

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF GREATER RICHMOND &amp; PETERSBURG</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2001 MAYWILL STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>RICHMOND, VA 23230</b>	<b>D</b> Employer identification number <b>23-7375346</b> <b>E</b> Telephone number <b>804-771-5820</b>
<b>F</b> Name and address of principal officer: <b>JAMES L. M. TAYLOR</b> <b>SAME AS C ABOVE</b>		<b>G</b> Gross receipts \$ <b>18,556,658.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.YOURUNITEDWAY.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1911</b> <b>M</b> State of legal domicile: <b>VA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>WE EMPOWER INDIVIDUALS AND DRIVE SYSTEMIC CHANGE TO PROVIDE EVERYONE WITH A CLEAR PATH TO SUCCESS.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>24</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>24</b> <b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a) ..... <b>5</b> <b>49</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>950</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.</b>																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">9,065,762.</td> <td style="text-align: right;">17,762,911.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">108,539.</td> <td style="text-align: right;">298,462.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">578,075.</td> <td style="text-align: right;">495,285.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">9,752,376.</td> <td style="text-align: right;">18,556,658.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	9,065,762.	17,762,911.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	0.	0.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	108,539.	298,462.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	578,075.	495,285.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	9,752,376.	18,556,658.							
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**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.

<b>Sign Here</b>	Signature of officer <b>JAMES L. M. TAYLOR, CHIEF EXECUTIVE OFFICER</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOHN E. KENT</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P01076641</b>
	Firm's name ▶ <b>KEITER, STEPHENS, HURST, GARY &amp; SHREAVES, PC</b> Firm's address ▶ <b>4401 DOMINION BLVD</b> <b>GLEN ALLEN, VA 23060</b>	Firm's EIN ▶ <b>54-1631262</b> Phone no. (804) 747-0000

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

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: WE EMPOWER INDIVIDUALS AND DRIVE SYSTEMIC CHANGE TO PROVIDE EVERYONE WITH A CLEAR PATH TO SUCCESS.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,923,750. including grants of \$ 2,923,750. ) (Revenue \$ ) UNITED WAY OF GREATER RICHMOND & PETERSBURG USES ITS STEPS TO SUCCESS MODEL AND PROVIDES TECHNICAL ASSISTANCE AND OUTCOME-FOCUSED FUNDING TO MORE THAN 40 HIGH-PRIORITY, EFFECTIVE NON-PROFIT PROGRAMS THAT SERVE INDIVIDUALS AND FAMILIES ACROSS THE GREATER RICHMOND AND PETERSBURG REGION. TOGETHER, WE WORK TO BUILD COLLABORATIVE SOLUTIONS AND FOSTER STRONG ALLIANCES THAT WILL MAKE AN IMPACT TODAY AND FOR YEARS TO COME.

4b (Code: ) (Expenses \$ 1,996,531. including grants of \$ ) (Revenue \$ ) BEYOND OUR GRANT-BASED SUPPORT, UNITED WAY OF GREATER RICHMOND & PETERSBURG COORDINATES THE WORK OF HUNDREDS OF VOLUNTEERS AND DEPLOYS THEM WHERE THEIR STENGTH AND EXPERTISE MAY BE USED BEST. WE ALSO PROVIDE CRITICAL INFORMATION TO COMMUNITY LEADERS AND ORGANIZATIONS THROUGH OUR DEDICATED RESEARCH TEAM, WHICH STUDIES LOCAL DATA TO TRACK PROBLEMS AND DEVELOP SOLUTIONS. LASTLY, UNITED WAY OF GREATER RICHMOND & PETERSBURG SERVICES AS THE CENTRAL CONVENER AND UNIFIED VOICE FOR THE HUNDREDS OF NONPROFIT AGENCIES DOING CRITICAL WORK THROUGHOUT THE REGION.

4c (Code: ) (Expenses \$ 10,705,307. including grants of \$ 10,705,307. ) (Revenue \$ ) IN ADDITION TO DIRECTING CONTRIBUTIONS TO PROGRAMS AND INITIATIVES THAT MAKE IMPACT, UNITED WAY FOSTERS LOCAL PHILANTHROPY BY PROVIDING AN OPTION FOR DONORS TO DESIGNATE THEIR GIVING TO SPECIFIED ELIGIBLE ORGANIZATIONS. UNITED WAY COLLECTS AND DISTRIBUTES THESE DONOR-RESTRICTED GIFTS TO 2,200 ORGANIZATIONS. THIS SERVICE PROVIDES THOUSANDS OF DONORS AN EFFICIENT AND COST-EFFECTIVE MEANS TO GIVE BACK TO THEIR CHARITIES OF CHOICE. EFFECTIVE JULY 1, 2017 UNITED WAY AND DOMINION ENERGY EXECUTED A NEW ENERGY SHARE AGREEMENT WHEREBY DOMINION ENERGY MAKES A DESIGNATED CONTRIBUTION TO THE ORGANIZATION TO MANAGE THE ENERGY SHARE PROGRAM'S FUNDS.

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

4e Total program service expenses 15,625,588.

