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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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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:
MICHELE ANDERSON
2515 WALMER AVENUE
NORFOLK, VA 23513

D Employer identification number

54-0506322

E Telephone number

(757) 853-8500

G Gross receipts \$ 55,929,525

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:
UWSHR CONDUCTS FUNDRAISING CAMPAIGNS, ACTS AS AN ADMINISTRATIVE AGENT, AND DISTRIBUTES FUNDS TO PARTICIPATING AREA ORGANIZATIONS ACCORDING TO DONOR DESIGNATIONS AND FUND DISTRIBUTION COMMITTEE RECOMMENDATIONS. UWSHR'S MISSION IS TO BRING PEOPLE AND RESOURCES TOGETHER TO SOLVE PROBLEMS TOO BIG FOR ANYONE TO SOLVE ALONE.

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) 35

4 Number of independent voting members of the governing body (Part VI, line 1b) 34

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 45

6 Total number of volunteers (estimate if necessary) 2,500

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 39 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 23,396,446

9 Program service revenue (Part VIII, line 2g) 605,060

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 459,212

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 24,460,718

55,929,525

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 5,097,915

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,799,600

16a Professional fundraising fees (Part IX, column (A), line 11e) 131,225

16b Total fundraising expenses (Part IX, column (D), line 25) 1,405,616

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 6,390,763

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 14,419,503

19 Revenue less expenses. Subtract line 18 from line 12 10,041,215

24,636,061

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 45,967,298

21 Total liabilities (Part X, line 26) 3,233,267

22 Net assets or fund balances. Subtract line 21 from line 20 42,734,031

74,171,150

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
MICHELE ANDERSON PRESIDENT & CEO
Type or print name and title

2022-02-03
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name
Firm's address

Preparer's signature
WALL EINHORN & CHERNITZER PC
150 W MAIN ST SUITE 1200
NORFOLK, VA 23510

Date
2022-02-03

Check ☐ if self-employed

PTIN
P01334859

Firm's EIN
54-1517420

Phone no.
(757) 625-4700

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 (2020)

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

UWSHR'S MISSION IS TO BRING PEOPLE AND RESOURCES TOGETHER TO SOLVE PROBLEMS TOO BIG FOR ANYONE TO SOLVE ALONE.

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 \$ 29,196,512 including grants of \$ 10,685,985) (Revenue \$ 446,724)
See Additional Data	
















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

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

4e	Total program service expenses ▶	29,196,512
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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	No
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	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	22
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 45			
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		
9 Sponsoring organizations maintaining donor advised funds.				
a 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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.		15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		No

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	35	
	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	34	
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	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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-A 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:
 ▶THE ORGANIZATION 2515 WALMER AVENUE NORFOLK, VA 23513 (757) 853-8500

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

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

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

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

See instructions for the order in which to list the persons above.

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

[illegible]

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

(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								299,354	0	0

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 **2**

	Yes	No
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>		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>	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>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
STRATUSLIVE 2515 WALMER AVENUE NORFOLK, VA 23513	NONPROFIT SOFTWARE (CRM)	163,367

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 **1**

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					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	29,319,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	25,666,949				
	g Noncash contributions included in lines 1a - 1f:\$	1g	72,520				
	h Total. Add lines 1a-1f ▶			54,985,949			
Program Service Revenue			Business Code				
	2a PROGRAM ADMIN AND CONTRACT FEES	900099	327,752	327,752			
	b OTHER PROGRAM FEES	900099	118,972	118,972			
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f. ▶			446,724				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		496,852			496,852	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8a					
		b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events . . . ▶						
	9a Gross income from gaming activities. See Part IV, line 19						
		9a					
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities . . . ▶							
10a Gross sales of inventory, less returns and allowances . . .							
	10a						
	b Less: cost of goods sold . . .	10b					
c Net income or (loss) from sales of inventory . . . ▶							
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶							
12 Total revenue. See instructions ▶			55,929,525	446,724	0	496,852	

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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,685,985	10,685,985		
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	385,895	226,558	71,011	88,326
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	1,688,277	848,566	173,631	666,080
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	386,274	175,202	52,380	158,692
10 Payroll taxes	144,808	53,303	28,282	63,223
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	37,753		37,753	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	371,436	127,393	98,091	145,952
12 Advertising and promotion	35,923			35,923
13 Office expenses	162,167	86,238	16,592	59,337
14 Information technology	12,106	2,248	2,968	6,890
15 Royalties				
16 Occupancy	83,393	27,481	28,908	27,004
17 Travel	4,085	1,174	1,136	1,775
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,618	1,412		25,206
20 Interest	2,116		2,116	
21 Payments to affiliates	306,242	306,242		
22 Depreciation, depletion, and amortization	84,089	12,613	43,346	28,130
23 Insurance				
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 DONOR DESIGNATIONS	15,345,320	15,345,320		
b COMMUNITY IMPACT PROGRA	1,233,340	1,233,340		
c EQUIPMENT RENTAL AND MA	246,473	62,726	106,130	77,617
d MISCELLANEOUS	27,012	711	25,487	814
e All other expenses	24,152		3,505	20,647
25 Total functional expenses. Add lines 1 through 24e	31,293,464	29,196,512	691,336	1,405,616
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	1,867,792	1	1,861,879
	2 Savings and temporary cash investments	7,067,427	2	6,315,945
	3 Pledges and grants receivable, net	8,023,750	3	7,131,065
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	190,048	9	149,385
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,767,269		
	b Less: accumulated depreciation	10b 2,043,903	774,803	10c 723,366
	11 Investments—publicly traded securities	26,498,165	11	55,033,059
	12 Investments—other securities. See Part IV, line 11	0	12	3,503,120
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,545,313	15	1,979,478
16 Total assets. Add lines 1 through 15 (must equal line 33)	45,967,298	16	76,697,297	
Liabilities	17 Accounts payable and accrued expenses	167,459	17	168,548
	18 Grants payable	2,408,750	18	1,814,239
	19 Deferred revenue	124,872	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	499,000	24	509,962
	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	33,186	25	33,398
	26 Total liabilities. Add lines 17 through 25	3,233,267	26	2,526,147
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,034,707	27	24,260,211
	28 Net assets with donor restrictions	36,699,324	28	49,910,939
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	42,734,031	32	74,171,150
33 Total liabilities and net assets/fund balances	45,967,298	33	76,697,297	

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	55,929,525
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,293,464
3	Revenue less expenses. Subtract line 2 from line 1	3	24,636,061
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42,734,031
5	Net unrealized gains (losses) on investments	5	6,801,058
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	74,171,150

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.		

