4						93,270,932

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	18,601,850	18,519,086	20,076,761	20,184,921	16,500,978	93,883,596
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	85,090	101,689	110,009	179,274	198,719	674,781
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	940	57,478				58,418
11	Total support. Add lines 7 through 10						94,616,795
12	Gross receipts from related activities, etc (see instructions)					12	5,442,814
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14 98.580 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 98.230 %
16a	33 1/3% support test—2017. 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 <input checked="" type="checkbox"/>	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2017. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>	
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 <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

- 7** ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:
Software Version:
EIN: 54-0506322
Name: UNITED WAY OF SOUTH HAMPTON ROADS

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNITED WAY OF SOUTH HAMPTON ROADS

Employer identification number
54-0506322

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of 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?

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

(a) Donor advised funds

(b) Funds and other accounts

☐ Yes ☐ No

☐ Yes ☐ No

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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, and not on a historic structure listed in the National Register

3

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

4

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

5

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

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

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

8

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

9

In Part XIII, 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

Held at the End of the Year

2a

2b

2c

2d

☐ Yes ☐ No

☐ Yes ☐ No

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

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" on 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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	504,172
1d	
1e	
1f	504,172

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,123,172	1,056,334	1,137,989	1,163,999	1,476,442
b Contributions	8,565,309				
c Net investment earnings, gains, and losses	62,199	105,667	-37,328	13,268	147,277
d Grants or scholarships		19,385	24,784	21,379	20,984
e Other expenditures for facilities and programs					420,794
f Administrative expenses		19,444	19,543	17,899	17,942
g End of year balance	9,750,680	1,123,172	1,056,334	1,137,989	1,163,999

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

☒

b

Permanent endowment

100 000 %

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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
1a Land		186,000		186,000
b Buildings		1,537,654	984,084	553,570
c Leasehold improvements				
d Equipment		550,430	490,542	59,888
e Other		435,242	422,424	12,818
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				812,276

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) FUNDS HELD IN TRUST	1,185,371	F
(B) BONDS	3,736,250	F
(C) SPLIT INTEREST AGREEMENTS	13,447	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	4,935,068	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	13,386,781
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	535,101
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	535,101
3	Subtract line 2e from line 1	3	12,851,680
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 XIII)	4b	4,580,118
c	Add lines 4a and 4b	4c	4,580,118
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	17,431,798

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	11,964,060
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	11,964,060
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 XIII)	4b	4,246,485
c	Add lines 4a and 4b	4c	4,246,485
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	16,210,545

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 54-0506322
Name: UNITED WAY OF SOUTH HAMPTON ROADS

Supplemental Information

Return Reference	Explanation
PART IV, LINE 1B	CHARITABLE PLEDGE PROCESSING, LLC COLLECTS FUNDS FROM WORKPLACE GIVING CAMPAIGN AND DISTRI BUTES THOSE FUNDS TO DESIGNATED CHARITIES THE FUNDS ARE NOT COMINGLED WITH ANY OF THE PAR ENT ASSETS

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	<p>UNITED WAY OF SOUTH HAMPTON ROADS MAINTAINS MULTIPLE ENDOWMENT FUNDS SEVERAL OF WHICH ARE</p> <p>FIELD OF INTEREST THE GENERAL FUND IS FOR UNRESTRICTED USE FOR UNITED WAY OF SOUTH HAMPTON ROADS, THE FACILITY AND MAINTENANCE FUND SUPPORTS ON-GOING MAINTENANCE EXPENSE AND EQUIPMENT REPLACEMENT, WOMEN'S LEADERSHIP IS DESIGNED TO SUPPORT AREAS OF NEED WITH A LINK TO WOMEN, BERTHA SNYDER SUPPORT CAMP SCHOLARSHIP FOR FAMILIES IN NEED THE DISASTER RECOVERY FUND IS FOR SUPPORT OF THE COMMUNITY DURING PERIODS OF STRESS RESULTING FROM A NATURAL OR MAN-MADE DISASTER ISLE OF WIGHT READY RESPONSE IS TO SUPPORT THE ISLE OF WIGHT COMMUNITY DURING PERIODS OF STRESS RESULTING FROM A NATURAL OR MAN-MADE DISASTER THE AFRICAN AMERICAN LEADERSHIP SOCIETY ENDOWMENT FUND IS DESIGNED TO SUPPORT AREAS OF NEED WITH A LINK TO THE AFRICAN AMERICAN POPULATION THE BALANCE OF THE ENDOWMENT FUND WAS RESTATED IN FISCAL YEAR ENDING JUNE 30, 2018 TO CORRECT THE ACCOUNTING TREATMENT OF ENDOWED FUNDS BECAUSE THE SPECIFIC PRIOR YEAR FOR THE CHANGE COULD NOT BE DETERMINED, THE PRIOR YEAR(S) RESTATEMENT OF \$6,208,420 IS INCLUDED WITH CURRENT YEAR CONTRIBUTIONS</p>