**UNITED WAY OF GREATER RICHMOND  
& PETERSBURG**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....		<b>X</b>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>

**UNITED WAY OF GREATER RICHMOND  
& PETERSBURG**

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1a</b> 24		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 24		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed	NONE
<b>18</b>	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b>	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.	
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records:	
	JAMES L.M. TAYLOR - (804) 771-5843	
	2001 MAYWILL STREET, RICHMOND, VA 23230	

**UNITED WAY OF GREATER RICHMOND  
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**Part VII 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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) LARRY COTRIL DIRECTOR	1.00	X					0.	0.	0.	
(2) CORYNNE ARNETT DIRECTOR	1.00	X					0.	0.	0.	
(3) DONNA CRAVER DIRECTOR	1.00	X					0.	0.	0.	
(4) RICH MCARDLE DIRECTOR	1.00	X					0.	0.	0.	
(5) AARON MONTGOMERY DIRECTOR	1.00	X					0.	0.	0.	
(6) MARCUS NEWSOME DIRECTOR	1.00	X					0.	0.	0.	
(7) RICHARD T. HATCH DIRECTOR	1.00	X					0.	0.	0.	
(8) DANIELLE FITZ-HUGH DIRECTOR	1.00	X					0.	0.	0.	
(9) T.J. HUGHES DIRECTOR	1.00	X					0.	0.	0.	
(10) LORI JARVIS DIRECTOR	1.00	X					0.	0.	0.	
(11) SUSAN TRIGGS DIRECTOR	1.00	X					0.	0.	0.	
(12) PETER PERKINS DIRECTOR	1.00	X					0.	0.	0.	
(13) BRIAN ROUNDTREE DIRECTOR	1.00	X					0.	0.	0.	
(14) RENE SHEPPERSON DIRECTOR	1.00	X					0.	0.	0.	
(15) JAMES J.L. STEGMAIER DIRECTOR	1.00	X					0.	0.	0.	
(16) SHANNON L. VENABLE DIRECTOR	1.00	X					0.	0.	0.	
(17) WILLIAM WEBER DIRECTOR	1.00	X					0.	0.	0.	

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**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 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			
(18) LAKSHMI ALGAPPAN DIRECTOR	1.00	X					0.	0.	0.	
(19) DANIEL HUDGENS CHAIR	1.00	X		X			0.	0.	0.	
(20) CANDACE FOREMACEK TREASURER	1.00	X		X			0.	0.	0.	
(21) ANTHONY CONTE IMMEDIATE PAST CHAIR	1.00	X		X			0.	0.	0.	
(22) MARK L. MULLINIX SECOND VICE CHAIR	1.00	X		X			0.	0.	0.	
(23) T. PRESTON LLOYD, JR. DONOR RELATIONS	1.00	X					0.	0.	0.	
(24) JULIE HOSUN YOO AUDIT CHAIR	1.00	X					0.	0.	0.	
(25) DANIEL KEARNS CHIEF FINANCIAL OFFICER	40.00			X			108,600.	0.	12,713.	
(26) JAMES L. M. TAYLOR PRESIDENT & CEO	40.00			X			180,954.	0.	23,222.	
<b>1b Sub-total</b>							289,554.	0.	35,935.	
<b>c Total from continuation sheets to Part VII, Section A</b>							123,107.	0.	13,247.	
<b>d Total (add lines 1b and 1c)</b>							412,661.	0.	49,182.	

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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>	X	
<b>5</b> 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>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 195,632.						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 138,726.						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 17,428,553.						
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	126,662.						
	<b>h Total.</b> Add lines 1a-1f .....	▶ 17,762,911.						
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....	▶						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 106,818.				106,818.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶						
	<b>5</b> Royalties .....	▶						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses .....						
		<b>c</b> Rental income or (loss) .....						
		<b>d</b> Net rental income or (loss) .....	▶					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other					
		191,644.						
		<b>b</b> Less: cost or other basis and sales expenses .....	0.					
		<b>c</b> Gain or (loss) .....	191,644.					
	<b>d</b> Net gain or (loss) .....	▶ 191,644.				191,644.		
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>						
		<b>b</b> Less: direct expenses .....	<b>b</b>					
		<b>c</b> Net income or (loss) from fundraising events .....	▶					
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>							
	<b>b</b> Less: direct expenses .....	<b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities .....	▶						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>							
	<b>b</b> Less: cost of goods sold .....	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory .....	▶						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11 a</b> ENDOWMENT INCOME .....	900099	216,827.	216,827.					
<b>b</b> FEES - 3RD PARTY PROC. .....	900099	171,689.	171,689.					
<b>c</b> FEES - DONOR DESIGNATIONS .....	900099	83,721.	83,721.					
<b>d</b> All other revenue .....	900099	23,048.	23,048.					
<b>e Total.</b> Add lines 11a-11d .....	▶	495,285.						
<b>12 Total revenue.</b> See instructions. .....	▶	18,556,658.	495,285.	0.		298,462.		

