### EXTENDED TO MAY 16, 2022

Form **990** 

**Return of Organization Exempt From Income Tax** 

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or tne	2020 calendar year, or tax year beginning JUL 1, 2020 and	enaing J	UN 30, 2021			
	heck if oplicable	UNITED WAI OF GREATER RICHMOND		D Employer identif	cation number		
X	Addres change	* & PETERSBURG					
	Name change	Doing business as		23-73753	46		
	initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return/		400	804-771-5820			
	termin- ated	, , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	25,116,553.		
	Amend return	RICHMOND, VA 25254		H(a) Is this a group r	eturn		
	Applica Itlori pendin			for subordinate	s? Yes X No		
		SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No		
		mpt status: X 501(c)(3) 501(c)( ) ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. See instructions		
		e: WWW.YOURUNITEDWAY.ORG		H(c) Group exemption			
		organization: X Corporation Trust Association Other ▶	L Year	of formation: 1911	M State of legal domicile; VA		
Pa	rt I	Summary					
ø		Briefly describe the organization's mission or most significant activities: ${f WE}$ ${f E}$					
Governance	,	SYSTEMIC CHANGE TO PROVIDE EVERYONE WITH			<del></del>		
ŭ		Check this box 🕨 🔛 if the organization discontinued its operations or dispos	sed of more	i i	1		
ŏ							
		Number of independent voting members of the governing body (Part VI, line 1b)			·		
Activities &		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			48		
Ν	6	Total number of volunteers (estimate if necessary)		6	<u> </u>		
Act		Total unrelated business revenue from Part VIII, column (C), line 12					
	b	Net unrelated business taxable income from Form 990-T, Part i, line 11	·····				
		O-winds, wines and events (Dest VIII line 46)		Prior Year 16,156,621.	Current Year 24, 234, 241.		
ne		Contributions and grants (Part VIII, line 1h)		10,130,021.			
Revenue		Program service revenue (Part VIII, line 2g) investment income (Part VIII, column (A), lines 3, 4, and 7d)		185,557.			
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		483,581.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,825,759.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12,842,000.			
			1	0.			
	45	Benefits pald to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,144,831.			
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.			
реп	h	Total fundraising expenses (Part IX, column (D), line 25)   1,568,4	42.				
찚	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,476,474.	2,177,265.		
		Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)		17,463,305.			
		Revenue less expenses. Subtract line 18 from line 12		-637,546.			
or Sa			Be	eginning of Current Year	1		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		14,228,713.			
ASS	21	Total liabilities (Part X, line 26)		7,849,286.			
Set	22	Net assets or fund balances. Subtract line 21 from line 20		6,379,427.			
Pa	ırt II	Signature Block					
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.			
Sigi	n	Signature of officer		Date			
Her	e	JAMES L. M. TAYLOR, CHIEF EXECUTIVE OF	FICER				
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid		JAYME MIKA		self-emplo			
	arer	Firm's name KEITER, STEPHENS, HURST, GARY & SHE	REAVES	, PC Firm's EIN ▶	54-1631262		
Use	Only	Firm's address 4401 DOMINION BLVD			\0.4\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
		GLEN ALLEN, VA 23060		Phone no. ( 8	304)747-0000		
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

20,609,171.

Form 990 (2020)

4e Total program service expenses ▶

Form 990 (2020) & PETERSBURG
Part IV | Checklist of Required Schedules

			· · · · · · · · · · · · · · · · · · ·	
_	1. 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ارا	х	
_	If "Yes," complete Schedule A	1 2	Δ	Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<i>A</i> 3.
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3		41
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			X
_	during the tax year? If "Yes," complete Schedule C, Part II	4		- 42
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		Х
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	0		Λ
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	U		21
1		7		Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		- 42
0	· · · ·	8		Х
9	Schedule D, Part III	0		- 44
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		Х
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10		10		х
11	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X	10	35(55)	
ŧ I	as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D,	]	1	141847474
а	·	11a	x	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	i ia		
D	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	x	
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		<b></b>
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	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	<u> </u>		
	Schedule D, Parts XI and XII	12a	х	
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		х
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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		Х
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing 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		Х
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
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	Х	l