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION'S MANAGEMENT HAS EVALUATED THE IMPACT OF THIS GUIDANCE TO ITS CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION IS NOT AWARE OF ANY MATERIAL UNCERTAIN TAX POSITIONS, AND HAS NOT ACCRUED THE EFFECT OF ANY UNCERTAIN TAX PROVISIONS AS OF JUNE 30, 2018. THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES, GENERALLY FOR A PERIOD OF THREE YEARS FROM THE DATE THE RETURNS ARE FILED. THE ORGANIZATION'S POLICY IS TO CLASSIFY INCOME TAX RELATED INTEREST AND PENALTIES IN INTEREST EXPENSE AND OTHER EXPENSES, RESPECTIVELY.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIFIC DESIGNATIONS TO DONORS 4,525,983 INVESTMENT FEE 15,915 REVENUE ELIMINATED DURING CONSOLIDATION 38,220

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	SPECIFIC DESIGNATIONS TO DONORS 4,192,350 INVESTMENT FEE 15,915 EXPENSES ELIMINATED DURING CONSOLIDATION 38,220

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SOUTH HAMPTON ROADS

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
54-0506322

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 173

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	CERTIFIED AGENCIES ARE REQUIRED TO SUBMIT CERTIFICATION DOCUMENTS SUPPORTING THEIR ACTIVITIES