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**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,629,057.	13,629,057.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	522,807.	165,729.	288,879.	68,199.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,495,285.	647,512.	323,186.	524,587.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,850.	59,850.		
<b>9</b> Other employee benefits	493,634.	192,388.	141,347.	159,899.
<b>10</b> Payroll taxes	158,446.	59,402.	55,064.	43,980.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	50,403.		50,403.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	198,004.	80,130.	29,755.	88,119.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	31,337.	11,762.	7,048.	12,527.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	352,421.	143,843.	108,042.	100,536.
<b>17</b> Travel	44,872.	20,465.	10,033.	14,374.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	47,550.	36,760.	8,859.	1,931.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	92,806.	30,936.	30,935.	30,935.
<b>22</b> Depreciation, depletion, and amortization	37,032.	12,368.	12,332.	12,332.
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a PROGRAM EXPENSES</b>	439,305.	439,305.		
<b>b PRINTING AND PUBLICATIO</b>	160,548.	24,322.	307.	135,919.
<b>c EQUIPMENT MAINTENANCE</b>	145,905.	49,823.	61,191.	34,891.
<b>d TELEPHONE</b>	26,797.	11,051.	7,741.	8,005.
<b>e All other expenses</b>	38,478.	10,885.	20,591.	7,002.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	18,024,537.	15,625,588.	1,155,713.	1,243,236.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	5,145,349.	<b>2</b>	3,447,137.	
	<b>3</b> Pledges and grants receivable, net .....	2,439,140.	<b>3</b>	2,354,398.	
	<b>4</b> Accounts receivable, net .....	111,184.	<b>4</b>	244,190.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>	
	<b>8</b> Inventories for sale or use .....			<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	40,881.	<b>9</b>	42,006.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	1,586,597.			
	<b>b</b> Less: accumulated depreciation .....	1,481,253.	121,875.	<b>10c</b>	105,344.
	<b>11</b> Investments - publicly traded securities .....	6,122,765.	<b>11</b>	6,460,313.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	13,981,194.	<b>16</b>	12,653,388.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	156,254.	<b>17</b>	188,767.	
	<b>18</b> Grants payable .....	2,587,571.	<b>18</b>	4,245,811.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	3,687,514.	<b>25</b>	137,008.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,431,339.	<b>26</b>	4,571,586.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	6,655,039.	<b>27</b>	6,904,664.	
	<b>28</b> Temporarily restricted net assets .....	894,816.	<b>28</b>	1,177,138.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	7,549,855.	<b>33</b>	8,081,802.		
<b>34</b> Total liabilities and net assets/fund balances .....	13,981,194.	<b>34</b>	12,653,388.		

Form 990 (2017)

**UNITED WAY OF GREATER RICHMOND  
& PETERSBURG**

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	18,556,658.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	18,024,537.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	532,121.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	7,549,855.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-174.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	8,081,802.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>b</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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	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.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</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 _____		



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	13926429.	12987929.	12508013.	9065762.	17762911.	66251044.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	13926429.	12987929.	12508013.	9065762.	17762911.	66251044.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						66251044.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	13926429.	12987929.	12508013.	9065762.	17762911.	66251044.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	109,232.	105,347.	104,190.	108,539.	106,818.	534,126.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	845,538.	822,985.	802,075.	578,075.	495,285.	3543958.
<b>11 Total support.</b> Add lines 7 through 10						70329128.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	94.20 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	93.38 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

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

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 10b below.</i>		
<b>b</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>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
<b>2</b> 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? 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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? 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.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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? Provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

**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.)

Lined area for supplemental information with a large diagonal 'DRAFT' watermark.

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

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

**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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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 a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 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? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | 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 on 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		175,549.	168,672.	6,877.
d Equipment		1,411,048.	1,312,581.	98,467.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>105,344.</b>

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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) <b>FUNDS HELD FOR OTHERS</b>	137,008.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	137,008.

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	7,851,177.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-174.	
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	-174.	
3	Subtract line 2e from line 1	3	7,851,351.	
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	10,705,307.	
c	Add lines 4a and 4b	4c	10,705,307.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,556,658.	

**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	7,319,230.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	7,319,230.	
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	10,705,307.	
c	Add lines 4a and 4b	4c	10,705,307.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	18,024,537.	

**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.

**PART X, LINE 2:**

**INCOME TAX UNCERTAINTIES: THE ORGANIZATION HAS ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) GUIDANCE RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE ORGANIZATION'S FINANCIAL STATEMENTS.**

**IN ACCORDANCE WITH THE GUIDANCE, THE ORGANIZATION DISCLOSES THE EXPECTED FUTURE TAX CONSEQUENCES OF UNCERTAIN TAX POSITIONS PRESUMING THE TAXING AUTHORITIES FULL KNOWLEDGE OF THE FACTS AND THE ORGANIZATION'S POSITION AND RECORDS UNRECOGNIZED TAX BENEFITS OR LIABILITIES FOR KNOWN, OR**

**Part XIII** Supplemental Information (continued)

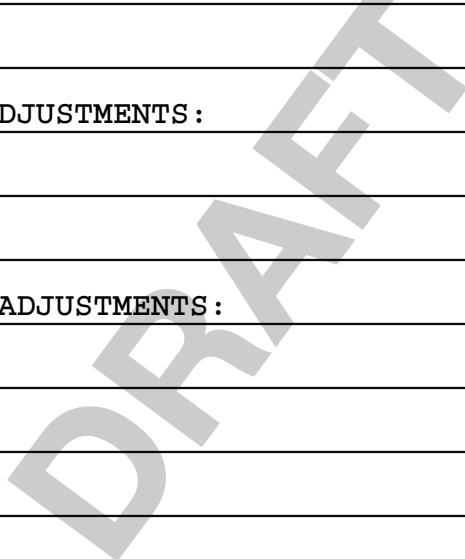
ANTICIPATED, TAX ISSUES BASED ON THE ORGANIZATION'S ANALYSIS OF WHETHER  
ADDITIONAL TAXES WOULD BE DUE TO THE AUTHORITIES GIVEN THEIR FULL  
KNOWLEDGE OF THE TAX POSITION. THE ORGANIZATION ACCRUES INTEREST AND  
PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AS OTHER NONCURRENT  
LIABILITIES AND RECOGNIZES THE RELATED CHANGES IN THE ORGANIZATION'S  
ASSESSMENTS AS A COMPONENT OF INCOME TAX EXPENSE. THE ORGANIZATION HAS  
COMPLETED ITS ASSESSMENT AND DETERMINED THAT THERE WERE NO TAX POSITIONS,  
WHICH WOULD REQUIRE RECOGNITION UNDER THE GUIDANCE. THE ORGANIZATION IS  
NOT CURRENTLY UNDER AUDIT BY ANY TAX JURISDICTION.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 10,705,307.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 10,705,307.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A GRACE PLACE ADULT CARE CENTER 8030 STAPLES MILL ROAD HENRICO, VA 23228	237118287	501(C)(3)	90,734.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
A GRACE PLACE ADULT CARE CENTER 8030 STAPLES MILL ROAD HENRICO, VA 23228	237118287	501(C)(3)	65,138.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
ACCESS NOW 2821 EMERYWOOD PARKWAY RICHMOND, VA 23294	261695468	501(C)(3)	18,094.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
AMERICAN CANCER SOCIETY, SOUTH-ATLANTIC - 4240 PARK PLACE COURT - GLEN ALLEN, VA 23060	131788491	501(C)(3)	5,868.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
AMERICAN RED CROSS EASTERN VIRGINIA - 420 EAST CARY STREET - RICHMOND, VA 21219	530196605	501(C)(3)	9,193.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
ART 180 114 W. MARSHALL ST RICHMOND, VA 23220	541935207	501(C)(3)	18,094.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **87.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ **51.**