Form **990** (2020)

UNITED WAY OF GREATER RICHMOND & PETERSBURG

Par	t IV   Checklist of Required Schedules <sub>(continued)</sub>			
			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			Ì
	Schedule J	23	х	Ì
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
£-7U	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		х
h	Schedule K. If "No," go to line 25a	24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			İ
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?	24d		<del></del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	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	ļ	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%			l
	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):	MAND	Mail and	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<b>_</b>	X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? #			
	"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	ļ	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	Щ.	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	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	<u> </u>	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 0	38	Х	
Pa				j
	Check if Schedule O contains a response or note to any line in this Part V		·····	Щ
	1 1	<u> </u>	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a	- 1001000		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		455	Tara di di
	(gambling) winnings to prize winners?	<u>1c</u>	X	<u> </u>
03200	4 12-23-20	Form	1990	(2020)

	UNITED WAY OF GREATER RICHMOND  990 (2020) & PETERSBURG 23-7375	346	P	age 5
aı	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	<del></del> 1		
	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		Yes	No
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)	Nekte	THE STATE OF	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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			٠.,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	19 15114	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).	AHREE	Nimi	1111111
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	İ		
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," dld the organization include with every solicitation an express statement that such contributions or gifts			İ
	were not tax deductible?	6b	ANNO.	14114
7	Organizations that may receive deductible contributions under section 170(c).	Ministr.	190,5000	v
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v
	to file Form 8282?	7c	188911	X
	If "Yes," indicate the number of Forms 8282 filed during the year	1 -	741,43104	Marie Carlo
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		7g	-	<del> </del>
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	(1)/31:	14/4/14/1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- Andreader	N-11-175.	1 110000
_	sponsoring organization have excess business holdings at any time during the year?	8	80,63	I BANAB
9	Sponsoring organizations maintaining donor advised funds.		1516104	Received to
a		9a	<del>                                     </del>	<b>-</b>
d 0	Section 501(c)(7) organizations. Enter:	9b	10.00	1545
	Initiation fees and capital contributions included on Part VIII, line 12			
b	On the territory is a company of the			
11	Section 501(c)(12) organizations. Enter:			
a				
b				
l9a	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	SEE	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	
a	Note: See the Instructions for additional information the organization must report on Schedule O.	100	1945	
L.	Enter the emount of reserves the organization is required to maintain by the states in which the			

Form 990 (2020)

14a

14b

15

16

15

organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

excess parachute payment(s) during the year?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net Investment income?

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Form 990 (2020) 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	
Sec	tion 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			$\neg$				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			Į				
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		ny other					
-					2		X	
_	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the			···				
3			-	l	ا ہ		х	
					3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 9		***************************************	Г	4			
5	Did the organization become aware during the year of a significant diversion of the organization's ass			Г	5 6		X	
6								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap							
	more members of the governing body?				7a		<u>X</u>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	tockhol	ders, 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	ar by the	following:		WHE!	Migh	NEED!	
a	The governing body?				8a	Х		
b	Each committee with authority to act on behalf of the governing body?			- 1	8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х	
Sec	tion B. Policies (This Section B requests Information about policies not required by the Internal Re							
	(This devitor is requests information about policies not required by the internative	SYOTIUS.	50000			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			Γ	10a	,,,,	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			·····	iva			
Ŋ		-			10b			
	· · · · · · · · · · · · · · · · · · ·		a Ellina Maa Aava			X		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e ming the form	.17	11a		1000000	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ŀ	NEATH	37	tréasity.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	<u> </u>	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? $H^{n}$	Yes," de	escribe					
	in Schedule O how this was done				12c	X		
13	Did the organization have a written whistleblower policy?			}	13	Х		
14	Did the organization have a written document retention and destruction policy?				14	Х		
15	Did the process for determining compensation of the following persons include a review and approve	al by inc	dependent	j				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official				15a	Х	<u> </u>	
b	Other officers or key employees of the organization			- 1	15b	Х		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a					
	taxable entity during the year?			}	16a		Х	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			·····	1997			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ							
	exempt status with respect to such arrangements?				16b			
Sec	tion C. Disclosure	**********	*******************		105	<u> </u>		
	List the states with which a copy of this Form 990 is required to be filed NONE							
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd onn	T (Section End	(0)(3)-	onka	avoil-	hla	
18		นาน ฮฮป	-	ျပ႔သည	OHIY)	avalla	nig.	
	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				c.			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ontlict c	or interest polic	y, and	iinan	cial		
	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 bo	oks and	d records					
	JAMES L.M. TAYLOR - (804) 771-5843						***************************************	
	7814 CAROUSEL LANE, SUITE 400, RICHMOND, VA 23294							