Additional Data

Software ID:
Software Version:
EIN: 54-0506322
Name: UNITED WAY OF SOUTH HAMPTON ROADS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABILITY CENTER OF VIRGINIA FORMERLY CEREBRAL PALSY OF VA 5825 ARROWHEAD DR STE 201 VIRGINIA BEACH, VA 234623247	54-1310168	501(C)(3)	31,430				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
ACCESS COLLEGE FOUNDATION 7300 NEWPORT AVE STE 500 NORFOLK, VA 235053357	54-1440734	501(C)(3)	23,165				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBEMARLE AREA UNITED WAY PO BOX 293 ELIZABETH CITY, NC 279070293	23-7123601	501(C)(3)	27,116				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
ALZHEIMERS ASSOC SOUTHEASTERN VA 6350 CENTER DR STE 102 NORFOLK, VA 235024107	54-1204329	501(C)(3)	11,790				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY - HAMPTON ROADS 4416 EXPRESSWAY DR VIRGINIA BEACH, VA 234521135	58-0659875	501(C)(3)	80,712				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIR STE 404 CHESAPEAKE, VA 233202535	13-1623888	501(C)(3)	8,997				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION (HAMPTON ROADS) MID-ATLANTIC AFFILIATE 4217 PARK PLACE CT GLEN ALLEN, VA 230603315	13-5613797	501(C)(3)	23,818				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
AMERICAN RED CROSS SE VA (NAT'L) FEDERATED PAYMENT PROCESSING PO BOX 73857 CHICAGO, IL 606737857	53-0196605	501(C)(3)	65,353				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS SE VIRGINIA 611 W BRAMBLETON AVE NORFOLK, VA 235101000	54-0505864	501(C)(3)	48,364				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
AMERICA'S CHARITIES PO BOX 75083 BALTIMORE, MD 212755083	54-1517707	501(C)(3)	28,408				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AN ACHIEVABLE DREAM INC - VIRGINIA BEACH 10858 WARWICK BLVD STE A NEWPORT NEWS, VA 236013741	54-1621932	501(C)(3)	28,047				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
ANIMAL CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 941450754	94-3193389	501(C)(3)	73,525				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARMED SERVICES YMCA OF HAMPTON RDS 1465 LAKESIDE RD VIRGINIA BEACH, VA 234554100	54-0525308	501(C)(3)	88,630				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
BEACH HEALTH CLINIC 3396 HOLLAND RD SUITE 102 VIRGINIA BEACH, VA 234524826	54-1366960	501(C)(3)	46,136				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA COLONIAL VIRGINIA COUNCIL 1834 CANON BLVD STE L-1 NEWPORT NEWS, VA 236062581	54-0505994	501(C)(3)	6,056				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
BOY SCOUTS OF AMERICA TIDEWATER COUNCIL 1032 HEATHERWOOD DR VIRGINIA BEACH, VA 234556675	54-0505875	501(C)(3)	107,296				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS SOUTHEASTERN VA 1300 DIAMOND SPRINGS RD STE 300 VIRGINIA BEACH, VA 234553645	54-0515764	501(C)(3)	469,314				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
BOYS & GIRLS CLUBS VA PENINSULA 11825 ROCK LANDING DR STE B NEWPORT NEWS, VA 236064236	54-0538202	501(C)(3)	6,413				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER CARE FOUNDATION OF TIDEWATER PO BOX 12693 NORFOLK, VA 235410693	71-0864277	501(C)(3)	8,135				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
CANCERCURE OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 941450754	81-0648432	501(C)(3)	45,024				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES EASTERN VA 5361-A VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 234621897	54-0505879	501(C)(3)	222,105				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
CATHOLIC SERVICE ORGAN OF AMER 1100 LARKPUR LANDING CIR SUITE 340 LARKSPUR, CA 949391880	45-1679647	501(C)(3)	21,321				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARITIES UNDER 1 OVERHEAD PO BOX 45754 SAN FRANCISCO, CA 941450754	27-3132554	501(C)(3)	20,364				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
CHARITIES WITHOUT BORDERS PO BOX 45754 SAN FRANCISCO, CA 941450754	94-3148590	501(C)(3)	10,728				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESAPEAKE BAY FOUNDATION 3663 MARLIN BAY DR VIRGINIA BEACH, VA 234553044	52-6065757	501(C)(3)	10,623				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
CHESAPEAKE CARE FREE CLINIC 2145 S MILITARY HWY CHESAPEAKE, VA 233204426	54-1642754	501(C)(3)	5,935				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESAPEAKE HUMANE SOCIETY 312 BATTLEFIELD BLVD N CHESAPEAKE, VA 233203916	23-7202196	501(C)(3)	12,778				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
CHESAPEAKE PUBLIC SCHOOLS EDUCATION 312 CEDAR RD CHESAPEAKE, VA 233225514	20-3655412	501(C)(3)	8,537				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN FIRST - AMERICA'S PO BOX 75083 BALTIMORE, MD 212755083	30-0186795	501(C)(3)	26,277				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
CHILDREN'S CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 941450754	94-3148588	501(C)(3)	42,911				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HARBOR 702 LONDON ST PORTSMOUTH, VA 237041413	54-0506468	501(C)(3)	438,467				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
CHILDREN'S HOSPITAL OF THE KINGS DAUGHTERS 601 CHILDRENS LN NORFOLK, VA 235071971	54-0506321	501(C)(3)	149,544				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MEDICAL CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 941450754	27-0093393	501(C)(3)	27,741				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
