EXTENDED TO MAY 17, 2021

Form **990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 **2019** Open to Public Inspection

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending

C Name of organization: UNITED WAY OF GREATER RICHMOND & PETERSBURG

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 2001 MAYWILL STREET | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: RICHMOND, VA 23230

D Employer identification number: 23-7375346

E Telephone number: 804-771-5820

G Gross receipts $ 16,825,759.

F Name and address of principal officer: JAMES L. M. TAYLOR SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.YOURUNITEDWAY.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ | L Year of formation: 1911 | M State of legal domicile: VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: WE EMPOWER INDIVIDUALS AND DRIVE SYSTEMIC CHANGE TO PROVIDE EVERYONE WITH A CLEAR PATH TO SUCCESS.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	60
6	Total number of volunteers (estimate if necessary)	6	1300
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	16,615,740.	16,156,621.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	411,980.	185,557.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	459,416.	483,581.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,487,136.	16,825,759.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,942,295.	12,842,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,834,901.	3,144,831.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,782,578.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,518,436.	1,476,474.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,295,632.	17,463,305.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,808,496.	-637,546.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	12,027,774.	13,468,312.
	21	Total liabilities (Part X, line 26)	5,677,098.	7,849,286.
	22	Net assets or fund balances. Subtract line 21 from line 20	6,350,676.	5,619,026.

Part II Signature Block

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

Sign Here ▶ Signature of officer | Date

▶ JAMES L. M. TAYLOR, CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
VIRGINIA R. BELCHER				P00421964

Firm's name ▶ KEITER,STEPHENS,HURST,GARY & SHREAVES,PC | Firm's EIN ▶ 54-1631262

Firm's address ▶ 4401 DOMINION BLVD GLEN ALLEN, VA 23060 | 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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 14,896,816. including grants of $ 12,842,000.) (Revenue $)

UNITED WAY OF GREATER RICHMOND & PETERSBURG USES ITS STEPS TO SUCCESS MODEL AND PROVIDES TECHNICAL ASSISTANCE AND OUTCOME-FOCUSED FUNDING TO MORE THAN 70 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 $ 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 $ including grants of $) (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 ALMOST 500 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 on Schedule O.)

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

4e Total program service expenses ▶ 14,896,816.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	13			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 60			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, 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 on Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ..... 1a 22 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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b 22				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*		9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.
[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
JAMES L.M. TAYLOR - (804) 771-5843
2001 MAYWILL STREET, RICHMOND, VA 23230

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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) LAKSHMI ALGAPPAN DIRECTOR	1.00	X						0.	0.	0.
(2) BOBBY COWGILL DIRECTOR	1.00	X						0.	0.	0.
(3) T. PRESTON LLOYD, JR. DIRECTOR	1.00	X						0.	0.	0.
(4) PHILIP AVANT DIRECTOR	1.00	X						0.	0.	0.
(5) LARRY COTTRILL DIRECTOR	1.00	X						0.	0.	0.
(6) DONNA CRAVER DIRECTOR	1.00	X						0.	0.	0.
(7) TAMMY HORNSBY-FINK DIRECTOR	1.00	X						0.	0.	0.
(8) DANIEL HUDGENS DIRECTOR	1.00	X						0.	0.	0.
(9) RICH MCARDLE DIRECTOR	1.00	X						0.	0.	0.
(10) AARON MONTGOMERY DIRECTOR	1.00	X						0.	0.	0.
(11) CHELLIE PECK DIRECTOR	1.00	X						0.	0.	0.
(12) BRIAN ROUNTREE DIRECTOR	1.00	X						0.	0.	0.
(13) RENE SHEPPERSON DIRECTOR	1.00	X						0.	0.	0.
(14) MICHAEL TODD DIRECTOR	1.00	X						0.	0.	0.
(15) SUSAN TRIGGS DIRECTOR	1.00	X						0.	0.	0.
(16) CINDY BUCKLER DIRECTOR	1.00	X						0.	0.	0.
(17) LYNN WHITE DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) LORI ELLIOTT JARVIS INTERMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(19) JAMES J.L. STEGMAIER CHAIR	1.00	X		X				0.	0.	0.
(20) JONATHAN LEON FIRST VICE CHAIR	1.00	X		X				0.	0.	0.
(21) CORYNNE ARNETT SECOND VICE CHAIR	1.00	X		X				0.	0.	0.
(22) CANDACE C FORMACEK TREASURER	1.00	X		X				0.	0.	0.
(23) JAMES L. M. TAYLOR PRESIDENT & CEO	40.00			X				179,245.	0.	27,186.
(24) DANIEL KEARNS CHIEF OPERATING OFFICER	40.00			X				118,981.	0.	16,704.
(25) BRIAN WACHUR VP OF MARKETING & COMMUNIC	40.00			X				99,931.	0.	14,929.
(26) ANGELA OTTO VP OF PROGRAMS & ADMIN	40.00			X				98,885.	0.	15,020.
1b Subtotal ▶								497,042.	0.	73,839.
c Total from continuation sheets to Part VII, Section A ▶								89,781.	0.	14,026.
d Total (add lines 1b and 1c) ▶								586,823.	0.	87,865.