### Form 990 (2020) 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

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

- 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.

Check this box if neither the organization no	or any related t	Jiga	i IIZa	OUL	COL	ihei	Sau	eu any current officer, u	rector, or trustee.	
(A)	(B)			(C Posi	ጋ) ition	1		(D)	(E)	(F)
Name and title	Average	(do	not c	heck r	more	than o	one	Reportable	Reportable	Estimated
	hours per week					s both or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	or director				-		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	, ,	organization
	organizations	trustee	lai tr		oyBe	ad Elo				and related
	below	Individual t	Institutional trustee	ĕ	Кеу етріоуве	lest c	le l			organizations
	line)	Ē	ig:	Officer	ş	Highest compensated employee	튠			
(1) JAMES L. M. TAYLOR	40.00							450.000	ا ا	06 840
PRESIDENT & CEO	10.00	_		Х			_	178,289.	0.	26,743.
(2) DANIEL KEARNS	40.00								_	
CHIEF OPERATING OFFICER				Х	_	<u> </u>		120,998.	0.	18,150.
(3) BRIAN WACHUR	40.00									
VP OF MARKETING & COMMUNIC			<u> </u>	X	<u> </u>	<u> </u>	<u> </u>	101,344.	0.	15,202.
(4) ANGELA OTTO	40.00									
VP OF PROGRAMS & ADMIN		<u> </u>		X				101,208.	0.	15,181.
(5) AUDREY TRUSSELL	40.00	1								
VP OF COMMUNITY IMPACT		<u> </u>		X		<u> </u>	L	91,074.	0.	13,661.
(6) LAKSHMI ALGAPPAN	1.00									
DIRECTOR		X	L		<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(7) BOBBY COWGILL	1.00									
DIRECTOR		Х						0.	0.	0.
(8) T. PRESTON LLOYD, JR.	1.00	]								
DIRECTOR		Х	<u> </u>	1	<u></u>	<u> </u>	<u></u>	0.	0.	0.
(9) PHILIP AVANT	1.00									
DIRECTOR		X	<u> </u>		ļ			0.	0.	0.
(10) LARRY COTTRILL	1.00	1								
DIRECTOR		Х		L				0.	0.	0.
(11) DONNA CRAVER	1.00									
DIRECTOR		X					<u> </u>	0.	0.	0.
(12) TAMMY HORNSBY-FINK	1.00									
DIRECTOR		Х				<u> </u>		0.	0.	0.
(13) DANIEL HUDGENS	1.00									
DIRECTOR		X						0.	0.	0.
(14) RICH MCARDLE	1.00			1						
DIRECTOR		X			L.			0.	0.	0.
(15) AARON MONTGOMERY	1.00	]								
DIRECTOR		Х		<u> </u>	<u> </u>			0.	0.	0.
(16) CHELLIE PECK	1.00	1								
DIRECTOR		Х					<u> </u>	0.	0.	0.
(17) BRIAN ROUNTREE	1.00	]					1			
DIRECTOR	<u> </u>	X	<u>L</u>	<u>L</u>	<u> </u>	<u>L.</u>	<u> </u>	0.	0.	0.
										F 990 (0000)

Form 990 (2020)