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Schedule I (Form 990) (2017)

**UNITED WAY OF GREATER RICHMOND  
& PETERSBURG**

Schedule I (Form 990)

23-7375346

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETTER HOUSING COALITION PO BOX 12117 RICHMOND, VA 23241	541479059	501(C)(3)	36,187.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
BIG BROTHERS & BIG SISTERS SERVICES, - 1707 SUMMIT AVENUESUITE 200 - RICHMOND, VA 23230	540702502	501(C)(3)	5,442.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
BIG BROTHERS BIG SISTERS 1707 SUMMIT AVENUE - SUITE 200 RICHMOND, VA 23230	540702502	501(C)(3)	61,519.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
BOY SCOUTS OF AMERICA, HEART OF VIRGINIA - 4015 FITZHUGH AVENUE - RICHMOND, VA 23230	540505872	501(C)(3)	34,326.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
BOYS & GIRLS CLUB OF METRO RICHMOND - 5511 STAPLES MILL ROAD - RICHMOND, VA 23228	540564901	501(C)(3)	47,874.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
BOYS AND GIRLS CLUBS OF METRO RICHMOND - 5511 STAPLES MILL ROAD - SUITE 301 - RICHMOND, VA 23238	540564901	501(C)(3)	148,369.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
BRIDGING RICHMOND 2001 MAYWILL STREET SUITE 201 RICHMOND, VA 23230	237375346	501(C)(3)	30,000.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CARITAS 1532 HIGH STREET RICHMOND, VA 23220	541441917	501(C)(3)	38,864.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CARITAS P.O. BOX 25790 RICHMOND, VA 23260	541441917	501(C)(3)	54,281.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES

Schedule I (Form 990)

**UNITED WAY OF GREATER RICHMOND  
& PETERSBURG**

Schedule I (Form 990)

23-7375346

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESTERFIELD CULTURAL ARTS FOUNDATION - 11801 CENTRE STREET - CHESTER, VA 23831	161671869	501(C)(3)	10,000.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CHESTERFIELD-COLONIAL HEIGHTS CHRISTMAS - 9854 LORI ROADCOURT SQUARESUITE 100 - CHESTERFIELD, VA 23832	541780756	501(C)(3)	5,000.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CHILDREN'S HOME SOCIETY OF VIRGINIA - 4200 FITZHUGH AVENUE - RICHMOND, VA 23230	540505884	501(C)(3)	35,464.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
CHILDREN'S HOSPITAL FOUNDATION, RICHMOND - 2924 BROOK ROAD - RICHMOND, VA 23220	510220692	501(C)(3)	5,569.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CHILDSAVERS 200 NORTH 22ND STREET RICHMOND, VA 23223	540505927	501(C)(3)	25,037.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CHILDSAVERS 200 NORTH 22ND STREET RICHMOND, VA 23223	540505927	501(C)(3)	162,844.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
CIRCLE CENTER ADULT DAY SERVICES 4900 WEST MARSHALL STREET RICHMOND, VA 23230	540991287	501(C)(3)	43,425.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
COMMONWEALTH CATHOLIC CHARITIES 1601 ROLLING HILLS DRIVE HENRICO, VA 23229	540505877	501(C)(3)	57,900.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
COMMONWEALTH CATHOLIC CHARITIES, INC. - 1601 ROLLING HILLS DRIVE - RICHMOND, VA 23229	540505877	501(C)(3)	26,164.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

Schedule I (Form 990)