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

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

Section B. Independent Contractors

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

(A) Name and business address NONE	(B) Description of services	(C) Compensation

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) AUDREY TRUSSELL VP OF COMMUNITY IMPACT	40.00			X				89,781.	0.	14,026.
Total to Part VII, Section A, line 1c								89,781.		14,026.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns	1a	9,725.				
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	129,370.				
f All other contributions, gifts, grants, and similar amounts not included above	1f	16,017,526.				
g Noncash contributions included in lines 1a-1f	1g	$ 57,748.				
h **Total.** Add lines 1a-1f ▶			16,156,621.			
Program Service Revenue		Business Code				
2 a						
b						
c						
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a-2f ▶						
Other Revenue 3 Investment income (including dividends, interest, and other similar amounts) ▶			79,997.			79,997.
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
		(i) Real / (ii) Personal				
6 a Gross rents	6a					
b Less: rental expenses	6b					
c Rental income or (loss)	6c					
d Net rental income or (loss) ▶						
		(i) Securities / (ii) Other				
7 a Gross amount from sales of assets other than inventory	7a	105,560.				
b Less: cost or other basis and sales expenses	7b	0.				
c Gain or (loss)	7c	105,560.				
d Net gain or (loss) ▶			105,560.			105,560.
8 a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events ▶						
9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities ▶						
10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code				
11 a FEES - 3RD PARTY PROC.		900099	233,354.	233,354.		
b ENDOWMENT INCOME		900099	223,301.	223,301.		
c FEES - DONOR DESIGNATIONS		900099	26,926.	26,926.		
d All other revenue						
e **Total.** Add lines 11a-11d ▶			483,581.			
12 **Total revenue.** See instructions ▶			16,825,759.	483,581.	0.	185,557.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,842,000.	12,842,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	681,002.	286,021.	102,150.	292,831.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,596,765.	672,434.	236,712.	687,619.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	291,420.	140,557.	57,136.	93,727.
9 Other employee benefits	401,796.	174,729.	70,406.	156,661.
10 Payroll taxes	173,848.	65,276.	34,859.	73,713.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	110,689.	23,760.	78,300.	8,629.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	383,742.	156,462.	100,687.	126,593.
17 Travel	21,576.	8,973.	1,853.	10,750.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,778.	25,269.	4,509.	
20 Interest				
21 Payments to affiliates	124,578.	41,526.	41,526.	41,526.
22 Depreciation, depletion, and amortization	44,561.	14,884.	14,839.	14,838.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	348,515.	348,513.	2.	
b PRINTING AND PUBLICATIO	152,985.	3,981.		149,004.
c EQUIPMENT MAINTENANCE	133,584.	65,885.	17,868.	49,831.
d SUPPLIES	70,595.	5,860.	6,842.	57,893.
e All other expenses	55,871.	20,686.	16,222.	18,963.
25 **Total functional expenses.** Add lines 1 through 24e	17,463,305.	14,896,816.	783,911.	1,782,578.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	3,543,917.	2	6,381,127.
	3	Pledges and grants receivable, net	2,185,862.	3	2,044,750.
	4	Accounts receivable, net	199,790.	4	81,045.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	43,064.	9	48,011.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,632,474.			
	b	Less: accumulated depreciation 10b 1,567,337.	93,615.	10c	65,137.
	11	Investments - publicly traded securities	5,961,526.	11	4,848,242.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	12,027,774.	16	13,468,312.
Liabilities	17	Accounts payable and accrued expenses	134,379.	17	173,542.
	18	Grants payable	5,064,980.	18	6,904,365.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	477,739.	25	771,379.
	26	**Total liabilities.** Add lines 17 through 25	5,677,098.	26	7,849,286.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	5,197,314.	27	4,062,117.
	28	Net assets with donor restrictions	1,153,362.	28	1,556,909.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	6,350,676.	32	5,619,026.
	33	Total liabilities and net assets/fund balances	12,027,774.	33	13,468,312.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,825,759.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,463,305.
3	Revenue less expenses. Subtract line 2 from line 1	3	-637,546.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,350,676.
5	Net unrealized gains (losses) on investments	5	-94,104.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,619,026.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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 on Schedule O and describe any steps taken to undergo such audits	3b		