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

Form 990 (2020)

Form 990, Part III, Line 4a:

UWSHR CONDUCTS FUNDRAISING CAMPAIGNS, ACTS AS AN ADMINISTRATIVE AGENT, AND DISTRIBUTES FUNDS TO PARTICIPATING AREA ORGANIZATIONS ACCORDING TO DONOR DESIGNATIONS AND FUND DISTRIBUTION COMMITTEE RECOMMENDATIONS. PROGRAM SERVICES - COMMUNITY INVESTMENTS:UWSHR ENVISIONS A COMMUNITY WHERE ALL INDIVIDUALS AND FAMILIES THRIVE AND REACH THEIR FULL POTENTIAL. TO FULLY REALIZE THIS VISION, WE MUST SUPPORT THOSE LIVING IN OR ON THE VERGE OF POVERTY OR CRISIS WITH NAVIGATING A PATH TO SELF-SUFFICIENCY. FACTORS THAT PREVENT CHILDREN AND FAMILIES FROM EXPERIENCING SAFE, STABLE AND SUCCESSFUL LIVES ARE COMPLEX AND MUST BE ADDRESSED HOLISTICALLY. UWSHR IS FOCUSED ON PARTNERING WITH VULNERABLE POPULATIONS IN THE SOUTH HAMPTON ROADS COMMUNITIES. THIS INCLUDES THOSE BELOW THE FEDERAL POVERTY LEVEL AS WELL AS THOSE STRUGGLING TO MAKE ENDS MEET, WHO WE CALL ALICE .ALICE IS AN ACRONYM COINED BY A COLLABORATING GROUP OF UNITED WAYS THAT STANDS FOR ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED. THE ALICE POPULATION REPRESENTS A GROWING NUMBER OF HOUSEHOLDS IN OUR COMMUNITY WHO WORK HARD AND EARN MORE THAN THE OFFICIAL FEDERAL POVERTY LEVEL, BUT LESS THAN THE BASIC COST OF LIVING. ALICE MAKES TOO MUCH TO QUALIFY FOR MOST GOVERNMENT ASSISTANCE YET STRUGGLES TO AFFORD LIFE'S ESSENTIALS. TYPICALLY, ALICE IS ONE LIFE CHANGING EVENT FROM FALLING INTO POVERTY. TO BEST SERVE THESE POPULATIONS AND PROVIDE CUTTING-EDGE, BIG-PICTURE SOLUTIONS, WE WORK WITH A NETWORK OF PARTNERS AND A SET OF TOOLS THAT HELP US DELIVER RESULTS EFFECTIVELY AND EFFICIENTLY: MOBILITY MENTORING IS A MODEL DEVELOPED BY ECONOMIC MOBILITY PATHWAYS THAT WE ADOPTED IN 2016. WE BELIEVE THAT THE METHODS, PRINCIPLES AND RESEARCH OF MOBILITY MENTORING CAN BE APPLIED AT VARYING DEGREES IN DIVERSE SETTINGS ACROSS HEALTH AND HUMAN SERVICES. GHRCONNECTS, THE COMMUNITY INDICATORS DASHBOARD, TRACKS MEANINGFUL, ACCURATE AND STANDARDIZED DATA OVER TIME. IT GIVES A CLEAR PICTURE OF HOW OUR REGION IS PERFORMING IN A VARIETY OF CRITICAL AREAS AND DRIVES DATA-DRIVEN DECISIONS TO HELP US TURN THE CURVE AND IMPROVE QUALITY OF LIFE. GHRCONNECTS ALSO DOCUMENTS AND PROMOTES BEST PRACTICES AND SERVES AS A SPACE FOR COMMUNITY COLLABORATIVES TO COMMUNICATE THE IMPACT OF THEIR WORK. UNITE US IS A COLLABORATIVE SOFTWARE THAT ALLOWS US TO SEAMLESSLY CONNECT PEOPLE WITH THE SERVICES THEY NEED IN REAL TIME. IT SHIFTS OUR WORK FROM FRAGMENTED SERVICES TO COORDINATED CARE NETWORKS. RESULTS-BASED ACCOUNTABILITY (RBA) IS AN APPROACH THAT ENCOMPASSES POPULATION AND PERFORMANCE ACCOUNTABILITY. RBA PROVIDES A SIMPLE, STRUCTURED APPROACH FOR MEASURING PERFORMANCE OF PROGRAMS AND SERVICES. RBA HAS THREE TYPES OF PERFORMANCE MEASURES: HOW MUCH DID YOU DO?, HOW WELL DID YOU DO IT?, AND IS ANYONE BETTER OFF? MEASURES THAT INDICATE WHETHER ANYONE IS BETTER OFF ARE MOST IMPORTANT AND MEANINGFUL YET ARE HARDEST TO CONTROL. PROGRAM SERVICES - PROGRAM INITIATIVES:UNITED WAY OF SOUTH HAMPTON ROADS HAS TWO CURRENT INITIATIVES: MISSION UNITED AND UNITED FOR CHILDREN, WHICH ARE LONG-TERM, MULTI-SECTOR EFFORTS THAT FOCUS ON SPECIFIC POPULATIONS AND ADDRESS ENTRENCHED PROBLEMS BY ESTABLISHING A COMMON AGENDA AND ALIGNING RESOURCES AND STRATEGY. MISSION UNITED IS THE FIRST-EVER COORDINATED NETWORK OF COMMUNITY RESOURCES AND SERVICES IN HAMPTON ROADS PROVIDING RELIEF AND SUPPORT TO VETERANS, ACTIVE DUTY MILITARY MEMBERS, AND THEIR FAMILIES. UTILIZING UNITE US TECHNOLOGY, WE SEAMLESSLY CONNECT MILITARY-CONNECTED INDIVIDUALS AND FAMILIES TO SERVICES SUCH AS AFFORDABLE HOUSING, JOB TRAINING AND HEALTHCARE. UNITED FOR CHILDREN EXISTS TO GIVE EVERY CHILD IN SOUTH HAMPTON ROADS THE SUPPORT NEEDED TO ACHIEVE THEIR DREAMS. THROUGH CROSS-SECTOR PARTNERSHIPS WITH NONPROFITS, FAITH-BASED PARTNERS, CITY GOVERNMENTS, SCHOOL DISTRICTS AND COMMUNITY STAKEHOLDERS, WE HAVE BUILT PROMISING SOLUTIONS BY CARRYING THE VOICE OF OUR COMMUNITY ON THE ISSUES THAT MATTER MOST FOR CHILDREN. PROGRAM SERVICES - OTHER PROGRAM:THE UNITED WAY OF SOUTH HAMPTON ROADS ALSO PROVIDES OUR CERTIFIED AGENCIES WITH THE OPPORTUNITY TO JOIN OUR HEALTH INSURANCE PROGRAM. IT HELPS ALLEVIATE SOME OF THE FINANCIAL BURDEN OF HEALTH INSURANCE COSTS FOR SMALLER NONPROFIT ORGANIZATIONS IF THEY WERE TO OBTAIN THEIR OWN PLANSUPPORTING SERVICES - FUNDRAISING:THIS SUPPORTING SERVICE CATEGORY INCLUDES EXPENDITURES WHICH PROVIDE THE STRUCTURE NECESSARY TO ENCOURAGE AND SECURE FINANCIAL SUPPORT FOR UWSHR'S TO FULFIL ITS MISSION. THE MAJORITY OF UWSHR'S FINANCIAL SUPPORT IS OBTAINED VIA THE FOLLOWING CAMPAIGNS: UNITED WAY OF SOUTH HAMPTON ROADS WORKPLACE CAMPAIGN - THIS IS AN ANNUAL CAMPAIGN CONDUCTED IN THE WORK PLACES OF OUR CORPORATE PARTNERS TO RAISE FUNDING FOR UNITED WAY, OUR PROGRAMS AND OUR CERTIFIED AGENCIES. PLEDGES ARE REPORTED IN THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION AND ALLOWANCES ARE PROVIDED FOR AMOUNTS ESTIMATED TO BE UNCOLLECTIBLE. ALL CONTRIBUTIONS ARE CONSIDERED AVAILABLE FOR UNRESTRICTED USE UNLESS SPECIFICALLY RESTRICTED BY THE DONOR. WHEN A DONOR RESTRICTION IS ACCOMPLISHED, NET ASSETS WITH DONOR RESTRICTIONS ARE RECLASSIFIED TO NET ASSETS WITHOUT DONOR RESTRICTIONS AND REPORTED IN THE CONSOLIDATED STATEMENT OF ACTIVITIES AS NET ASSETS RELEASED FROM RESTRICTIONS.UNITED WAY AND COMBINED CHARITIES CAMPAIGN (UW/CCC) -THIS IS AN ANNUAL FUNDRAISING CAMPAIGN FOR SOLICITING CONTRIBUTIONS FROM CITY AND SCHOOL EMPLOYEES FROM THE CITIES OF CHESAPEAKE, NORFOLK, PORTSMOUTH, SUFFOLK, AND VIRGINIA BEACH. UNITED WAY OF SOUTH HAMPTON ROADS IS THE FISCAL AGENT FOR THE CAMPAIGN. ALL PLEDGES RECEIVED ARE RECORDED IN SEPARATE ACCOUNTS UNTIL DISTRIBUTED TO THE PARTICIPATING AGENCIES. THE ORGANIZATION CONDUCTS THE FOLLOWING ENDOWMENT CAMPAIGNS:UNITED FOR THE FUTURE CAMPAIGN ENDOWMENT - UNITED FOR THE FUTURE IS A CAMPAIGN TO RAISE \$35 MILLION TO CHANGE THE ODDS FOR CHILDREN, FAMILIES AND VETERANS IN HAMPTON ROADS INTO PERPETUITY. FUNDS RAISED THROUGH THIS CAMPAIGN WILL BOLSTER DAY-TO-DAY SERVICES THROUGH DIRECT INVESTMENT IN PROGRAM EXPANSION AND FUND AN ENDOWMENT TO ENSURE SUSTAINABILITY FAR INTO THE FUTURE. THE CORPUS OF THIS FUND IS INVESTED INTO PERPETUITY.WOMEN UNITED ENDOWMENT - WOMEN UNITED IS A DIVERSE, PASSIONATE MEMBERSHIP DEDICATED TO ELIMINATING BARRIERS WOMEN AND CHILDREN FACE IN THEIR JOURNEY TO ESCAPE POVERTY AND ACHIEVE PERMANENT SELF-SUFFICIENCY. SINCE 2002, WOMEN UNITED HAS BEEN LEADING THE CHARGE IN THE COMMUNITY AND IMPLEMENTING BREAKTHROUGH INITIATIVES FOR LASTING CHANGE. THE CORPUS OF THIS FUND IS INVESTED INTO PERPETUITY.AFRICAN AMERICAN LEADERSHIP SOCIETY ENDOWMENT - UNITED WAY'S AFRICAN AMERICAN LEADERSHIP SOCIETY MEMBERS ARE LEADING THE WAY TO A BRIGHTER FUTURE FOR SOUTH HAMPTON ROADS. AALS DONORS SHARE AFFINITIES FOR PHILANTHROPY, LEADERSHIP AND SERVICE, AND ARE STRIVING TO POSITIVELY IMPACT OUR COMMUNITY BY INCREASING THE NUMBER OF AFRICAN AMERICAN PHILANTHROPISTS MAKING GOOD THINGS HAPPEN IN SOUTH HAMPTON ROADS. THE CORPUS OF THIS FUND IS INVESTED INTO PERPETUITY.SUPPORTING SERVICES - MANAGEMENT AND GENERAL:THIS SUPPORTING SERVICE CATEGORY INCLUDES THE FUNCTIONS NECESSARY TO SUPPORT BOTH PROGRAMS AND ITS FUNDRAISING EFFORTS. SUCH FUNCTIONS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: SECURE A FUNCTIONING GOVERNING BOARD, MAINTAIN AN ADEQUATE WORKING ENVIRONMENT, AND MANAGE THE FINANCIAL RESPONSIBILITIES OF UWSHR.