CHIP-CHILDREN'S HEALTH INVESTMENT PROGRAM 1302 JEFFERSON ST CHESAPEAKE, VA 233242214	54-1893166	501(C)(3)	59,783				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN CHARITIES USA PO BOX 45754 SAN FRANCISCO, CA 941450754	94-3255961	501(C)(3)	15,389				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
CHRISTIAN CHILDREN'S CHARITIES PO BOX 45754 SAN FRANCISCO, CA 941450754	45-2919697	501(C)(3)	12,606				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN OUTREACH PO BOX 253 SMITHFIELD, VA 234300253	54-1638727	501(C)(3)	26,206				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
CHRISTIAN SERVICE CHARITIES PO BOX 79704 BALTIMORE, MD 212799704	94-3193374	501(C)(3)	36,210				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CHAR NATIONAL FED #12196 200 NORTH GLEBE RD SUITE 801 PO BOX 75153 BALTIMORE, MD 212755153	13-6167225	501(C)(3)	258,285				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
COMMUNITY HEALTH CHAR OF VIRGINIA PO BOX 75788 BALTIMORE, MD 212755788	54-1876027	501(C)(3)	59,775				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES #79829 LOCAL PO BOX 758858 BALTIMORE, MD 21275	85-0258784	501(C)(3)	18,263				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
CONSERVATION & PRESERVATION CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 941450754	94-3217738	501(C)(3)	25,186				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISIS PREGNANCY CENTER OF TDW PO BOX 119 NORFOLK, VA 235010119	54-1267311	501(C)(3)	19,037				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
DIABETES CENTER FOUNDATION PO BOX 5 NORFOLK, VA 235010005	52-1569682	501(C)(3)	10,250				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIABETES CHARITIES OF AMERICA 12 MORNING ST 3 PORTLAND, ME 041014407	46-4471474	501(C)(3)	6,233				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
E3 - ELEVATE EARLY EDUCATION 12 S 3RD ST RICHMOND, VA 232193702	30-0759825	501(C)(3)	9,875				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARTHSHARE - NATIONAL CFC 0897 DEPT 4011 WASHINGTON, DC 200426056	52-1601960	501(C)(3)	25,223				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 5 NORFOLK, VA 235010005	54-6055378	501(C)(3)	75,933				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDMARC HOSPICE FOR CHILDREN 516 LONDON ST PORTSMOUTH, VA 237042530	54-1092904	501(C)(3)	129,764				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
EDUCATE AMERICA THE SCHOOL SUPPORT & SCHOLARSHIP FUNDS COALITION PO BOX 45754 SAN FRANCISCO, CA 941450754	94-3193387	501(C)(3)	11,305				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EGGLESTON SERVICES 1161 INGLESIDE RD NORFOLK, VA 235025608	54-0602238	501(C)(3)	50,201				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
EQUI-KIDSEQUI-VETS THERAPEUTIC RIDING PROGRAM 2626 HERITAGE PARK DR VIRGINIA BEACH, VA 234566795	54-1693046	501(C)(3)	33,706				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FISHER HOUSE PORTSMOUTH 853 FISHER DR PORTSMOUTH, VA 23708	43-2069136	501(C)(3)	13,448				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
FOOD BANK OF SOUTHEASTERN VIRGINIA PO BOX 1940 NORFOLK, VA 235011940	52-1219783	501(C)(3)	209,743				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK OF THE ALBEMARLE ALBEMARLE MANNA INC PO BOX 1704 ELIZABETH CITY, NC 279061704	56-1341658	501(C)(3)	5,738				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
FOOD BANK OF THE VIRGINIA PENINSULA 2401 ALUMINUM AVE HAMPTON, VA 236611237	54-1422298	501(C)(3)	12,260				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORKIDS PO BOX 6044 NORFOLK, VA 235080044	54-1477799	501(C)(3)	239,554				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
FRIENDS OF NORFOLK ANIMAL CARE CENTER 5585 SABRE RD NORFOLK, VA 235022412	35-2262336	501(C)(3)	12,658				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE PORTSMOUTH JUVENILE COURT 1345 COURT ST STE 1624 PORTSMOUTH, VA 237043666	54-1695844	501(C)(3)	7,827				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
GENIEVE SHELTER SMITHFIELD 157 N MAIN ST STE B PO BOX 1585 SUFFOLK, VA 234391585	54-1463053	501(C)(3)	47,867				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUT COUNCIL OF COLONIAL COAST 912 CEDAR RD CHESAPEAKE, VA 233227002	54-1158412	501(C)(3)	125,534				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 303849616	52-1273585	501(C)(3)	29,571				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAZ'N ACRES THERAPEUTIC RIDING 14492 IVOR RD SEDLEY, VA 238782306	54-1940722	501(C)(3)	6,293				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
HABITAT FOR HUMANITY SOUTH HAMPTON ROADS 900 TIDEWATER DR NORFOLK, VA 235043328	54-1476409	501(C)(3)	22,457				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMPTON ROADS COMMUNITY HEALTH CTR 664 LINCOLN ST PORTSMOUTH, VA 237044818	54-1626757	501(C)(3)	10,776				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 941450754	94-3217739	501(C)(3)	86,945				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH FIRST - AMERICA'S CHARITIES PO BOX 75083 BALTIMORE, MD 212755083	30-0186796	501(C)(3)	13,212				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
HELP AND EMERGENCY RESPONSE PO BOX 2187 PORTSMOUTH, VA 237020187	54-1726702	501(C)(3)	113,061				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE HOUSE FOUNDATION 801 BOUSH STREET SUITE 302 NORFOLK, VA 235101503	54-0804383	501(C)(3)	36,871				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