Form 990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization UNITED WAY OF GREATER RICHMOND & PETERSBURG

Employer identification number 23-7375346

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12508013.	9065762.	17762911.	16615740.	16156621.	72109047.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	12508013.	9065762.	17762911.	16615740.	16156621.	72109047.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						72109047.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	12508013.	9065762.	17762911.	16615740.	16156621.	72109047.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	104,190.	108,539.	106,818.	120,071.	79,997.	519,615.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	802,075.	578,075.	495,285.	459,416.	483,581.	2818432.
11 **Total support.** Add lines 7 through 10						75447094.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) ..... 14 | 95.58 %

15 Public support percentage from 2018 Schedule A, Part II, line 14 ..... 15 | 94.90 %

16a **33 1/3% support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☒

b **33 1/3% support test - 2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2019.** 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 - 2018.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV **Supporting Organizations** *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	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.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	2a		
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.*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a		
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.*	3b		

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions.	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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 make 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 program
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 Term 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.	171,096.	4,453.
d Equipment		1,456,925.	1,396,241.	60,684.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				65,137.

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)		
Total. (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)		
Total. (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)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X **Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS	276,662.
(3) PPP CARES ACT FUNDING	494,717.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	771,379.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... [X]

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	6,794,655.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-94,104.		
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	-94,104.
3	Subtract line **2e** from line **1**			3	6,888,759.
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	9,937,000.		
c	Add lines **4a** and **4b**			4c	9,937,000.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	16,825,759.

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	7,526,305.
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	7,526,305.
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	9,937,000.		
c	Add lines **4a** and **4b**			4c	9,937,000.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	17,463,305.

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 9,937,000.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 9,937,000.

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 for the latest information.

OMB No. 1545-0047
2019
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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCESS NOW, INC. 2821 EMERYWOOD PARKWAY RICHMOND, VA 23294	26-1695468	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
ALBEMARLE ELECTRIC MEMBERSHIP P.O. BOX 69 HERTFORD, NC 27944		501(C)(12)	6,144.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
AMERIGAS PITTSBURGH P.O. BOX 371473 PITTSBURGH, PA 15250		N/A	14,622.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
APPALACHIAN POWER P.O. BOX 24401 CANTON, OH 44701-4401		N/A	72,977.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
ART 180 114 W. MARSHALL ST RICHMOND, VA 23220	54-1935207	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
BARC ELECTRIC COOPERATIVE P.O. BOX 264 MILLBORO, VA 24460		501(C)(12)	19,549.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 62.