**UNITED WAY OF GREATER RICHMOND  
& PETERSBURG**

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF CHESTERFIELD - PO BOX 10 --- CHESTERFIELD, VA 23832	460651192	501(C)(3)	36,187.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
COMMUNITIES IN SCHOOLS OF RICHMOND 2922 WEST MARSHALL STREET SUITE 2 RICHMOND, VA 23230	541799922	501(C)(3)	16,359.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
COMMUNITIES IN SCHOOLS OF RICHMOND 2922 WEST MARSHALL STREET 2ND FLOOR RICHMOND, VA 23230	541799922	501(C)(3)	72,375.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
COMMUNITY FOUNDATION FOR A GREATER 7501 BOULDERS VIEW DRIVE SUITE 110 RICHMOND, VA 23225	237009135	501(C)(3)	11,750.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CROSS OVER MINISTRY, INC. 8600 QUIOCCASIN ROAD SUITE 102 RICHMOND, VA 23229	541371067	501(C)(3)	5,029.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CROSSOVER HEALTHCARE MINISTRY 8600 QUIOCCASIN ROAD SUITE 102 RICHMOND, VA 23229	541371067	501(C)(3)	18,094.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
DAILY PLANET 517 WEST GRACE STREET RICHMOND, VA 23220	540900368	501(C)(3)	36,187.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
DAILY PLANET HEALTH SERVICES 517 WEST GRACE STREET RICHMOND, VA 23220	540900368	501(C)(3)	7,002.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
FAMILY LIFELINE 2325 WEST BROAD STREET RICHMOND, VA 23220	540737133	501(C)(3)	31,870.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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FAMILY LIFELINE 2325 WEST BROAD STREET RICHMOND, VA 23220	540737133	501(C)(3)	390,101.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
FEEDMORE 1415 RHOADMILLER STREET RICHMOND, VA 23220	541150923	501(C)(3)	54,281.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
FEEDMORE, INC. (DBA CENTRAL VIRGINIA - 1415 RHOADMILLER STREET - RICHMOND, VA 23220	541150923	501(C)(3)	57,495.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
FRIENDS ASSOCIATION FOR CHILDREN 1004 SAINT JOHN STREET RICHMOND, VA 23220	540505899	501(C)(3)	144,750.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
FRIENDS ASSOCIATION FOR CHILDREN, INC. - 1004 SAINT JOHN STREET - RICHMOND, VA 23220	540505899	501(C)(3)	24,346.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
GOOCHLAND CARES 2999 RIVER ROAD WEST GOOCHLAND, VA 23063	541967650	501(C)(3)	12,141.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
GOOCHLAND FREE CLINIC AND FAMILY SERVICES - P.O. BOX 116 - GOOCHLAND, VA 23063	541967650	501(C)(3)	18,094.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
GOODWILL INDUSTRIES OF CENTRAL AND 6301 MIDLOTHIAN TURNPIKE RICHMOND, VA 23225	540455395	501(C)(3)	8,263.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
GOODWILL OF CENTRAL VA 6301 MIDLOTHIAN TURNPIKE RICHMOND, VA 23225	540455395	501(C)(3)	43,425.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES

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GREATER RICHMOND SCAN 103 EAST GRACE STREET RICHMOND, VA 23219	541584969	501(C)(3)	15,578.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
GREATER RICHMOND SCAN - STOP CHILD ABUSE NOW - 103 EAST GRACE STREET - RICHMOND, VA 23219	541584969	501(C)(3)	18,094.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
HANOVER ARC 417 ENGLAND ST ASHLAND, VA 23005		501(C)(3)	18,094.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
HANOVER DOMESTIC VIOLENCE TASK FORCE - 629 N WASHINGTON HWY SUITE A - ASHLAND, VA 23005		501(C)(3)	61,519.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
HEALTH BRIGADE 1010 NORTH THOMPSON STREET RICHMOND, VA 23230	540927792	501(C)(3)	12,470.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
HEALTH BRIGADE 1010 NORTH THOMPSON STREET RICHMOND, VA 23230	540927792	501(C)(3)	36,187.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
HIGHER ACHIEVEMENT 4009 FITHUG AVENUE RICHMOND, VA 23230	521383374	501(C)(3)	28,950.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
HOMEAGAIN P.O. BOX 5222 RICHMOND, VA 23220	541159513	501(C)(3)	36,187.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
HOMEWARD 9211 FORST HILL AVENUE, SUITE 200 RICHMOND, VA 23235	05-0606153	501(C)(3)	22,797.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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HOMEWARD 1125 COMMERCE ROAD RICHMOND, VA 23224	05-0606153	501(C)(3)	25,331.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
HOUSING FAMILIES FIRST 3900 NINE MILE ROAD HENRICO, VA 23223	541995917	501(C)(3)	54,281.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
JEWISH COMMUNITY FEDERATION OF RICHMOND - 5403 MONUMENT AVENUE - RICHMOND, VA 23226	540524512	501(C)(3)	20,614.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
JEWISH FAMILY SERVICES P.O. BOX 17128 - RICHMOND, VA 23226	540526201	501(C)(3)	54,281.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
LOCAL INITIATIVES SUPPORT CORPORATION - 413 STUART CIRCLE - RICHMOND, VA 23220	133030229	501(C)(3)	32,569.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
MCV FOUNDATION 1228 EAST BROAD STREET RICHMOND, VA 23298	546053660	501(C)(3)	19,585.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
OFFENDER AID AND RESTORATION OF RICHMOND - 3111 WEST CLAY ST - RICHMOND, VA 23230	540974305	501(C)(3)	80,336.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
PETER PAUL DEVELOPMENT CENTER, INC. - 1708 NORTH 22ND STREET - RICHMOND, VA 23223	541137164	501(C)(3)	35,654.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
PETER-PAUL DEVELOPMENT CENTER 1708 NORTH 22ND STREET RICHMOND, VA 23223	541137164	501(C)(3)	65,861.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES

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PETERSBURG HEALTH DEPARTMENT (VDH)#04766 - 301 HALIFAX ST - PETERSBURG, VA 23803		501(C)(3)	32,569.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
PREGNANCY RESOURCE CENTER OF METRO 1510 WILLOW LAWN DRIVE # 200 RICHMOND, VA 23230	521280960	501(C)(3)	6,201.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
PROGRESSIVE ADULT REHABILITATION CENTER (PARC) - 114 NORTH UNION STREET - PETERSBURG, VA 23803	540836365	501(C)(3)	18,094.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
PROJECT:HOMES 88 CARNATION ST RICHMOND, VA 23225	541595851	501(C)(3)	25,331.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
QUIN RIVERS AGENCY FOR COMMUNITY ACTION - 7911 COURTHOUSE WAY - NEW KENT, VA 23124	540880233	501(C)(3)	44,872.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
RICHMOND SPCA 2519 HERMITAGE ROAD RICHMOND, VA 23220	540506328	501(C)(3)	6,628.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SACRED HEART CENTER 1400 PERRY STREET RICHMOND, VA 23224	541590419	501(C)(3)	18,094.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
SALVATION ARMY CENTRAL VIRGINIA AREA - 2 WEST GRACE STREET - RICHMOND, VA 23220	580660607	501(C)(3)	34,826.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SENIOR CONNECTIONS 24 EAST CARY STREET RICHMOND, VA 23219	540950714	501(C)(3)	44,872.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES

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SIDE BY SIDE 2311 WESTWOOD AVENUE RICHMOND, VA 23230	541572424	501(C)(3)	9,999.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SIDE BY SIDE P.O. BOX 26442 RICHMOND, VA 23261	541572424	501(C)(3)	18,094.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
SMART BEGINNINGS GREATER RICHMOND 919 EAST MAIN STREETSUITE 1700 RICHMOND, VA 23219	510252958	501(C)(3)	6,033.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SOUTH RICHMOND ADULT DAY CARE CENTER - 1500 HULL STREET - RICHMOND, VA 23224	510163293	501(C)(3)	21,713.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
ST JOSEPHS VILLA 8000 BROOK ROAD RICHMOND, VA 23227	540505950	501(C)(3)	55,005.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
ST. ANDREW'S SCHOOL 227 SOUTH CHERRY STREET RICHMOND, VA 23220	541803252	501(C)(3)	7,562.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
STRATEGIC VOLUNTEERISM 2001 MAYWILL STREET SUITE 201 RICHMOND, VA 23230	237375346	501(C)(3)	18,369.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
THE DOORWAYS 612 EAST MARSHALL STREET RICHMOND, VA 23219	541240348	501(C)(3)	11,747.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
THE GREATER RICHMOND ARC 3600 SAUNDERS AVENUE RICHMOND, VA 23227	540629691	501(C)(3)	36,187.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES

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THE HEALING PLACE 700 DINWIDDIE AVENUE RICHMOND, VA 23224	311770517	501(C)(3)	14,478.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
THE SALVATION ARMY, CENTRAL VIRGINIA AREA - 2 WEST GRACE STREET - RICHMOND, VA 23220	580660607	501(C)(3)	119,419.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
THRIVE COLLABORATIVE INITIATIVE 2001 MAYWILL STREET SUITE 201 RICHMOND, VA 23230	237375346	501(C)(3)	30,000.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
VIRGINIA MENTORING PARTNERSHIP 2500 W. BROAD ST RICHMOND, VA 23220	541814823	501(C)(3)	18,094.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
VIRGINIA SUPPORTIVE HOUSING 5008 MONUMENT AVENUE RICHMOND, VA 23230	541444564	501(C)(3)	72,375.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
YMCA OF GREATER RICHMOND 2 WEST FRANKLIN STREET 2ND FLOOR RICHMOND, VA 23220	540505986	501(C)(3)	112,181.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES
YMCA, GREATER RICHMOND (THE Y) 2 WEST FRANKLIN STREET RICHMOND, VA 23220	540505986	501(C)(3)	32,003.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
YWCA OF RICHMOND 6 NORTH 5TH STREET RICHMOND, VA 23219	540506493	501(C)(3)	9,479.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
YWCA OF RICHMOND 6 NORTH 5TH STREET RICHMOND, VA 23219	540506493	501(C)(3)	231,600.	0.			UW DIRECTED ALLOCATIONS FOR GENERAL PURPOSES

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ALBEMARLE ELECTRIC MEMBERSHIP P.O. BOX 69 HERTFORD, NC 27944			8,222.	0.			ENERGY SHARE PROGRAM
AMERIGAS PITTSBURGH P.O. BOX 371473 PITTSBURGH, PA 15250			18,543.	0.			ENERGY SHARE PROGRAM
APPALACHIAN POWER P.O. BOX 24401 CANTON, OH 44701-4401			57,898.	0.			ENERGY SHARE PROGRAM
BAKER GAS COMPANY OF WILLIAMST P.O. BOX 790 WILLIAMSTON, NC 27892			8,140.	0.			ENERGY SHARE PROGRAM
BARC ELECTRIC COOPERATIVE P.O. BOX 264 MILLBORO, VA 24460			27,139.	0.			ENERGY SHARE PROGRAM
BOISSEAU OIL 610 NORTH 39TH STREET RICHMOND, VA 23223			10,088.	0.			ENERGY SHARE PROGRAM
CAPE HATTERAS ELECTRIC COOPERA P.O. BOX 9 BUXTON, NC 27920			5,476.	0.			ENERGY SHARE PROGRAM
CAPITOL OIL P.O. BOX 26664 RICHMOND, VA 23261			6,644.	0.			ENERGY SHARE PROGRAM
CENTRAL VIRGINIA ELECTRIC COOP P.O. BOX 247 LOVINGSTON, VA 22949			53,567.	0.			ENERGY SHARE PROGRAM