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			
JAMES SPORE CHAIR	1.00 1.00	X		X				0	0	0
DAWN GLYNN DIRECTOR	1.00 1.00	X						0	0	0
DR AARON SPENCE DIRECTOR	1.00 0.00	X						0	0	0
JANE SHORT DIRECTOR	1.00 0.00	X						0	0	0
ERIN RUANE DIRECTOR	1.00 0.00	X						0	0	0
BETH ROBERTS DIRECTOR	1.00 0.00	X						0	0	0
EVA POOLE DIRECTOR	1.00 0.00	X						0	0	0
GARY PHILBIN DIRECTOR	1.00 0.00	X						0	0	0
DR ANGELA MERCER DIRECTOR	1.00 0.00	X						0	0	0
DAVID MELE DIRECTOR	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			
MICHAEL IVES DIRECTOR	1.00 0.00	X						0	0	0
KURT HOFELICH DIRECTOR	1.00 0.00	X						0	0	0
THOMAS HASTY III DIRECTOR	1.00 0.00	X						0	0	0
CHRIS GRAVES DIRECTOR	1.00 0.00	X						0	0	0
RYAN YOUNG DIRECTOR	1.00 0.00	X						0	0	0
MICHAEL GENTRY DIRECTOR	1.00 0.00	X						0	0	0
DR LARRY FILER DIRECTOR	1.00 0.00	X						0	0	0
PATRICK DUHANEY DIRECTOR	1.00 0.00	X						0	0	0
MARIANNE DICKERSON DIRECTOR	1.00 0.00	X						0	0	0
DENYS DIAZ DIRECTOR	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			
DR JARED A COTTON DIRECTOR	1.00 0.00	X						0	0	0
AMY CARRIER DIRECTOR	2.00 0.00	X						0	0	0
FRANK E BROOKS DIRECTOR	1.00 0.00	X						0	0	0
ROBERT BROERMANN DIRECTOR	1.00 1.00	X						0	0	0
ANDREA BRADLEY DIRECTOR	1.00 0.00	X						0	0	0
DON BLANKINSHIP DIRECTOR	1.00 0.00	X						0	0	0
DAVID BERND DIRECTOR	1.00 0.00	X						0	0	0
AUBREY THOMAS DIRECTOR	1.00 0.00	X						0	0	0
LEWIS W WEBB ESQ DIRECTOR	1.00 0.00	X						0	0	0
DEBORAH STEARNS DIRECTOR	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			
BRYAN K STEPHENS DIRECTOR	1.00 0.00	X						0	0	0
JOANNE INMAN FORMER CHAIR	1.00 1.00	X						0	0	0
MICHELE ANDERSON PRESIDENT & CEO	37.00 3.00	X		X				186,802	0	0
PETER GRAHAM TREASURER	1.00 0.00	X		X				0	0	0
SHEPELLE WATKINS-WHITE VICE-CHAIR	1.00 0.00	X		X				0	0	0
JOSEPH COLLINS VP OF FINANCE AND ADMIN	40.00 0.00			X				112,552	0	0

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	20,184,921	16,500,978	26,244,463	23,396,446	54,985,949	141,312,757
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	20,184,921	16,500,978	26,244,463	23,396,446	54,985,949	141,312,757
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). . .						10,603,240
6	Public support. Subtract line 5 from line 4.						130,709,517

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4. . .	20,184,921	16,500,978	26,244,463	23,396,446	54,985,949	141,312,757
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	179,274	198,719	314,675	459,212	496,852	1,648,732
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.).						
11	Total support. Add lines 7 through 10						142,961,489
12	Gross receipts from related activities, etc. (see instructions)						12 3,951,171
13	First 5 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 2020 (line 6, column (f) divided by line 11, column (f))	14	91.430 %
15	Public support percentage for 2019 Schedule A, Part II, line 14	15	90.310 %
16a	33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, 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 line 2 above, 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 lines 2a and 2b 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 line 2a 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 lines 3a and 3b 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>If "Yes" or "No" 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 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in Part VI</i>). 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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	<input type="checkbox"/> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020:		
a	From 2015.		
b	From 2016.		
c	From 2017.		
d	From 2018.		
e	From 2019.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016.		
b	Excess from 2017.		
c	Excess from 2018.		
d	Excess from 2019.		
e	Excess from 2020.		