3 Enter total number of other organizations listed in the line 1 table ▶ 29.

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	54-1479059	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
BIG BROTHERS BIG SISTERS SERVICES, INC. - 1707 SUMMIT AVENUE - SUITE 200 - RICHMOND, VA 23230	54-0702502	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
BOYS & GIRLS CLUBS OF METRO RICHMOND - 5511 STAPLES MILL ROAD - SUITE 301 - RICHMOND, VA 23238	54-0564901	501(C)(3)	135,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CAPITOL OIL P.O. BOX 26664 RICHMOND, VA 23261		N/A	5,691.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE
CARITAS P.O. BOX 25790 RICHMOND, VA 23260	54-1441917	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CENTRAL VIRGINIA ELECTRIC COOP P.O. BOX 247 LOVINGSTON, VA 22949		501(C)(12)	58,415.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE
CHILDREN'S HOME SOCIETY OF VIRGINIA - 4200 FITZHUGH AVE - RICHMOND, VA 23230	54-0505884	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CHILDSAVERS 200 NORTH 22ND STREET RICHMOND, VA 23223	54-0505927	501(C)(3)	100,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CIRCLE CENTER ADULT DAY SERVICES 4900 WEST MARSHALL STREET RICHMOND, VA 23230	54-0991287	501(C)(3)	35,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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
CITY OF ELIZABETH CITY P.O. BOX 347 ELIZABETH CITY, NC 27907		GOV	15,649.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CITY OF FRANKLIN P.O. BOX 179 FRANKLIN, VA 23851		GOV	20,734.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CITY OF MANASSAS UTILITIES 8500 PUBLIC WORKS DRIVE MANASSAS, VA 20110		GOV	13,925.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE
COLUMBIA GAS P.O. BOX 910 SMITHFIELD, PA 15478		N/A	40,654.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE
COMMONWEALTH CATHOLIC CHARITIES 1601 ROLLING HILLS DRIVE HENRICO, VA 23229	54-0505877	501(C)(3)	40,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
COMMUNITIES IN SCHOOLS OF CHESTERFIELD - PO BOX 10 - - CHESTERFIELD, VA 23832	46-0651192	501(C)(3)	65,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
COMMUNITIES IN SCHOOLS OF RICHMOND 2922 WEST MARSHALL STREET 2ND FLOOR RICHMOND, VA 23230	54-1799922	501(C)(3)	50,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CRATER HEALTH DISTRICT 301 HALIFAX ST PETERSBURG, VA 23803		GOV	30,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CROSSOVER HEALTHCARE MINISTRY 8600 QUIOCCASIN ROAD SUITE 102 RICHMOND, VA 23229	54-1371067	501(C)(3)	50,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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
DAILY PLANET HEALTH SERVICES 517 WEST GRACE STREET RICHMOND, VA 23220	54-0900368	501(C)(3)	32,500.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
DAVENPORT ENERGY 7 EDMUNDS STREET SOUTH BOSTON, VA 24592		N/A	8,784.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
DIVERSIFIED ENERGY NC P.O. BOX 618 RICH SQUARE, NC 27869		N/A	6,312.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE
DOMINION ENERGY POB25339 P.O. BOX 26666 RICHMOND, VA 23261		N/A	4,907,755.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE
FAMILY LIFELINE 2325 WEST BROAD STREET RICHMOND, VA 23220	54-0737133	501(C)(3)	390,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
FEED MORE 1415 RHOADMILLER STREET RICHMOND, VA 23220	54-1150923	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
FREDERICK NORTHUP INC P.O. BOX 370 WARSAW, VA 22572		N/A	16,474.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
FRIENDS ASSOCIATION FOR CHILDREN 1004 SAINT JOHN STREET RICHMOND, VA 23220	54-0505899	501(C)(3)	115,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
GOOCHLANDCARES P.O. BOX 116 GOOCHLAND, VA 23063	54-1967650	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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