HORIZONS HAMPTON ROADS 7336 GRANBY ST NORFOLK, VA 235053405	54-1946180	501(C)(3)	48,433				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPICE HOUSE AND SUPPORT CARE OF WILLIAMSBURG 4445 POWHATAN PKWY WILLIAMSBURG, VA 231882743	52-1289657	501(C)(3)	11,756				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
HUMAN CARE CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIR STE 340 LARKSPUR, CA 949391880	94-3067804	501(C)(3)	10,885				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMAN SERVICE CHARITIES OF AMERICA PO BOX 79770 BALTIMORE, MD 212799770	94-3240353	501(C)(3)	5,867				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
IDA BARBOUR EARLY LEARNING CENTER 1400 CAMDEN AVE PORTSMOUTH, VA 237044528	54-0534104	501(C)(3)	116,376				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICE OF TIDEWATER 5000 CORPORATE WOODS DR STE 400 VIRGINIA BEACH, VA 234624429	54-0854002	501(C)(3)	107,036				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
JUDEO-CHRISTIAN OUTREACH CENTER 1053 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 234515641	54-1417126	501(C)(3)	70,025				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF GREATER HAMPTON RDS 160 NEWTOWN RD STE 102 VIRGINIA BEACH, VA 234622401	54-0799839	501(C)(3)	6,208				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
JUVENILE DIABETES RESEARCH FOUNDATION (HR) 291 INDEPENDENCE BLVD STE 517 VIRGINIA BEACH, VA 234625473	23-1907729	501(C)(3)	9,226				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEMPSVILLE VOLUNTEER RESCUE SQUAD PO BOX 62345 VIRGINIA BEACH, VA 234662345	52-1356226	501(C)(3)	6,213				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
KW BROWN MINISTRIES INC - ELDERS HOUSE 215 LOS GAVIOTAS BLVD CHESAPEAKE, VA 233227067	54-1990674	501(C)(3)	21,724				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEE'S FRIENDS 7400 HAMPTON BLVD NORFOLK, VA 235051775	54-1533488	501(C)(3)	11,167				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
LEGAL AID SOCIETY OF EASTERN VA 125 ST PAULS BLVD SUITE 400 NORFOLK, VA 235102708	54-0848499	501(C)(3)	30,769				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEUKEMIA & LYMPHOMA SOCIETY VIRGINIA CHAPTER 5540 FALMOUTH ST STE 101 RICHMOND, VA 232301800	13-5644916	501(C)(3)	7,069				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
LGBT CHARITIES #48939 125 WASHINGTON ST STE 201 SALEM, MA 01970	54-1545157	501(C)(3)	5,417				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUPUS FOUNDATION OF AMERICA DC MD VA 1319 F ST NW STE 305 WASHINGTON, DC 200041143	23-7448063	501(C)(3)	6,117				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
MAKE-A-WISH FOUNDATION OF GREATER VA 2810 N PARHAM RD STE 302 HENRICO, VA 232944422	54-1429614	501(C)(3)	9,769				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARILYN & MARVIN SIMON FAMILY JEWISH COMMUNITY CENTER 5000 CORPORATE WOODS DR 200 VIRGINIA BEACH, VA 234624429	54-0616479	501(C)(3)	18,561				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
MARILYN & MARVIN SIMON FAMILY JEWISH COMM CTR FOR UNITED JEWISH FEDERATION 5000 CORPORATE WOODS DR STE 200 VIRGINIA BEACH, VA 234624370	54-0535603	501(C)(3)	32,118				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MEALS ON WHEELS FOR VIRGINIA BEACH 3750 SENTARA WAY VIRGINIA BEACH, VA 234524200	23-7364149	501(C)(3)	5,180				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
MEALS ON WHEELS OF CHESAPEAKE INC PO BOX 15343 CHESAPEAKE, VA 233285343	54-1080366	501(C)(3)	36,688				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF PORTSMOUTH INC 1149 JOLLIFF RD CHESAPEAKE, VA 233211707	54-1100185	501(C)(3)	8,305				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
MEDICAL RESEARCH CHARITIES 125 WASHINGTON ST STE 201 SALEM, MA 019703536	94-3148591	501(C)(3)	21,400				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MENTAL HEALTH & ADDICTION NETWORK 125 WASHINGTON ST STE 201 SALEM, MA 019703536	20-1358397	501(C)(3)	11,439				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
MILITARY FAMILY & VETS SERVICE ORGANIZATIONS OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 941450754	94-3193418	501(C)(3)	75,761				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILITARY SUPPORT GROUPS OF AMER PO BOX 45754 SAN FRANCISCO, CA 941450754	27-2242752	501(C)(3)	39,027				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
NAMI OF VIRGINIA BEACH PO BOX 2342 VIRGINIA BEACH, VA 234502342	23-7086575	501(C)(3)	6,299				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NANSEMOND RIVER PRESERVATION ALLIAN 8881 ECLIPSE DR PO BOX 6090 SUFFOLK, VA 234330090	27-2941030	501(C)(3)	12,375				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
NATIONAL MULTIPLE SCLEROSIS SOCIETY VA - VIRGINIA 760 LYNNHAVEN PKWY STE 201 VIRGINIA BEACH, VA 234527325	54-0641099	501(C)(3)	5,234				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NAVY SEAL FOUNDATION 1619 D ST VIRGINIA BEACH, VA 234558407	31-1728910	501(C)(3)	6,271				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
NORFOLK ACADEMY (BREAK THROUGH) 1585 WESLEYAN DR NORFOLK, VA 235025512	54-1522266	501(C)(3)	8,827				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORFOLK EDUCATION FOUNDATION 800 E CITY HALL AVE PO BOX 1357 NORFOLK, VA 235011357	11-3789355	501(C)(3)	6,877				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
NORFOLK SHERIFF FOUNDATION PO BOX 3908 NORFOLK, VA 235143908	54-1828339	501(C)(3)	6,764				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OASIS COMMISSION ON SOCIAL MINISTRY - PORTSMOUTH-CHESAPEAKE 800 WILLIAMSBURG AVE PORTSMOUTH, VA 237043113	54-0908355	501(C)(3)	8,854				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