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

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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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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.

	(a) Donor advised funds	(b) Funds and other accounts
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?

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" 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.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)?

☐ Yes ☐ No

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.

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 FASB 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 FASB 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 FASB 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) 2020

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:

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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	29,273,371	23,489,974	9,750,680	1,123,172	1,056,334
b Contributions	5,344,170	6,177,038	13,251,365	8,565,309	
c Net investment earnings, gains, and losses	5,937,102	-46,025	815,046	62,199	105,667
d Grants or scholarships					19,385
e Other expenditures for facilities and programs	538,793	347,616	327,117		
f Administrative expenses					19,444
g End of year balance	40,015,850	29,273,371	23,489,974	9,750,680	1,123,172

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

a Board designated or quasi-endowment ▶ 18.000 %

b Permanent endowment ▶ 82.000 %

c Term endowment ▶ 0 %

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

(ii) Related organizations

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

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

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		1,507,654	1,101,345	406,309
c Leasehold improvements				
d Equipment		608,373	491,232	117,141
e Other		465,242	451,326	13,916
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				723,366

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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)		
(10)		
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)	
(10)	
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) CAPITAL LEASE OBLIGATION	19,239
(3) VEHICLE NOTE PAYABLE	14,159
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	33,398

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
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	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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	
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	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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 V, LINE 4:	UNITED WAY OF SOUTH HAMPTON ROADS MAINTAINS MULTIPLE ENDOWMENT FUNDS INCLUDING: WOMEN UNIT ED, AFRICAN AMERICAN LEADERSHIP SOCIETY, AND UNITED FOR FUTURE.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. INTERNAL REVENUE CODE SECTION 513(A) DEFINES AN UNRELATED TRADE OR BUSINESS OF AN EXEMPT ORGANIZATION AS ANY TRADE OR BUSINESS WHICH IS NOT SUBSTANTIALLY RELATED TO THE EXERCISE OR PERFORMANCE OF ITS EXEMPT PURPOSE. CURRENTLY THE ORGANIZATION HAS NO OBLIGATION FOR ANY UNRELATED BUSINESS INCOME TAX. THE ORGANIZATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS; HOWEVER, ANY PENALTIES AND INTEREST INCURRED AS A RESULT OF UNCERTAIN TAX POSITIONS WOULD BE RECORDED IN MISCELLANEOUS EXPENSES ON THE CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF SOUTH HAMPTON ROADS

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 ▶ 0

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
CATHOLIC CHARITIES EASTERN VA 5361-A VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 23462	54-0505879	501(C)(3)	430,963				GRANTS AWARDED
THE UP CENTER 150 BOUSH ST STE 800 NORFOLK, VA 23510	54-0674774	501(C)(3)	780,181				GRANTS AWARDED

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 OF SE VA 1300 DIAMOND SPRINGS RD STE 300 VIRGINIA BEACH, VA 23455	54-0515764	501(C)(3)	555,105				GRANTS AWARDED
UNITED WAY OF GREATER RICHMOND AND PO BOX 11807 RICHMOND, VA 000023230	23-7375346	501(C)(3)	53,504				GRANTS AWARDED

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 OF VIRGINIA PO BOX 758858 BALTIMORE, MD 212758858	13-6167225	501(C)(3)	27,987				GRANTS AWARDED
UNITED WAY OF THE NATIONAL CAPITAL AREA 1577 SPRING HILL RD STE 420 VIENNA, VA 221822223	53-0234290	501(C)(3)	16,598				GRANTS AWARDED

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 ARLINGTON 200 N GLEBE RD ALRINGTON, VA 222033728	54-0515706	501(C)(3)	9,829				GRANTS AWARDED
UNITED WAY OF HARRISONBURG AND PO BOX 326 HARRISONBURG, VA 228010326	54-0632716	501(C)(3)	26,509				GRANTS AWARDED

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 CHARLOTTESVILLE 806 E HIGH ST CHARLOTTESVILLE, VA 229025126	54-0505882	501(C)(3)	25,120				GRANTS AWARDED
AMERICAN CANCER SOCIETY - HAMPTON ROADS PO BOX 4110 GLEN ALLEN, VA 230584110	13-1788491	501(C)(3)	58,785				GRANTS AWARDED

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 4990 SADLER PLACE GLEN ALLEN, VA 23060	13-1788491	501(C)(3)	10,000				GRANTS AWARDED
AMERICAN HEART ASSOCIATION (HAMPTON ROADS) 4217 PARK PLACE CT GLEN ALLEN, VA 230603315	13-5613797	501(C)(3)	22,857				GRANTS AWARDED

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 HEALTH CATALYST 4200 INNSLAKE RD STE 202 GLEN ALLEN, VA 230606772	27-4082359	501(C)(3)	5,000				GRANTS AWARDED
VIRGINIA LEAGUE FOR PLANNED PARENTHOOD SE VA 201 N HAMILTON ST RICHMOND, VA 232212601	54-0505973	501(C)(3)	15,708				GRANTS AWARDED

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)	31,564				GRANTS AWARDED
JUVENILE DIABETES RESEARCH FOUNDATION (HR) 1801 LIBBIE AVE STE 106 RICHMOND, VA 232261836	23-1907729	501(C)(3)	6,154				GRANTS AWARDED

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
NATIONAL KIDNEY FOUNDATION OF VIRGINIA 1622 E PARHAM RD RICHMOND, VA 232282328	13-1673104	501(C)(3)	5,015				GRANTS AWARDED
AMERICAN DIABETES ASSOCIATION 870 GREENBRIER CIR STE 404 CHESAPEAKE, VA 233202535	13-1623888	501(C)(3)	9,048				GRANTS AWARDED

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 SOUTH HAMPTON ROADS 920 CORPORATE LN CHESAPEAKE, VA 233203406	54-0445205	501(C)(3)	306,298				GRANTS AWARDED
CHESAPEAKE HUMANE SOCIETY 312 BATTLEFIELD BLVD N CHESAPEAKE, VA 233203916	23-7202196	501(C)(3)	8,011				GRANTS AWARDED

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 CARE FREE CLINIC 2145 S MILITARY HWY CHESAPEAKE, VA 233204426	54-1642754	501(C)(3)	42,542				GRANTS AWARDED
ROCSOLID FOUNDATION INC 3333 STATION HOUSE RD STE B CHESAPEAKE, VA 233212515	26-4082283	501(C)(3)	5,463				GRANTS AWARDED