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Part VII Section A. Officers, Directors, Trust	ees, Key Emp	loy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)	(C)						(D)	(E)		(F)
Name and title	Average	(do	not cl	Posi neck r	nore	than c	one	Reportable	Reportable	- 1	Estimated
	hours per week	box	, unies	ss per	son l	s both r/trus	า ลก	compensation	compensation	8	amount of
	(list any		1			·	Ĺ	from the	from related organizations		other mpensation
	hours for	direct					İ	organization	(W-2/1099-MISC)		from the
	related	10 aa	stee			nsate		(W-2/1099-MISC)	(., _,,		rganization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		'		a	nd related
	below	vidua	igi	190	empl	oloyee	<b>F</b> огтег			or	ganizations
	line)	Jud	E	Officer	Ř.	울통	횬				
(18) RENE SHEPPERSON	1.00	l							•		•
DIRECTOR	1 00	X				ļ		0.	0	•	0.
(19) MICHAEL TODD	1.00	7.			Ì			0.	^		۸
DIRECTOR (20) SUSAN TRIGGS	1.00	Х			$\vdash$	┢┈		U • I	0	•	0.
DIRECTOR	7.00	х						0.	0		0.
(21) CINDY BUCKLER	1.00	^	1		┝	-		0.	U U	•	<u></u>
DIRECTOR	1.00	х						0.	0		0.
(22) LYNN WHITE	1.00	^				<del> </del>	$\vdash$	U.	V	•	<u></u>
DIRECTOR	1.00	х						0.	0	_	0.
(23) LORI ELLIOTT JARVIS	1.00	42					-	0.	<u> </u>	•	
INTERMEDIATE PAST CHAIR	1100	Х		х				0.	0		0.
(24) JAMES J.L. STEGMATER	1.00		l	-		$\vdash$				1	
CHAIR		х		х				0.	0	.	0.
(25) JONATHAN LEON	1.00		İ								
FIRST VICE CHAIR		Х		Х				0.	0	•	0.
(26) CORYNNE ARNETT	1.00										
SECOND VICE CHAIR		X		X	<u> </u>	l		0.	0		0.
1b Subtotal							<b></b>	592,913.	0		88,937.
c Total from continuation sheets to Part VI	, Section A						$\triangleright$	0.	0		0.
d Total (add lines 1b and 1c)								592,913.	0	•	88,937.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	) wh	o re	eceived more than \$100,	000 of reportable		_
compensation from the organization											4
										1 11111	Yes No
3 Did the organization list any former officer,			-		-		-		-	isti	1 1
line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the su										143.0	
and related organizations greater than \$150	),0007  f "Yes,	" CC	mpl	ete S	Sche	edule	9 <i>J 1</i>	for such individual		4	
5 Did any person listed on line 1a receive or a											X
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scheaul	9 J 1	or st	ICN	oers	ion		*******************************		5	<u>1</u>
Complete this table for your five highest co	mneneated inc	lens	ndo	nt co	antr:	acto	re ti	nat received more than \$	100 000 of company	eatlan	from
the organization. Report compensation for	=	-							•	Sutton	
(A)				·s		21 11		(B)	- Carr		(C)
Name and business	address	N	ONI	₹.				Description of s	ervices	Comp	pensation
M											
								- 11 111			
2 Total number of independent contractors (i	poludina but s	ot III	mita	ri to	the			above) who received m	ore then		
2 Total number of independent contractors (i \$100,000 of compensation from the organi		UL III	thre.	4 10		se 118 ()	o ted	annael Miin leceilen III	Die Mail		
SEE PART VII, SECTION		IN	IUA	тт			HF	ETS	1	For	n <b>990</b> (2020)
						_					\_5_5/

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23-7375346 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated hours (check all that apply) compensation compensation amount of from from related other per week the organizations compensation Highest compensated employee (list any organization (W-2/1099-MISC) Individual trustee or director from the hours for (W-2/1099-MISC) organization Institutional trustee related and related Key employee organizations organizations below Officer line) (27) CANDACE C FORMACEK 1.00 X TREASURER X 0.\_ 0. 0. Total to Part VII, Section A, line 1c