ORPHAN HELPERS INC 813 FORREST DR STE A NEWPORT NEWS, VA 236064513	54-1995429	501(C)(3)	7,959				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENINSULA METROPOLITAN YMCA 41 OLD OYSTER POINT RD STE C NEWPORT NEWS, VA 23602	54-0524905	501(C)(3)	8,844				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
PIN MINISTRY 503 15TH ST VIRGINIA BEACH, VA 234514325	41-2126841	501(C)(3)	9,938				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAZA VOLUNTEER RESCUE SQUAD PO BOX 2128 VIRGINIA BEACH, VA 234502128	54-1597461	501(C)(3)	5,095				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
PRIMEPLUS 7300 NEWPORT AVE 100 NORFOLK, VA 235053356	54-1118218	501(C)(3)	40,539				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REACH INC 1302 JEFFERSON ST CHESAPEAKE, VA 233242214	54-1918686	501(C)(3)	15,801				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
ROCSOLID FOUNDATION INC 3333 STATION HOUSE RD STE B CHESAPEAKE, VA 233212515	26-4082283	501(C)(3)	5,942				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHAR OF NORFOLK 404 COLLEY AVE NORFOLK, VA 235071911	54-1139497	501(C)(3)	8,380				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
SAINT FRANCIS OF ASSISI SERVICE DOG FND 8232 ENON DR ROANOKE, VA 240191524	54-1806879	501(C)(3)	5,000				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT JUDE RESEARCH HOSPITAL OF SO VIRGINIA PO BOX 758858 BALTIMORE, MD 212758858	35-1044585	501(C)(3)	7,705				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
SAINT JUDES CHILDREN'S HOSPITAL 501 SAINT JUDE PL MEMPHIS, TN 381051905	35-1044585	501(C)(3)	14,714				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT MARYS HOME FOR DISABLED CHILDREN 6171 KEMPSVILLE CIR NORFOLK, VA 235023930	54-0505952	501(C)(3)	141,282				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
SALVATION ARMY HAMPTON ROADS AREA PO BOX 388 NORFOLK, VA 235010388	58-0660607	501(C)(3)	241,477				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY PORTSMOUTH CORPS 2306 AIRLINE BLVD PO BOX 3098 PORTSMOUTH, VA 237010098	58-0660607	501(C)(3)	55,284				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
SALVATION ARMY SUFFOLK CORPS 400 BANK ST PO BOX 1000 SUFFOLK, VA 234391000	58-0660607	501(C)(3)	29,531				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN HOUSE - VIRGINIA BEACH ECUMENICAL HOUSING 2620 SOUTHERN BLVD VIRGINIA BEACH, VA 234527414	54-1291021	501(C)(3)	128,653				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
SENIOR SERVICES OF SOUTHEASTERN VA 5 INTERSTATE CORPORATE CENTER 6350 CENTER DR STE 101 NORFOLK, VA 235024107	54-6069786	501(C)(3)	64,239				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENTARA HEALTHCARE FOUNDATION 6015 POPLAR HALL DR NORFOLK, VA 235023819	52-1271901	501(C)(3)	8,224				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
SETON YOUTH SHELTERS 101 N LYNNHAVEN RD STE 101 VIRGINIA BEACH, VA 234527523	54-1250483	501(C)(3)	41,909				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SICKLE CELL DISEASE ASSOCIATION NORFOLK 861 GLENROCK RD 120 NORFOLK, VA 235023718	54-0947046	501(C)(3)	7,311				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
SOUTHSIDE BOYS AND GIRLS CLUB 701 E BERKLEY AVE EXT NORFOLK, VA 235231509	54-0839152	501(C)(3)	229,190				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPCA OF NORFOLK 916 BALLENTINE BLVD NORFOLK, VA 235044193	54-0515759	501(C)(3)	32,540				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
SPCA OF NORTHEASTERN NORTH CAROLINA 10 ENTERPRISE DR ELIZABETH CITY, NC 279096340	58-1674663	501(C)(3)	13,786				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPORTS CHARITIES USA PO BOX 45754 SAN FRANCISCO, CA 941450754	47-0863988	501(C)(3)	14,410				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
SUGAR PLUM BAKERY 1353 LASKIN RD VIRGINIA BEACH, VA 234516000	54-1330916	501(C)(3)	6,855				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN TIDEWATER AFFILIATE 6363 CENTER DR STE 205 NORFOLK, VA 235024145	75-2875178	501(C)(3)	5,702				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
THE CHILDREN'S CENTER 700 CAMPBELL AVE FRANKLIN, VA 238511872	52-1317062	501(C)(3)	51,983				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LGBT CENTER OF HR ACCESS AIDS CARE 222 W 21ST ST 308 NORFOLK, VA 235172200	58-1545157	501(C)(3)	28,440				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
THE PLANNING COUNCIL 5365 ROBIN HOOD RD STE 700 NORFOLK, VA 235132416	54-0505998	501(C)(3)	79,515				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERGENCY ASSISTANCE UP CENTER - CHILD & FAMILY SVCS 150 BOUSH ST 500 NORFOLK, VA 235101664	54-0674774	501(C)(3)	794,046				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
UNION MISSION PO BOX 3203 NORFOLK, VA 235143203	54-0506427	501(C)(3)	37,210				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED JEWISH FEDERATION 5000 CORPORATE WOODS DR STE 200 VIRGINIA BEACH, VA 234624370	54-0535603	501(C)(3)	176,240				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
UNITED NEGRO COLLEGE FUND INC 1805 7TH ST NW WASHINGTON, DC 200013186	13-1624241	501(C)(3)	8,836				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED SERVICE ORGANIZATION (NAT'L) 2111 WILSON BLVD STE 1200 ARLINGTON, VA 222013052	13-1610451	501(C)(3)	10,683				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