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 PUBLIC SCHOOLS EDUCATIONAL FOUNDATION 312 CEDAR RD CHESAPEAKE, VA 233225514	20-3655412	501(C)(3)	5,841				GRANTS AWARDED
GIRL SCOUT COUNCIL OF COLONIAL COAST 912 CEDAR RD CHESAPEAKE, VA 233227002	54-1158412	501(C)(3)	114,385				GRANTS AWARDED

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
KW BROWN MINISTRIES INC 215 LOS GAVIOTAS BLVD CHESAPEAKE, VA 233227067	54-1990674	501(C)(3)	21,078				GRANTS AWARDED
NEW VISION YOUTH SERVICES INC 608B LIBERTY STREET CHESAPEAKE, VA 23324	37-1588168	501(C)(3)	10,000				GRANTS AWARDED

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
CHIP-CHILDREN'S HEALTH INVESTMENT PROGRAM 1302 JEFFERSON ST CHESAPEAKE, VA 233242214	54-1893166	501(C)(3)	190,289				GRANTS AWARDED
SENIORS UNLIMITED LIFESTYLES INC 453 LONGDALE CRES CHESAPEAKE, VA 23325	56-2493920	501(C)(3)	10,000				GRANTS AWARDED

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)	25,429				GRANTS AWARDED
NANSEMOND RIVER PRESERVATION ALLIANCE 8881 ECLIPSE DR SUFFOLK, VA 234330090	27-2941030	501(C)(3)	14,916				GRANTS AWARDED

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
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PKWY SUFFOLK, VA 234344259	26-3302837	501(C)(3)	43,117				GRANTS AWARDED
SUFFOLK MEALS ON WHEELS 2800 GODWIN BLD SUFFOLK, VA 234348038	54-1409613	501(C)(3)	6,146				GRANTS AWARDED

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 SUFFOLK CORPS 400 BANK ST SUFFOLK, VA 234391000	58-0660607	501(C)(3)	39,131				GRANTS AWARDED
GENIEVE SHELTER SMITHFIELD 157 N MAIN ST STE B SUFFOLK, VA 234391585	54-6043915	501(C)(3)	17,007				GRANTS AWARDED

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
SUFFOLK ROTARY CLUB PO BOX 1972 SUFFOLK, VA 234391972	31-1775330	501(C)(3)	5,000				GRANTS AWARDED
BACK BAY WILDFOWL GUILD INC 1113 ATLANTIC AVENUE VIRGINIA BEACH, VA 23451	51-0252674	501(C)(3)	10,000				GRANTS AWARDED

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 COMMUNITY EMERGENCY FOUNDATION 927 S BIRDNECK RD VIRGINIA BEACH, VA 23451	20-3519069	501(C)(3)	10,000				GRANTS AWARDED
VIRGINIA GENTLEMENS FOUNDATION 596A S BIRDNECK RD VIRGINIA BEACH, VA 23451	26-1698094	501(C)(3)	10,000				GRANTS AWARDED

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 CHESS ASSOCIATION 576 N BIRDNECK ROAD 194 VIRGINIA BEACH, VA 23451	81-3121854	501(C)(3)	10,000				GRANTS AWARDED
AUTHENTIC APPAREL CLOTHING COMPANY 401 BESSIE WALK VIRGINIA BEACH, VA 23451	81-1304874	501(C)(3)	10,000				GRANTS AWARDED

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 ART CENTER INC 532 VIRGINIA BEACH BLVD STE A VIRGINIA BEACH, VA 23451	81-3864481	501(C)(3)	10,000				GRANTS AWARDED
THE RIVER ELLIS FOUNDATION 212 80TH ST VIRGINIA BEACH, VA 234511931	84-2501560	501(C)(3)	15,000				GRANTS AWARDED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GREEN RUN COLLEGIATE FOUNDATION 928 WINDSOR RD VIRGINIA BEACH, VA 234513748	45-5405287	501(C)(3)	10,000				GRANTS AWARDED
CONTEMPORARY ART CENTER OF VA 2200 PARKS AVE VIRGINIA BEACH, VA 234514062	23-7112328	501(C)(3)	11,963				GRANTS AWARDED

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 VOL RESCUE SQUAD 740 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 234514234	54-6047133	501(C)(3)	10,602				GRANTS AWARDED
VIRGINIA AQUARIUM & MARINE SCIENCE 717 GENERAL BOOTH BLVD VIRGINIA BEACH, VA 234514811	52-1272309	501(C)(3)	10,000				GRANTS AWARDED

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 MARINE SCIENCE MUSEUM FDN 717 GENERAL BOOTH BLVD VIRGINIA BEACH, VA 234514811	52-1272309	501(C)(3)	14,637				GRANTS AWARDED
JUDEO-CHRISTIAN OUTREACH CENTER 1053 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 234515641	54-1417126	501(C)(3)	114,426				GRANTS AWARDED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SUGAR PLUM BAKERY 1353 LASKIN RD VIRGINIA BEACH, VA 234516000	54-1330916	501(C)(3)	6,233				GRANTS AWARDED
HOPE FOR LIFE RESCUE INC 610 JACK RABBIT RD VIRGINIA BEACH, VA 234516134	03-0394737	501(C)(3)	5,754				GRANTS AWARDED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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VIRGINIA MUSICAL THEATRE INC 265 KINGS GRANT RD VIRGINIA BEACH, VA 23452	54-1588760	501(C)(3)	10,000				GRANTS AWARDED
NAVY LEAGUE OF THE US HAMPTON ROADS COUNCIL 600 LYNNHAVEN PKWY STE 600 VIRGINIA BEACH, VA 23452	52-1264067	501(C)(3)	10,000				GRANTS AWARDED

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
WORLD AFFAIRS COUNCIL OF GREATER HAMPTON ROADS 445 KINGS GRANT RD VIRGINIA BEACH, VA 23452	23-7025069	501(C)(3)	10,000				GRANTS AWARDED
VIRGINIA BEACH EVENTS ULIMITED INC 265 KINGS GRANT RD STE 102 VIRGINIA BEACH, VA 23452	52-1372330	501(C)(3)	10,000				GRANTS AWARDED

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 FOR VIRGINIA BEACH 3750 SENTARA WAY VIRGINIA BEACH, VA 234524200	23-7364149	501(C)(3)	7,511				GRANTS AWARDED
BEACH HEALTH CLINIC 3396 HOLLAND RD SUITE 102 VIRGINIA BEACH, VA 234524826	54-1366960	501(C)(3)	14,966				GRANTS AWARDED