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CITY OF ELIZABETH CITY P.O. BOX 347 ELIZABETH CITY, NC 27907			14,281.	0.			ENERGY SHARE PROGRAM
CITY OF FRANKLIN P.O. BOX 179 FRANKLIN, VA 23851			47,230.	0.			ENERGY SHARE PROGRAM
CITY OF MANASSAS UTILITIES 8500 PUBLIC WORKS DRIVE MANASSAS, VA 20110			25,841.	0.			ENERGY SHARE PROGRAM
COLUMBIA GAS P.O. BOX 910 SMITHFIELD, PA 15478			45,199.	0.			ENERGY SHARE PROGRAM
COMMUNITY ELECTRIC COOPERATIVE P.O. BOX 267 WINDSOR, VA 23487			6,340.	0.			ENERGY SHARE PROGRAM
CRAIG-BOTETOURT ELECTRIC COOPE P.O. BOX 265 NEW CASTLE, VA 24127			6,258.	0.			ENERGY SHARE PROGRAM
DIVERSIFIED ENERGY NC P.O. BOX 618 RICH SQUARE, NC 27869			8,584.	0.			ENERGY SHARE PROGRAM
DIXIE GAS & OIL 600 MT. HERMON ROAD ELKTON, VA 22827			5,673.	0.			ENERGY SHARE PROGRAM
DOMINION ENERGY POB25339 P.O. BOX 26666 RICHMOND, VA 23261			5,050,599.	0.			ENERGY SHARE PROGRAM

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DOMINION VIRGINIA POWRPOB25339 P.O. BOX 26666 RICHMOND, VA 23261			1,246,991.	0.			ENERGY SHARE PROGRAM
EDGEcombe-MARTIN COUNTY EMC PO DRAWER 188 TARBORO, NC 27886-0188			5,822.	0.			ENERGY SHARE PROGRAM
FERRELL GAS NC 567 A US 64 WEST PLYMOUTH, NC 27962			6,463.	0.			ENERGY SHARE PROGRAM
FREDERICK NORTHUP INC P.O. BOX 370 WARSAW, VA 22572			8,209.	0.			ENERGY SHARE PROGRAM
HALIFAX ELECTRIC MEMBERSHIP CO P.O. BOX 667 ENFIELD, NC 27823			12,678.	0.			ENERGY SHARE PROGRAM
HARRISONBURG ELECTRIC COMMISSI 89 W BRUCE ST HARRISONBURG, VA 22801			41,055.	0.			ENERGY SHARE PROGRAM
JERNIGAN OIL & PROPANE 415 EAST MAIN STREET AHOSKIE, NC 27910			11,050.	0.			ENERGY SHARE PROGRAM
MECKLENBURG ELEC. COOP PO BOX 2451 CHASE CITY, VA 23924-2451			62,127.	0.			ENERGY SHARE PROGRAM
NEW DIXIE OIL CORPORATION NC 1501 MARSHALL STREET ROANOKE RAPIDS, NC 27870			6,588.	0.			ENERGY SHARE PROGRAM

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NEWSOM OIL COMPANY, INC. 1503 WEST TENTH STREET ROANOKE RAPIDS, NC 27870			5,762.	0.			ENERGY SHARE PROGRAM
NORTHERN NECK ELECTRIC P.O. BOX 288 WARSAW, VA 22572			45,761.	0.			ENERGY SHARE PROGRAM
NORTHERN VIRGINIA ELECTRIC COO P.O. BOX 34795 ALEXANDRIA, VA 22334			127,171.	0.			ENERGY SHARE PROGRAM
PARKER OIL COMPANY, INC. CC VA P.O. BOX 248 CHASE CITY, VA 23924			5,763.	0.			ENERGY SHARE PROGRAM
PIEDMONT NATURAL GAS P.O. BOX 937 TOLEDO, OH 43697			7,290.	0.			ENERGY SHARE PROGRAM
PRINCE GEORGE ELECTRIC COOP. P.O. BOX 620 WAVERLY, VA 23890			17,114.	0.			ENERGY SHARE PROGRAM
QUARLES ENERGY SERVICES 1701 FALL HILL AVE #200 FREDERICKSBURG, VA 22401			12,036.	0.			ENERGY SHARE PROGRAM
R.P. WALLER JR., INC. 1006 BRICKYARD ROAD REEDVILLE, VA 22539			6,357.	0.			ENERGY SHARE PROGRAM
RAPPAHANNOCK ELECTRIC COOPERAT P.O. BOX 34849 ALEXANDRIA, VA 22334			260,953.	0.			ENERGY SHARE PROGRAM

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RICHMOND D.P.U 730 E. BROAD STREET RICHMOND, VA 23219			60,937.	0.			ENERGY SHARE PROGRAM
ROANOKE ELECTRIC COOPERATIVE P.O. BOX 1326 AHOSKIE, NC 27910			90,406.	0.			ENERGY SHARE PROGRAM
ROCKBRIDGE FARMERS COOP 645 WADDELL STREET LEXINGTON, VA 24450			11,199.	0.			ENERGY SHARE PROGRAM
SHENANDOAH VALLEY ELECTRIC COO P.O. BOX 236 MT. CRAWFORD, VA 22841			87,222.	0.			ENERGY SHARE PROGRAM
SOUTHERN STATES COOP - FREDERI 11324 TIDEWATER TRAIL FREDERICKSBURG, VA 22408			6,422.	0.			ENERGY SHARE PROGRAM
SOUTHSIDE ELECTRIC COOP. P.O. BOX 7 CREWE, VA 23930			98,614.	0.			ENERGY SHARE PROGRAM
STERLING OIL CO. P.O. BOX 2475 LYNCHBURG, VA 24505			7,415.	0.			ENERGY SHARE PROGRAM
TIDELAND EMC P.O. BOX 40 PANTEGO, NC 27860			8,467.	0.			ENERGY SHARE PROGRAM
TOWN OF CULPEPER 400 SOUTH MAIN STREET CULPEPER, VA 22701			20,728.	0.			ENERGY SHARE PROGRAM