UNITED SERVICE ORGANIZATION OF HR PO BOX 8097 NORFOLK, VA 235030097	54-1305517	501(C)(3)	34,647				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL ALABAMA PO BOX 320189 BIRMINGHAM, AL 352320189	63-0288846	501(C)(3)	16,792				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
UNITED WAY OF GREATER AUGUSTA 24 IDLEWOOD BLVD STE 106 STAUNTON, VA 244019303	54-0955100	501(C)(3)	6,113				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER RICHMOND AND PETERSBURG PO BOX 11807 RICHMOND, VA 232308007	23-7375346	501(C)(3)	64,566				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
UNITED WAY OF HARRISONBURG AND ROCKINGHAM COUNTY PO BOX 326 HARRISONBURG, VA 228010326	54-0632716	501(C)(3)	38,365				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF METROPOLITAN DALLAS 1800 N LAMAR ST DALLAS, TX 752021701	75-6005352	501(C)(3)	9,882				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
UNITED WAY OF RENO COUNTY INC PO BOX 2230 HUTCHINSON, KS 675042230	48-0833061	501(C)(3)	31,086				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF ROANOKE VALLEY INC 325 CAMPBELL AVE SW ROANOKE, VA 240163631	54-0535302	501(C)(3)	12,640				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
UNITED WAY OF THE NATIONAL CAPITAL AREA 1577 SPRING HILL RD STE 420 VIENNA, VA 221822223	53-0234290	501(C)(3)	25,759				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER WILLIAMSBURG CO UNITED WAY OF THE VA PENINSULA 11820 FOUNTAIN WAY STE 206 NEWPORT NEWS, VA 236064478	54-0844073	501(C)(3)	222,980				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
UNITED WAY OF WEST TENNESSEE PO BOX 2086 JACKSON, TN 383022086	62-0590257	501(C)(3)	7,906				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY THOMAS JEFFERSON AREA 806 E HIGH ST CHARLOTTESVILLE, VA 229025126	54-0505882	501(C)(3)	43,029				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
UNITED WAY WORLDWIDE PO BOX 418607 BOSTON, MA 022418607	13-1635294	501(C)(3)	9,000				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN DISCOVERY MINISTRIES INC PO BOX 6381 NORFOLK, VA 235080381	54-1556498	501(C)(3)	29,609				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
URBAN LEAGUE OF HAMPTON ROADS 120 COLLEGE PL PO BOX 2176 NORFOLK, VA 235012176	54-1083985	501(C)(3)	17,094				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIGILANT WATCH INC PO BOX 68264 VIRGINIA BEACH, VA 234718264	30-0604147	501(C)(3)	14,828				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
VIRGINIA AQUARIUM & MARINE SCIENCE 717 GENERAL BOOTH BLVD VIRGINIA BEACH, VA 234514811	52-1272309	501(C)(3)	5,866				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA BEACH PUBLIC SCHOOLS EDUCATION FOUNDATION 2512 GEORGE MASON DR VIRGINIA BEACH, VA 234569067	54-1637620	501(C)(3)	26,478				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
VIRGINIA BEACH SHERIFF'S COMMUNITY FUND INC PO BOX 6098 VIRGINIA BEACH, VA 234560098	54-1636463	501(C)(3)	5,704				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA BEACH SPCA 3040 HOLLAND RD VIRGINIA BEACH, VA 234562610	54-6061532	501(C)(3)	92,665				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
VIRGINIA BEACH VOL RESCUE SQUAD 740 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 234514234	54-6047133	501(C)(3)	7,006				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA GENTLEMENS FOUNDATION - CAMP GROM 2420 ATLANTIC AVE STE 201 VIRGINIA BEACH, VA 234513282	26-1698094	501(C)(3)	9,750				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
VIRGINIA LEAGUE FOR PLANNED PARENTHOOD SE VA 201 N HAMILTON ST RICHMOND, VA 232212601	54-0929058	501(C)(3)	20,268				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA SUPPORTIVE HOUSING PO BOX 8585 RICHMOND, VA 232260585	54-1444564	501(C)(3)	15,162				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
VOLUNTEER HAMPTON ROADS PO BOX 68369 VIRGINIA BEACH, VA 234718369	54-1072533	501(C)(3)	6,206				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESLEY COMMUNITY SERVICE CENTER 1701 ELM AVE PO BOX 1396 PORTSMOUTH, VA 237051396	54-0805728	501(C)(3)	6,959				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PKWY SUFFOLK, VA 234344259	26-3302837	501(C)(3)	58,577				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHRO VOICE FOR THE PRINT HANDICAPP 5200 HAMPTON BLVD NORFOLK, VA 235081598	54-0843118	501(C)(3)	13,761				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
WILD ANIMALS WORLDWIDE PO BOX 45754 SAN FRANCISCO, CA 941450754	20-8774272	501(C)(3)	11,015				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN CHILDREN & FAMILY SERVICE CHARITIES PO BOX 45754 SAN FRANCISCO, CA 941450754	94-3193386	501(C)(3)	17,927				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
WOUNDED WARRIOR PROJECT 4899 BELFORT RD STE 300 JACKSONVILLE, FL 322566033	20-2370934	501(C)(3)	26,327				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF PORTSMOUTH 4900 HIGH ST W PORTSMOUTH, VA 237034226	54-0534407	501(C)(3)	29,934				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
YMCA OF SOUTH HAMPTON ROADS 920 CORPORATE LN CHESAPEAKE, VA 233203406	54-0445205	501(C)(3)	225,230				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA WILLIAM A HUNTON 1139 E CHARLOTTE ST NORFOLK, VA 235044213	54-0663046	501(C)(3)	187,830				GRANTS AWARDED AND OR DESIGNATION PAYMENTS
YOUNG LIFE TIDEWATER INDEPENDENT SCHOOLS 2648 VIRGINIA BEACH BLVD STE C VIRGINIA BEACH, VA 234527648	84-0385934	501(C)(3)	10,748				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF SOUTH HAMPTON ROADS 500 E PLUME ST STE 700 NORFOLK, VA 235102311	54-0506491	501(C)(3)	251,946				GRANTS AWARDED AND OR DESIGNATION PAYMENTS