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Form 990 (2020) 23-7375346 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 7,735 1 a Federated campaigns b Membership dues 1b c Fundralsing events ..... d Related organizations 1d 1,118,637 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 23,107,869 1f 81,998 g Noncash contributions included in lines 1a-1f 1g \$ 24,234,241. h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue ..... g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 90,378, 90,378. Income from investment of tax-exempt bond proceeds Royalties ..... 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 255,019 assets other than inventory b Less: cost or other basis and sales expenses 0. 18,636. 255,019. c Gain or (loss) \_\_\_\_\_\_7c -18,636. d Net gain or (loss) 236,383. 236,383. Other ] 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c), See Part IV, line 18 b Less: direct expenses \_\_\_\_\_ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less; direct expenses ..... 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10b b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 275,402 275,402 FEES - 3RD PARTY PROC. 900099 ENDOWMENT INCOME 900099 245,079. 245,079 c FEES - DONOR DESIGNATIONS 900099 16,434 16,434 d All other revenue

536,915,

25,097,917.

Total revenue. See Instructions

12

032009 12-23-20

e Total, Add Ilnes 11a-11d .....

536,915.

326,761.

Form 990 (2020)

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 respon			(C)	(D)
7b, 8b, 9	nclude amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
	nts and other assistance to domestic organizations	45 000 450	47 000 450		
	domestic governments. See Part IV, line 21	17,830,153.	17,830,153.		
	ants and other assistance to domestic				
	ividuals, See Part IV, line 22				
	ants and other assistance to foreign				
_	panizations, foreign governments, and foreign				
	lividuals. See Part IV, lines 15 and 16				
	nefits paid to or for members				The expension of the profit of
	mpensation of current officers, directors,	601 052	220 502	125 056	325,405.
	stees, and key employees	681,853.	230,592.	125,856.	323,403.
	mpensation not included above to disqualified				
	sons (as defined under section 4958(f)(1)) and				
	sons described in section 4958(c)(3)(B)	1 400 700	000 034	200 520	460 222
	ner salaries and wages	1,486,796.	809,934.	208,539.	468,323.
	nsion plan accruals and contributions (include	200 000	110 (5)	40 540	100 450
	tion 401(k) and 403(b) employer contributions)	269,666.	118,653.	48,540.	102,473.
	ner employee benefits	304,431.	177,703.	41,125.	85,603.
10 Pay	yroll taxes	139,287.	62,307.	22,289.	54,691.
	es for services (nonemployees):				
a Ma	ınagement				
b Leç	gal				
c Ace	counting				
d Lol	bbying				
e Pro	ofessional fundraising services. See Part IV, line 17				
f Inv	estment management fees	47,043.		47,043.	***************************************
g Oth	her. (If line 11g amount exceeds 10% of line 25,				
col	umn (A) amount, list line 11g expenses on Sch O.)	318,855.	90,489.	54,231.	174,135.
<b>12</b> Ad	vertising and promotion				
13 Off	fice expenses				
	ormation technology				
	yalties				
	cupancy	270,719.	122,911.	41,657.	106,151.
	avel	6,540.	2,924.	40.	3,576
	yments of travel or entertainment expenses				
	any federal, state, or local public officials				
	onferences, conventions, and meetings	5,014.	2,060.	2,608.	346.
	erest				
	yments to affiliates	149,290.	49,764.	49,763.	49,763
	preciation, depletion, and amortization	35,914.	15,802.	6,465.	13,647
	surance	· · · · · · · · · · · · · · · · · · ·		-,	
	ner expenses, Itemize expenses not covered				
abo	ove (List miscellaneous expenses on line 24e. If				
line	e 24è amount exceeds 10% of line 25, column (A) lount, list line 24e expenses on Schedule 0.)				
	ROGRAM EXPENSES	985,092.	983,923.		1,169
	QUIPMENT MAINTENANCE	159,468.	69,173.	35,844.	54,451
· · · · ·	UPPLIES	70,540.	18,876.	4,428.	47,236
	RINTING AND PUBLICATIO	62,077.	2,631.	~ / <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u>	59,446
		66,713.	21,276.	23,410.	22,027
	other expenses Add lines 1 through 24e	22,889,451.	20,609,171.	711,838.	1,568,442
	tal functional expenses. Add lines 1 through 24e	<u> 52,007,401.</u>	20,002,111.	711,000	1,500,442
	int costs. Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
	ucational campaign and fundraising solicitation.				
Che	eck here If following SOP 98-2 (ASC 958-720)		<u> </u>		Form <b>990</b> (2020