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

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VIRGINIA BEACH PUBLIC SCHOOLS EDUCATION FOUNDATION 641 CARRIAGE HILL RD STE 100 VIRGINIA BEACH, VA 234526546	54-1637620	501(C)(3)	8,158				GRANTS AWARDED
NATIONAL MULTIPLE SCLEROSIS SOCIETY VA 760 LYNNHAVEN PKWY STE 201 VIRGINIA BEACH, VA 234527325	13-5661935	501(C)(3)	8,510				GRANTS AWARDED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HAMPTON ROADS COMMUNITY CARE 629 WESLEY DRIVE VIRGINIA BEACH, VA 234527403	32-0009232	501(C)(3)	10,389				GRANTS AWARDED
SAMARITAN HOUSE VIRGINIA BEACH ECUMENICAL HOUSING VIRGINIA BEACH, VA 234527414	54-1291021	501(C)(3)	193,812				GRANTS AWARDED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SETON YOUTH SHELTERS 101 N LYNNHAVEN RD STE 101 VIRGINIA BEACH, VA 234527523	54-1250483	501(C)(3)	56,538				GRANTS AWARDED
JUNIOR ACHIEVEMENT OF GREATER HAMPTON RDS 2600 INTERNATIONAL PKWY 100 VIRGINIA BEACH, VA 234527801	54-0799839	501(C)(3)	13,096				GRANTS AWARDED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OUTREACH FOR CHRIST INC PO BOX 4326 VIRGINIA BEACH, VA 23454	54-1006569	501(C)(3)	10,000				GRANTS AWARDED
VIBE DISTRICT VIRGINIA BEACH PO BOX 3601 VIRGINIA BEACH, VA 23454	47-1131974	501(C)(3)	10,000				GRANTS AWARDED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GIRLS ON THE RUN OF SOUTH HAMPTON ROADS 921 FIRST COLONIAL RD STE 1707 VIRGINIA BEACH, VA 234543167	38-3777474	501(C)(3)	55,976				GRANTS AWARDED
VIRGINIA BEACH COMMUNITY DEVELOPMENT CORP 2400 POTTERS RD VIRGINIA BEAH, VA 234544377	54-1378797	501(C)(3)	10,887				GRANTS AWARDED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FRIENDS OF THE FERRY PLANTATION HOUSE INC 4136 CHESWICK LANE VIRGINIA BEACH, VA 23455	54-1801334	501(C)(3)	10,000				GRANTS AWARDED
ARMED SERVICES YMCA OF HAMPTON RDS 1465 LAKESIDE RD VIRGINIA BEACH, VA 234554100	54-0525308	501(C)(3)	105,115				GRANTS AWARDED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MERCY MEDICAL ANGELS 4620 HAYGOOD RD STE 1 VIRGINIA BEACH, VA 234555401	52-1374161	501(C)(3)	10,272				GRANTS AWARDED
AUTISM SOCIETY OF AMERICA 4605 PEMBROKE LAKE CIR UNIT 202 VIRGINIA BEACH, VA 234556436	54-1419781	501(C)(3)	6,530				GRANTS AWARDED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BOY SCOUTS OF AMERICA TIDEWATER COUNCIL 1032 HEATHERWOOD DR VIRGINIA BEACH, VA 234556675	54-1707488	501(C)(3)	84,457				GRANTS AWARDED
HAMPTON ROADS SOCCER COUNCIL 2276 RECREATION DR VIRGINIA BEACH, VA 23456	54-1626169	501(C)(3)	10,000				GRANTS AWARDED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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VIRGINIA BEACH PARKS & RECREATION 2154 LANDSTOWN RD VIRGINIA BEACH, VA 234561207	20-0717428	501(C)(3)	16,858				GRANTS AWARDED
END22 2509 GEORGE MASON DR 6496 VIRGINIA BEACH, VA 234561720	81-3458700	501(C)(3)	9,246				GRANTS AWARDED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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VIRGINIA BEACH SPCA 3040 HOLLAND RD VIRGINIA BEACH, VA 234562610	54-6061532	501(C)(3)	87,046				GRANTS AWARDED
EQUI-KIDSEQUI-VETS THERAPEUTIC 2626 HERITAGE PARK DR VIRGINIA BEACH, VA 234566795	54-1693046	501(C)(3)	20,971				GRANTS AWARDED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CIRCLE A HOME FOR HORSES INC 4345 CHARITY NECK ROAD VIRGINIA BEACH, VA 23457	46-4105488	501(C)(3)	10,000				GRANTS AWARDED
MILITARY AVIATION MUSEUM 1341 PRINCESS ANNE ROAD VIRGINIA BEACH, VA 23457	26-1290004	501(C)(3)	13,464				GRANTS AWARDED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BACK BAY RESTORATION FOUNDATION PO BOX 57041 PO BOX, VA 23457	52-1445279	501(C)(3)	10,000				GRANTS AWARDED
VB HOME NOW 104 N WITCHDUCK RD VIRGINIA BEACH, VA 23462	81-1460498	501(C)(3)	10,000				GRANTS AWARDED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ARAGONA PEMBROKE LITTLE LEAGUE INC 5000 CORPORATE WOODS DRIVE STE 400 VIRGINIA BEACH, VA 23462	52-1251264	501(C)(3)	10,000				GRANTS AWARDED
JEWISH FAMILY SERVICE OF TIDEWATER 5000 CORPORATE WOODS DR STE 400 VIRGINIA BEACH, VA 23462	54-0854002	501(C)(3)	130,457				GRANTS AWARDED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MT LEBANON BAPTIST CHURCH 620 BAKER RD VIRGINIA BEACH, VA 23462	54-1275807	501(C)(3)	10,000				GRANTS AWARDED
CHIEF PETTY OFFICER SCHOLARSHIP FUND 328 OFFICE SQUARE LANESTE 101A VIRGINIA BEACH, VA 23462	20-0331953	501(C)(3)	10,000				GRANTS AWARDED

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MEN OF FAITH 705 ROCK CREEK CT VIRGINIA BEACH, VA 23462	26-4540851	501(C)(3)	10,000				GRANTS AWARDED
HAMPTON ROADS YOUTH HOCKEY ASSOCIATION 4915 BROAD ST VIRGINIA BEACH, VA 23462	51-0248498	501(C)(3)	10,000				GRANTS AWARDED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ZEIDERS AMERICAN DREAM THEATRE 4509 COMMERCE ST VIRGINIA BEACH, VA 23462	46-2010262	501(C)(3)	10,000				GRANTS AWARDED
VIRGINIA SPORTS HALL OF FAME 283 CONSTITUTION DR VIRGINIA BEACH, VA 23462	20-5039673	501(C)(3)	10,000				GRANTS AWARDED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OPEN ALTAR MINISTRIES 4992 EUCLID RD STE 6 VIRGINIA BEACH, VA 23462	85-1202739	501(C)(3)	10,000				GRANTS AWARDED
ABILITY CENTER OF VIRGINIA 5825 ARROWHEAD DR STE 201 VIRGINIA BEACH, VA 234623247	54-1310168	501(C)(3)	38,307				GRANTS AWARDED

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ELIZA HOPE FOUNDATION 4924 KEMPS LAKE DR VIRGINIA BEACH VA, VA 234624328	81-4809516	501(C)(3)	10,126				GRANTS AWARDED
UNITED JEWISH FEDERATION 5000 CORPORATE WOODS DR STE 200 VIRGINIA BEACH, VA 234624370	54-0535603	501(C)(3)	177,902				GRANTS AWARDED

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NAMI OF COASTAL VIRGINIA 291 INDEPENDENCE BLVD STE 542 VIRGINIA BEACH, VA 234625465	23-7086575	501(C)(3)	12,400				GRANTS AWARDED
SYMPHONICITY 291 INDEPENDENCE BLVD STE 421 VIRGINIA BEACH, VA 234625747	52-1270466	501(C)(3)	10,000				GRANTS AWARDED

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PHILPPINE NURSES ASSOCIATION OF VA INC 1900 EDNA WAY VIRGINIA BEACH, VA 23464	54-1446388	501(C)(3)	10,000				GRANTS AWARDED
BEACH BOYZ WRESTLING CLUB 3513 SALE DRIVE VIRGINIA BEACH, VA 23464	84-3484655	501(C)(3)	10,000				GRANTS AWARDED