GOODWILL OF CENTRAL AND COASTAL VIRGINIA - 6301 MIDLOTHIAN TURNPIKE - RICHMOND, VA 23225	54-0455395	501(C)(3)	50,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
GREATER RICHMOND SCAN (STOP CHILD ABUSE NOW) - 103 EAST GRACE STREET - RICHMOND, VA 23219	54-1584969	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
HAMPTON ROADS COMMUNITY ACTION 2410 WICKHAM AVE NEWPORT NEWS, VA 23607		501(C)(3)	5,561.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
HANOVER SAFE PLACE 629A N WASHINGTON HWY ASHLAND, VA 23005	31-1415701	501(C)(3)	45,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
HARRISONBURG ELECTRIC COMMISSI 89 W BRUCE ST HARRISONBURG, VA 22801		501(C)(12)	26,911.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
HEALTH BRIGADE 1010 NORTH THOMPSON STREET RICHMOND, VA 23230	54-0927792	501(C)(3)	32,500.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
HIGHER ACHIEVEMENT 4009 FITZHUGH AVENUE RICHMOND, VA 23230	52-1383374	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
HOMEAGAIN P.O. BOX 5222 RICHMOND, VA 23220	54-1159513	501(C)(3)	30,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
HOMEWARD 1125 COMMERCE ROAD RICHMOND, VA 23224	05-0606153	501(C)(3)	50,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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
HOUSING FAMILIES FIRST 3900 NINE MILE ROAD HENRICO, VA 23223	54-1995917	501(C)(3)	70,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
JERNIGAN OIL & PROPANE P.O. BOX 688 AHOSKIE, NC 27910		N/A	5,811.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE
JEWISH FAMILY SERVICES P.O. BOX 17128 - RICHMOND, VA 23226	54-0526201	501(C)(3)	50,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
MECKLENBURG ELEC. COOP PO BOX 2451 CHASE CITY, VA 23924-2451		501(C)(12)	67,005.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE
NEXTUP 3409 MOORE ST RICHMOND, VA 23230	47-4933093	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
NORTHERN NECK ELECTRIC P.O. BOX 288 WARSAW, VA 22572		N/A	28,400.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE
NORTHERN VIRGINIA ELECTRIC COO P.O. BOX 34795 ALEXANDRIA, VA 22334		501(C)(12)	84,233.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE
OAR OF RICHMOND, INC. 3111 WEST CLAY ST RICHMOND, VA 23230	54-0974305	501(C)(3)	60,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
PARTNERSHIP FOR FAMILIES 3121 MOSS SIDE AVENUE RICHMOND, VA 23222	27-3330011	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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
PATHWAYS-VA, INC. 1200 WEST WASHINGTON ST PETERSBURG, VA 23803	54-1868900	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
PETER PAUL DEVELOPMENT CENTER 1708 NORTH 22ND STREET RICHMOND, VA 23223	54-1137164	501(C)(3)	50,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
PRESBYTERIAN HOMES & FAMILY SERVICES, INC. DBA HUMANKIND - 908 NORTH THOMPSON STREET - RICHMOND, VA 23230	54-0346118	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
PRINCE GEORGE ELECTRIC COOP. P.O. BOX 620 WAVERLY, VA 23890		501(C)(12)	17,564.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE
PROGRESSIVE ADULT REHABILITATION CENTER, INC - 114 NORTH UNION STREET - PETERSBURG, VA 23803	54-0836365	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
PROJECT:HOMES 88 CARNATION ST RICHMOND, VA 23225	54-1595851	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
QUARLES ENERGY SERVICES 1701 FALL HILL AVE #200 FREDERICKSBURG, VA 22401		N/A	14,424.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE
QUIN RIVERS, INC. 7911 COURTHOUSE WAY NEW KENT, VA 23124	54-0880233	501(C)(3)	80,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
RAPPAHANNOCK ELECTRIC COOPERAT P.O. BOX 34849 ALEXANDRIA, VA 22334		501(C)(12)	180,376.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE

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
READING AND EDUCATION FOR ADULT DEVELOPMENT, INC. - 4915 RADFORD AVE #204 - RICHMOND, VA 23230	54-1364885	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
RICHMOND D.P.U 730 E. BROAD STREET RICHMOND, VA 23219		N/A	17,654.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
ROANOKE ELECTRIC COOPERATIVE P.O. BOX 1326 AHOSKIE, NC 27910		501(C)(12)	38,144.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE
ROCKBRIDGE FARMERS COOP. 33 YELLOW RAIL LANE LEXINGTON, VA 24450		501(C)(12)	10,553.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE
SACRED HEART CENTER, INC 1400 PERRY STREET RICHMOND, VA 23224	54-1590419	501(C)(3)	50,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SENIOR CONNECTIONS 24 EAST CARY STREET RICHMOND, VA 23219	54-0950714	501(C)(3)	50,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SHENANDOAH VALLEY ELECTRIC COO P.O. BOX 236 MT. CRAWFORD, VA 22841		501(C)(12)	69,470.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE
SIDE BY SIDE VA, INC. P.O. BOX 26442 RICHMOND, VA 23261	54-1572424	501(C)(3)	50,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SMART BEGINNINGS GREATER RICHMOND 919 EAST MAIN STREET, STE 1700 RICHMOND, VA 23219	51-0252958	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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
SMART BEGINNINGS SOUTHEAST 209 EAST CAWSON STREET HOPEWELL, VA 23860	47-2749435	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SOAR365 (FORMERLY GREATER RICHMOND ARC) - 3600 SAUNDERS AVE - RICHMOND, VA 23227	54-0629691	501(C)(3)	95,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SOUTH RICHMOND ADULT DAY CARE CENTER - 1500 HULL STREET - RICHMOND, VA 23224	51-0163293	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SOUTHSIDE COMMUNITY DEVELOPMENT HOUSING CORPORATION - 1624 HULL STREET - RICHMOND, VA 23224	54-1480544	501(C)(3)	35,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SOUTHSIDE ELECTRIC COOP. P.O. BOX 7 CREWE, VA 23930		501(C)(12)	93,489.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE
ST. JOSEPH'S VILLA 8000 BROOK ROAD RICHMOND, VA 23227	54-0505950	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
STERLING OIL CO. P.O. BOX 2475 LYNCHBURG, VA 24505		N/A	9,799.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE
THE LITERACY LAB 2920 W BROAD ST, STE 111 RICHMOND, VA 23230	27-1777117	501(C)(3)	90,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
THE SALVATION ARMY 2 WEST GRACE STREET RICHMOND, VA 23220	58-0660607	501(C)(3)	65,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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
TIGER FUEL COMPANY P.O. BOX 1607 CHARLOTTESVILLE, VA 22902		N/A	5,170.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE
TOWN OF CULPEPER 400 SOUTH MAIN STREET SUITE 109 CULPEPER, VA 22701		GOV	20,014.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
VA BEACH COMMUNITY DEVELOPMENT 2400 POTTERS RD VIRGINIA BEACH, VA 23454		501(C)(3)	5,292.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
VIRGINIA DENTAL ASSOCIATION FOUNDATION - 3460 MAYLAND COURT SUITE 110 - RICHMOND, VA 23233	54-1821602	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
VIRGINIA LISC 413 STUART CIRCLE RICHMOND, VA 23220	13-3030229	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
VIRGINIA MENTORING PARTNERSHIP 2500 W. BROAD ST RICHMOND, VA 23220	54-1814823	501(C)(3)	25,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
VIRGINIA NATURAL GAS P.O. BOX 5409 CAROLSTREAM, IL 60197-5409		N/A	13,314.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE
VIRGINIA SUPPORTIVE HOUSING 5008 MONUMENT AVENUE RICHMOND, VA 23230	54-1444564	501(C)(3)	40,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
VIRGINIA VETERANS SERVICES FOU 101 N 14TH ST FL 17 RICHMOND, VA 23219-3684		501(C)(3)	35,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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
WASHINGTON GAS P.O. BOX 37747 PHILADELPHIA, PA 19101		N/A	57,465.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR ENERGY SHARE
YMCA OF GREATER RICHMOND 2 WEST FRANKLIN STREET 2ND FLOOR RICHMOND, VA 23220	54-0505986	501(C)(3)	115,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
YWCA RICHMOND 6 NORTH 5TH STREET RICHMOND, VA 23219	54-0506493	501(C)(3)	155,000.	0.			DONOR DIRECTS FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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