& PETERSBURG

Form 990 (2020)
Part X Balance Sheet

rar	. ^	Check if Schedule O contains a response or no	te to an	/ line in this Part X			X
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing		, . ,		1	
ĺ	2	Savings and temporary cash investments			6,381,127.	2	10,206,508.
	3	Pledges and grants receivable, net			2,044,750.	3	1,416,535.
	4	Accounts receivable, net			64,334.	4	70,476.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
ı		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	sons (as defined				
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ខ	7	Notes and loans receivable, net	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	7		
Assets	8	Inventories for sale or use			8	······································	
Ž	9	Prepaid expenses and deferred charges	********		48,011.	9	29,890.
	10a	Land, buildings, and equipment: cost or other					
		basis, Complete Part VI of Schedule D				1999	
	b	Less: accumulated depreciation	65,137.	10c			
	11	Investments - publicly traded securities	4,848,242.	11	5,128,910.		
	12	Investments - other securities. See Part IV, line	760,401.	12	5,007,490.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets, See Part IV, line 11	16,711.	15	16,711.		
	16	Total assets. Add lines 1 through 15 (must eq	ual line (	33)	14,228,713.	16	22,084,663.
	17	Accounts payable and accrued expenses	*****************************	173,542.	17	196,773.	
	18	Grants payable	6,704,365.	18	11,550,188.		
	19	Deferred revenue	200,000.	19	387,447.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Ø	22	Loans and other payables to any current or for					
Ě		trustee, key employee, creator or founder, sub-				Marian	
Liabilities		controlled entity or family member of any of the	ese pers	ons		22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (Including federal Income tax, p	-				
		parties, and other liabilities not included on line	s 17-24	). Complete Part X	EE4 2E2		500 000
		of Schedule D			771,379.	T	500,002.
	26	Total liabilities. Add lines 17 through 25			7,849,286.	26	12,634,410.
10		Organizations that follow FASB ASC 958, ch	eck her	e X			
ĕ		and complete lines 27, 28, 32, and 33.				Miller.	0 064 004
alan	27	***************************************			4,361,531.	27	8,067,001.
ä	28	Net assets with donor restrictions			2,017,896.	28	1,383,252.
Ĕ		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
F T		and complete lines 29 through 33,				10.11.04.1	
Š	29	Capital stock or trust principal, or current fund				29	1
SSe	30	Paid-in or capital surplus, or land, bullding, or				30	-
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated I			6 270 427	31	0 450 252
ž	32				6,379,427.		9,450,253.
	33	Total liabilities and net assets/fund balances			14,228,713.	33	22,084,663

Form 990 (2020)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain 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?

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

& PETERSBURG 23-7375346 Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 25,097,917. 22,889,451. Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 2 2,208,466. Revenue less expenses. Subtract line 2 from line 1 3 3 6,379,427. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 862,360. 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 Investment expenses 7 8 ន Prior period adjustments 0. Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 9,450,253. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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? X 2b 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: X Separate basis Consolidated basis Both consolidated and separate basis

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Form 990 (2020)

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### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization UNITED WAY OF GREATER RICHMOND **Employer identification number** & PETERSBURG 23-7375346 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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). 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, 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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. 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. 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, 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 Provide the following information about the supported organization(s). (iv) is the organization listed (III) Type of organization (i) Name of supported (v) Amount of monetary (vi) Amount of other in your gover (described on lines 1-10 organization support (see Instructions) support (see instructions) Yes above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