Schedule J (Form 990) Department of the Treasury Internal Revenue Service	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.	OMB No 1545-0047
		2017
		Open to Public Inspection
Name of the organization UNITED WAY OF SOUTH HAMPTON ROADS		Employer identification number 54-0506322

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 on 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 indemnification 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)		
b 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 of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input 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 on 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?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported on 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, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNITED WAY OF SOUTH HAMPTON ROADS

Employer identification number
54-0506322

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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	59	591,891	FAIR MARKET VALUE
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 through 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?

30a

Yes

No

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 nonstandard contributions?

31

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B)
PART I, LINE 32B	MERRILL LYNCH FACILITATES THE SALE OF DONATED STOCKS AND DEPOSITS PROCEEDS TO OUR ACCOUNTS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SOUTH HAMPTON ROADS

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

54-0506322

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE 990 WAS PROVIDED TO THE MEMBERS OF THE BOARD AT A RECENT BOARD MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS PRESENTED AND DISCUSSED TO THE BOARD AND STAFF MEMBERS AT ANNUAL MEETINGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS THE COMPENSATION IS GIVEN A RANGE BASED ON OTHER UNITED WAYS OF SIMILAR SIZE AND STRUCTURE THE INFORMATION ON OTHER CEO SALARIES IS PUBLISHED BY THE ORGANIZATION'S TRADE ASSOCIATION THE SALARY IS REVIEWED ANNUALLY BY AN EXECUTIVE COMPENSATION AND REVIEW COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE FOR INSPECTION, FINANCIAL STATEMENTS ARE AVAILABLE ON OWN WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	AMOUNTS DESIGNATED BY DONORS FOR SPECIFIC ORGANIZATIONS -4,202,625 ALLOCATIONS FUNDED THRO UGH DONOR DESIGNATIONS 3,868,993 FOUNDATION SERVICE EXPENSES 1,539 ELIMINATION ENTRY 30 ,842 GAINS ALLOCATED TO UNITED WAY OF SOUTH HAMPTON ROADS FOUNDATION -101,363

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 2C	THE COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR THE SELECTION OF THE AUDITOR IS THE FINANCE COMMITTEE. EVERY 3 YEARS THE COMMITTEE SENDS OUT AN RFP TO AUDIT FIRMS. THE RFP IS REVIEWED BY STAFF AND A RECOMMENDATION IS MADE TO THE COMMITTEE. IF THE RECOMMENDATION IS APPROVED, THE FINANCE COMMITTEE RECOMMENDS TO THE BOARD OF DIRECTORS, AND THE FIRM IS APPROVED BY THE BOARD.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UNITED WAY OF SOUTH HAMPTON ROADS

Employer identification number
54-0506322

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHARITABLE PLEDGE PROCESSING LLC 2515 WALMER AVENUE NORFOLK, VA 23513	CHARITABLE GIFT PROCESSING AND DISTRIBUTION TO SUPPORT UWSHR	VA	-46,698	-54,340	UWSHR

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)UNITED WAY SOUTH HAMPTON ROADS FOUNDATION 2515 WALMER AVENUE NORFOLK, VA 23513 54-1929483	INVESTING AND DISTRIBUTING DONOR ADVISED AND ENDOWMENT FUNDS	VA	501(C)(3)	LINE 12A, I	UWSHR		No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2017

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)