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<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TOWN OF ENFIELD P.O. BOX 699 ENFIELD, NC 27823			5,142.	0.			ENERGY SHARE PROGRAM
TOWN OF ROBERSONVILLE 114 SOUTH MAIN STREET ROBERSONVILLE, NC 27871			14,098.	0.			ENERGY SHARE PROGRAM
TOWN OF WINDSOR P.O. BOX 508 WINDSOR, NC 27983			14,243.	0.			ENERGY SHARE PROGRAM
VIRGINIA NATURAL GAS P.O. BOX 5409 CAROLSTREAM, IL 60197-5409			21,169.	0.			ENERGY SHARE PROGRAM
WASHINGTON GAS P.O. BOX 37747 PHILADELPHIA, PA 19101			92,070.	0.			ENERGY SHARE PROGRAM
WOODFIN OIL CO P.O. BOX 90308 RICHMOND, VA 23230			6,004.	0.			ENERGY SHARE PROGRAM

Schedule I (Form 990)

**UNITED WAY OF GREATER RICHMOND  
& PETERSBURG**

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**PART I, LINE 2:**

UNITED WAY WORKS TO ENSURE THAT ALLOCATED GRANT DOLLARS ARE USED TO ADDRESS  
 OUR MOST PRESSING NEEDS AND TO MAKE THE GREATEST DIFFERENCE. THE COMMUNITY  
 ACTION FUND IS THE POOL OF UNDESIGNATED DOLLARS MADE POSSIBLE THROUGH  
 GENEROUS INVESTMENTS FROM INDIVIDUALS AND COMPANIES. THIS FUND SUPPORTS THE  
 BEST PACKAGE OF HUMAN SERVICE PROGRAMS AVAILABLE IN THE REGION. EXPERIENCED  
 COMMUNITY VOLUNTEERS WORK TOGETHER TO UNDERSTAND THE NEEDS IN THE COMMUNITY  
 AND INVEST IN THE BEST PROGRAMS TO SOLVE THOSE ISSUES. THEY SET DIRECTION  
 WITH A VISION AND COMMUNITY GOALS THAT THEY WISH TO ACHIEVE. THESE



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Questions Regarding Compensation**

- 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 indemnification 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 (such as, 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 .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....
- 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 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 checked="" 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? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 on lines 5 and 6? If "Yes," describe in Part III .....
- 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 .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2017

UNITED WAY OF GREATER RICHMOND  
& PETERSBURG

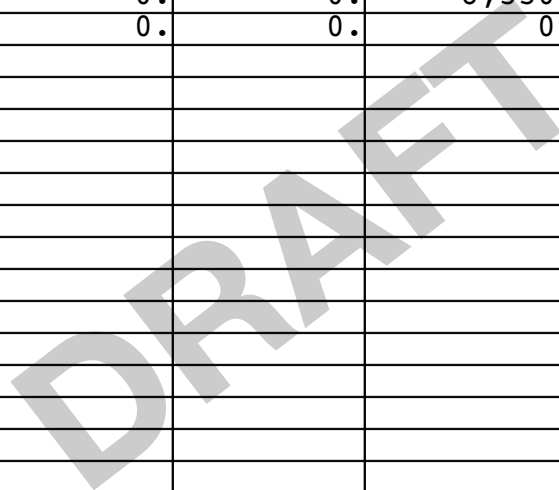
23-7375346

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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 aren't 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES L. M. TAYLOR PRESIDENT & CEO	(i)	180,954.	0.	0.	8,550.	14,672.	204,176.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	20	126,662.	NY STOCK EXCHANGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

Schedule M (Form 990) 2017



**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.

Multiple horizontal lines for data entry.

DRAFT

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization	UNITED WAY OF GREATER RICHMOND & PETERSBURG	Employer identification number	23-7375346
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FORM 990, PART VI, SECTION A, LINE 2:

T. J. HUGHES IS EMPLOYED BY SUNTRUST BANK, WHICH IS THE BANKING INSTITUTION OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT OF THE FORM 990 IS PROPOSED TO THE AUDIT COMMITTEE BY MANAGEMENT. ONCE THE AUDIT COMMITTEE APPROVES IT, THE FORM 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS FOR REVIEW. AFTER REVIEW BY THE BOARD OF DIRECTORS, THE FORM 990 IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

UNITED WAY'S CONFLICT OF INTEREST POLICY IS GIVEN TO ALL NEW EMPLOYEES AND DIRECTORS DURING THEIR ORIENTATION. THEY ARE REQUIRED TO SIGN THE POLICY ACKNOWLEDGING THAT THEY RECEIVED IT. BOTH THE DIRECTORS AND EMPLOYEES ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY WHICH IS REGULARLY AND CONSISTENTLY MONITORED AND ENFORCED FOR BOTH DIRECTORS AND EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 15:

BOARD OF DIRECTORS LEADERSHIP DETERMINES THE CEO'S AND OTHER KEY EMPLOYEES' COMPENSATION. THE CEO AND OTHER KEY EMPLOYEE COMPENSATION IS REVIEWED ANNUALLY. THIS COMMITTEE REVIEWS MARKET DATA TO ENSURE THAT THE COMPENSATION LEVELS ARE IN LINE WITH THE MARKET AND OTHER SIMILAR ORGANIZATIONS. THE ORGANIZATION ALSO HAS AN INDEPENDENT COMPENSATION STUDY PERFORMED EVERY THREE TO FIVE YEARS.

Name of the organization <b>UNITED WAY OF GREATER RICHMOND &amp; PETERSBURG</b>	Employer identification number <b>23-7375346</b>
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FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

DRAFT