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JOY MINISTRIES EVANGELISTIC ASSN PO BOX 65036 VIRGINIA BEACH, VA 234675036	54-1514185	501(C)(3)	25,000				GRANTS AWARDED
TIDEWATER AFRICA CULTURE ALLIANCE PO BOX 55009 VIRGINIA BEACH, VA 23471	35-2644613	501(C)(3)	10,000				GRANTS AWARDED

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DAVIS CORNER VOL FIRE DEPT & RESCUE PO BOX 67875 VIRGINIA BEACH, VA 23471	51-0140450	501(C)(3)	10,388				GRANTS AWARDED
VIGILANT WATCH INC PO BOX 68264 VIRGINIA BEACH, VA 234718264	30-0604147	501(C)(3)	9,480				GRANTS AWARDED

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I SHERMAN GREENE CHORALE INC PO BOX 1071 NORFOLK, VA 23501	52-1238453	501(C)(3)	10,000				GRANTS AWARDED
EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 5 NORFOLK, VA 235010005	54-6055378	501(C)(3)	25,978				GRANTS AWARDED

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CRISIS PREGNANCY CENTER OF TDW PO BOX 119 NORFOLK, VA 235010119	54-1522705	501(C)(3)	20,760				GRANTS AWARDED
SALVATION ARMY HAMPTON ROADS AREA PO BOX 388 NORFOLK, VA 235010388	58-0660607	501(C)(3)	283,669				GRANTS AWARDED

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URBAN LEAGUE OF HAMPTON ROADS 120 COLLEGE PL NORFOLK, VA 235012176	54-1083985	501(C)(3)	18,097				GRANTS AWARDED
BOYS CHOIR OF HAMPTON ROADS PO BOX 12386 NORFOLK, VA 235020386	45-5619615	501(C)(3)	10,000				GRANTS AWARDED

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EGGLESTON SERVICES 5145 VIRGINIA BEACH BLVD NORFOLK, VA 235023418	54-0602238	501(C)(3)	62,300				GRANTS AWARDED
SENTARA HEALTHCARE FOUNDATION 6015 POPLAR HALL DR NORFOLK, VA 235023819	52-1271901	501(C)(3)	7,963				GRANTS AWARDED

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)	53,054				GRANTS AWARDED
ARTS 4 LEARNING YOUNG AUDIENCES OF VIRGINIA 11 INTERSTATE CORPORATE CENTER STE 239 NORFOLK, VA 235024067	54-6063377	501(C)(3)	43,379				GRANTS AWARDED

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
SENIOR SERVICES OF SOUTHEASTERN VA 5 INTERSTATE CORPORATE CENTER NORFOLK, VA 235024107	54-6069786	501(C)(3)	87,277				GRANTS AWARDED
ALZHEIMERS ASSOC SOUTHEASTERN VA 6350 CENTER DR STE 102 NORFOLK, VA 235024107	13-3039601	501(C)(3)	12,719				GRANTS AWARDED

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 ACADEMY (BREAK THROUGH) 1585 WESLEYAN DR NORFOLK, VA 235025591	54-1522266	501(C)(3)	19,705				GRANTS AWARDED
UNITED SERVICE ORGANIZATION OF HR PO BOX 8097 NORFOLK, VA 235030097	54-1305517	501(C)(3)	15,727				GRANTS AWARDED

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
ELEVATE EARLY EDUCATION E3 2901 GRANBY ST NORFOLK, VA 235041549	30-0759825	501(C)(3)	5,000				GRANTS AWARDED
TEENS WITH A PURPOSE 700 E OLNEY RD NORFOLK, VA 235043312	33-1207585	501(C)(3)	29,110				GRANTS AWARDED

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
HABITAT FOR HUMANITY SOUTH HAMPTON ROADS 900 TIDEWATER DR NORFOLK, VA 235043328	54-1476409	501(C)(3)	18,524				GRANTS AWARDED
NORFOLK SPCA 916 BALLENTINE BLVD NORFOLK, VA 235044193	54-0515759	501(C)(3)	23,052				GRANTS AWARDED

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)	150,642				GRANTS AWARDED
HERMITAGE MUSEUM AND GARDENS 7637 NORTH SHORE ROAD NORFOLK, VA 23505	81-3329080	501(C)(3)	10,000				GRANTS AWARDED

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
PRIMEPLUS 7300 NEWPORT AVE 100 NORFOLK, VA 235053356	54-1118218	501(C)(3)	29,866				GRANTS AWARDED
HORIZONS HAMPTON ROADS 7336 GRANBY ST NORFOLK, VA 235053405	54-1946180	501(C)(3)	52,035				GRANTS AWARDED

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
CHILD ABUSE PROGRAM - CHKD 601 CHILDRENS LN NORFOLK, VA 235071971	54-1283946	501(C)(3)	130,978				GRANTS AWARDED
CHILDREN'S HOSPITAL OF THE KINGS DAUGHTERS 601 CHILDRENS LN NORFOLK, VA 235071971	54-0506321	501(C)(3)	77,088				GRANTS AWARDED

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
MOSAIC STEEL ORCHESTRA PO BOX 6333 NORFOLK, VA 23508	41-2177286	501(C)(3)	15,000				GRANTS AWARDED
FORKIDS PO BOX 6044 NORFOLK, VA 235080044	54-1477799	501(C)(3)	391,726				GRANTS AWARDED

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)	22,415				GRANTS AWARDED
WHRO 5200 HAMPTON BLVD NORFOLK, VA 235081507	54-0843118	501(C)(3)	7,937				GRANTS AWARDED

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
HURRAH PLAYERS 485 ST PAULS BLVD NORFOLK, VA 23510	52-1409025	501(C)(3)	10,620				GRANTS AWARDED
VIRGINIA ARTS FESTIVAL 440 BANK STREET NORFOLK, VA 23510	54-1786140	501(C)(3)	10,000				GRANTS AWARDED

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 PUBLIC SCHOOLS 800 E CITY HALL AVE NORFOLK, VA 23510	54-6001460	501(C)(3)	230,561				GRANTS AWARDED
RETAIL ALLIANCE FOUNDATION 838 GRANBY ST NORFOLK, VA 23510	27-5242311	501(C)(3)	10,000				GRANTS AWARDED

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
TODD ROSENLIEB DANCE 325 GRANBY STREET NORFOLK, VA 23510	90-0121582	501(C)(3)	10,000				GRANTS AWARDED
HOPE HOUSE FOUNDATION 801 BOUSH ST SUITE 302 NORFOLK, VA 235101503	54-0804383	501(C)(3)	60,511				GRANTS AWARDED

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
SURVIVOR VENTURES 259 GRANBY ST NORFOLK, VA 235101833	83-2401527	501(C)(3)	35,000				GRANTS AWARDED
YWCA OF SOUTH HAMPTON ROADS 500 E PLUME ST STE 700 NORFOLK, VA 235102311	54-0506491	501(C)(3)	312,186				GRANTS AWARDED

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
LEGAL AID SOCIETY OF EASTERN VA 125 ST PAULS BLVD SUITE 400 NORFOLK, VA 235102708	54-0848499	501(C)(3)	35,649				GRANTS AWARDED
THE PLANNING COUNCIL 5365 ROBIN HOOD RD STE 700 NORFOLK, VA 235132416	54-0505998	501(C)(3)	13,549				GRANTS AWARDED