Part IV Supplemental Information

VOLUNTEERS WORKING TOGETHER IN ACTION COUNCILS ANALYZE DATA, STUDY RESEARCH, AGREE ON A NECESSARY ARRAY OF SERVICES AND THEN SET PRIORITIES FOR UNITED WAY FUNDING. EACH FUNDED PROGRAM AND PROJECT IS REQUIRED TO MEASURE ITS OUTCOMES. THE ACTION COUNCILS AND STAFF WORK YEAR-ROUND TO ENSURE THAT EACH PROGRAM FUNDED THROUGH COMMUNITY ACTION IS MONITORED, EVALUATED AND MEASURED FOR EFFECTIVENESS. BY DOING THIS, UNITED WAY AND THE COMMUNITY ARE BUILDING A SYSTEM OF CARE THAT PRODUCES LASTING CHANGE AND RESULTS YOU CAN SEE. IN ADDITION TO DIRECTING CONTRIBUTIONS TO PROGRAMS AND INITIATIVES THAT MAKE AN IMPACT, UNITED WAY FOSTERS LOCAL PHILANTHROPY BY PROVIDING AN OPTION FOR DONORS TO DESIGNATE THEIR GIVING TO SPECIFIED ELIGIBLE ORGANIZATIONS. UNITED WAY COLLECTS AND DISTRIBUTES THESE DONOR-RESTRICTED GIFTS TO ALMOST 500 ORGANIZATIONS. THIS SERVICE PROVIDES THOUSANDS OF DONORS AN EFFICIENT AND COST-EFFECTIVE MEANS TO GIVE BACK TO CHARITIES OF THEIR CHOICE. THE ENTITIES THAT RECEIVED $5,000 OR MORE ARE LISTED ABOVE.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: UNITED WAY OF GREATER RICHMOND & PETERSBURG

Employer identification number 23-7375346

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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	1b		
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?	2		
3	Indicate which, if any, of the following the 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. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	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	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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 (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
(1) JAMES L. M. TAYLOR	(i)	179,245.	0.	0.	15,200.	11,986.	206,431.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

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	15	57,748.	NYSE
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?	30a		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?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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) 2019

932141 09-27-19

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.

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 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: UNITED WAY OF GREATER RICHMOND & PETERSBURG

Employer identification number: 23-7375346

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.

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.

Form **8868** (Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF GREATER RICHMOND & PETERSBURG	Taxpayer identification number (TIN) 23-7375346
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2001 MAYWILL STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RICHMOND, VA 23230	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ JAMES L.M. TAYLOR 2001 MAYWILL STREET - RICHMOND, VA 23230
  Telephone No. ▶ (804) 771-5843 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box .... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 17, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year ______ or

▶ ☒ tax year beginning JUL 1, 2019 , and ending JUN 30, 2020 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2020)

923841 12-30-19

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

2019

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

Name and title of officer
JAMES L. M. TAYLOR
CHIEF EXECUTIVE OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	16,825,759.
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ [ ]	**b Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize KEITER,STEPHENS,HURST,GARY & SHREAVES,PC to enter my PIN 75346
ERO firm name — **Enter five numbers, but do not enter all zeros**

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ______________________ Date ▶ ______________

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 54522423294
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ ______________________ Date ▶ ______________

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

11170112 759400 707775.000 2019.05020 UNITED WAY OF GREATER RIC 707775.1