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
ACCESS COLLEGE FOUNDATION 2555 ELLSMERE AVE STE 110 NORFOLK, VA 235132417	54-1440734	501(C)(3)	31,026				GRANTS AWARDED
UNION MISSION PO BOX 3203 NORFOLK, VA 235143203	54-0506427	501(C)(3)	38,308				GRANTS AWARDED

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 CHILDREN'S CHORUS PO BOX 11679 NORFOLK, VA 23517	54-1652996	501(C)(3)	10,000				GRANTS AWARDED
TIDEWATER ARTS OUTREACH 809 BRANDON AVE STE 300 NORFOLK, VA 235171676	68-0583526	501(C)(3)	10,528				GRANTS AWARDED

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 809 BRANDON AVE STE 208 NORFOLK, VA 235171676	54-1918686	501(C)(3)	30,413				GRANTS AWARDED
THE LGBT CENTER OF HR ACCESS AIDS CARE 222 W 21ST ST 308 NORFOLK, VA 235172200	54-1545157	501(C)(3)	186,914				GRANTS AWARDED

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 1900 LLEWELLYN AVE FL 2 NORFOLK, VA 235172233	54-0506468	501(C)(3)	366,124				GRANTS AWARDED
CLEVER COMMUNITIES IN ACTION 3558 TERRY COURT NORFOLK, VA 23518	45-2757014	501(C)(3)	10,000				GRANTS AWARDED

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
SOUTHSIDE BOYS AND GIRLS CLUB 701 E BERKLEY AVE EXT NORFOLK, VA 235231509	54-0839152	501(C)(3)	240,416				GRANTS AWARDED
CANCER CARE FOUNDATION OF TIDEWATER PO BOX 12693 NORFOLK, VA 235410693	71-0864277	501(C)(3)	9,021				GRANTS AWARDED

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
VOLUNTEER HAMPTON ROADS PO BOX 41217 NORFOLK, VA 235411217	54-1072533	501(C)(3)	10,673				GRANTS AWARDED
AN ACHIEVABLE DREAM INC - VIRGINIA BEACH 10858 WARWICK BLVD STE A NEWPORT NEWS, VA 236013741	54-1621932	501(C)(3)	95,602				GRANTS AWARDED

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)	11,108				GRANTS AWARDED
UNITED WAY OF THE VA PENINSULA 11870 MERCHANTS WALK STE 104 NEWPORT NEWS, VA 23606	54-0535602	501(C)(3)	129,364				GRANTS AWARDED

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 11721 JEFFERSON AVE NEWPORT NEWS, VA 236061935	54-0505994	501(C)(3)	7,388				GRANTS AWARDED
FOOD BANK OF THE VIRGINIA PENINSULA 2401 ALUMINUM AVE HAMPTON, VA 236611237	54-1422298	501(C)(3)	9,125				GRANTS AWARDED

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 PORTSMOUTH, VA 237010098	58-0660607	501(C)(3)	33,031				GRANTS AWARDED
PORTSMOUTH HUMANE SOCIETY 4022 SEABOARD CT PORTSMOUTH, VA 237012611	54-0560059	501(C)(3)	7,093				GRANTS AWARDED

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
HELP AND EMERGENCY RESPONSE PO BOX 2187 PORTSMOUTH, VA 237020187	52-1349827	501(C)(3)	190,650				GRANTS AWARDED
BLACK BRAND 66 ELM AVENUE PORTSMOUTH, VA 23704	81-3953180	501(C)(3)	10,000				GRANTS AWARDED

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
COMMUNITIES IN SCHOOLS OF HAMPTON ROADS 200 HIGH STREET SUITE 305 PORTSMOUTH, VA 23704	26-2504678	501(C)(3)	165,961				GRANTS AWARDED
EDMARC HOSPICE FOR CHILDREN 516 LONDON ST PORTSMOUTH, VA 237042530	54-1092904	501(C)(3)	86,864				GRANTS AWARDED

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 STE 200 PORTSMOUTH, VA 237044818	54-1626757	501(C)(3)	58,182				GRANTS AWARDED
FRIENDS OF THE PORTSMOUTH JUVENILE PO BOX 638 PORTSMOUTH, VA 237050638	54-1695844	501(C)(3)	8,461				GRANTS AWARDED

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
SHINING LIGHT HOMES 3300 HIGH ST STE 5 PORTSMOUTH, VA 23707	46-1249990	501(C)(3)	10,000				GRANTS AWARDED
THE CHILDREN'S CENTER 700 CAMPBELL AVE FRANKLIN, VA 238511872	52-1317062	501(C)(3)	62,800				GRANTS AWARDED

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)	6,127				GRANTS AWARDED
UNITED WAY OF THE GREATER TRIANGLE 2400 PERIMETER PARK DR STE 150 MORRISVILLE, NC 275605403	59-1949103	501(C)(3)	8,583				GRANTS AWARDED

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 279090293	23-7123601	501(C)(3)	28,637				GRANTS AWARDED
SPCA OF NORTHEASTERN NORTH CAROLINA 102 ENTERPRISE DR ELIZABETH CITY, NC 279096340	58-1674663	501(C)(3)	11,888				GRANTS AWARDED

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 CAROLINAS INC PO BOX 601942 CHARLOTTE, VA 282601942	56-0529948	501(C)(3)	8,927				GRANTS AWARDED
WOUNDED WARRIOR PROJECT 4899 BELFORT RD STE 300 JACKSONVILLE, FL 322566033	20-2370934	501(C)(3)	14,647				GRANTS AWARDED

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 JUDES CHILDREN'S HOSPITAL 501 SAINT JUDE PL MEMPHIS, TN 381051905	62-0646012	501(C)(3)	36,591				GRANTS AWARDED
AMERICAN RED CROSS SE VA (NAT'L) PO BOX 73857 CHICAGO, IL 606737857	56-0532307	501(C)(3)	7,421				GRANTS AWARDED

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 RENO COUNTY INC PO BOX 2230 HUTCHINSON, KS 675042230	48-0833061	501(C)(3)	31,579				GRANTS AWARDED

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on 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"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<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
FORM 990, SCHEDULE J, PART 1, LINE 3	COMPENSATION OF THE ORGANIZATION'S CEO IS VOTED ON BY THE BOARD OF DIRECTORS.

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.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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				
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 ► (<u>SUPPLIES</u>)	X	2	75,182	FMV
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 isn't 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

No

b If "Yes," describe in Part II.

33

If the organization didn't 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 REPORTS THE NUMBER OF CONTRIBUTIONS NOT THE NUMBER OF ITEMS RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020**Open to Public
Inspection****Employer identification number**

54-0506322

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE 990 IS PROVIDED TO THE MEMBERS OF THE BOARD BEFORE FILING.

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 15	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 THE ORGANIZATION'S WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	NO CHANGES HAVE BEEN MADE TO THE ORGANIZATION'S OVERSIGHT PROCESS.

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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	-1,242	6,387	UNITED WAY OF SOUTH HAMPTON ROADS

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 OF SOUTH HAMPTON ROADS FOUNDATION 2515 WALMER AVENUE NORFOLK, VA 23513 54-1929483	INVESTING AND DISTRIBUTING DONOR ADVISED FUNDS	VA	501(C)(3)	LINE 12A, I	UNITED WAY OF SOUTH HAMPTON ROADS		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

No

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

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).

Return Reference	Explanation