### Schedule A (Form 990 or 990-EZ) 2020 & PETERSBURG 23-7375 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9065762.	17762911.	16615740.	16156621.	24234241.	83835275.
2	Tax revenues levied for the organ-						
	ization'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	9065762.	17762911.	16615740.	16156621.	24234241.	83835275.
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)						
	Public support, Subtract line 5 from line 4.						83835275.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	9065762.	<u> 17762911.</u>	<u> 16615740.</u>	16156621.	24234241.	83835275.
8	Gross income from interest,						
	dividends, payments received on					1	
	securitles loans, rents, royalties,						
	and income from similar sources	108,539.	106,818.	120,071.	79,997.	90,378.	505,803.
9	Net income from unrelated business						1
	activities, whether or not the					1	
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	578,075.	495,285.	459,416.	483,581.	536,915.	2553272.
11	Total support. Add lines 7 through 10						86894350.
12	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the						,
<u> </u>	organization, check this box and stor					*******	<b>&gt;</b>
	ction C. Computation of Publi					1 1	06.40
	Public support percentage for 2020 (					14	96.48 %
	Public support percentage from 2019					15	95.58 %
16a	33 1/3% support test - 2020. If the c	-					
	stop here. The organization qualifies		•	***************************************			
b	33 1/3% support test - 2019. If the c	-				•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			•	1 11		<b>.</b> □
	meets the facts-and-circumstances te	_		• • •			
b	10% -facts-and-circumstances test	-				•	10% Of
	more, and if the organization meets the						<b>⊾</b> ┌──
40	organization meets the facts-and-circu		_				<b>₹</b>
18	Private foundation. If the organization	и инд пот спеска	DOX OF HITE 13, 16	a, 100, 178, 011/1			
					SCH	euule A (FORM 991	or 990-EZ) 2020

### Schedule A (Form 990 or 990-EZ) 2020 & PETERSBURG 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 falled to qualify under Part II. If the organization falls to

_	qualify under the tests listed be	low, please compl	ete Part II.)				
Sec	tion A. Public Support			•			
Calen	dar year (or fiscal year beginning in) 🕨 📗	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						_
	merchandise sold or services per-		į				
	formed, or facilities furnished in			·			
	any activity that is related to the						
	organization's tax-exempt purpose						
	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						<del> </del>
	Tax revenues levied for the organ-					.	
	ization'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						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the					İ	
	amount on line 13 for the year			· · · · · · · · · · · · · · · · · · ·			
C	Add lines 7a and 7b		The same transfer for the same of the same		100000000000000000000000000000000000000		
	Public support, (Subtract line 7c from line 6.)			New Britania (Britania) e de la Proposició de La Companyo de la Co	Control of the Contro	***************************************	
	tion B. Total Support				*		
Caler	ndar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross Income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
- C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is	,					
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital				!		
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	),
	check this box and stop here	-			_		
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2020 (			column (fi)		15	%
	Public support percentage from 2019					16	%
	tion D. Computation of Inves			***********************	***********	101	70
	······································			no 12 actumn (f)		17	3,0
	Investment income percentage for 20	•					<u>%</u>
18	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2020. If the						` —
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2019. If the						· · · · · · · · · · · · · · · · · · ·
	line 18 is not more than 33 1/3%, che		-				
	Private foundation. If the organization	in did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	<b>&gt;</b>

### Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (f) 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.
- 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).
- 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).
- 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.
- 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.
- 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.
- 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 line 10b below.
  - 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.)

Yes No 2 За 3b 30 4a 4b 4c 5a 5h 5c 6 7 8 9a 9b 9с 10a 10b

Sche	dule A (Form 990 or 990-EZ) 2020 & PETERSBURG 23-7	37534	6 Pa	age <b>5</b>
	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	Vicinity	No. 100	North A
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b	-141-1	4 4 2 5 7 4 4
C	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	SHASHA	WWW	1944
Cool	detail in Part VI. tion B. Type I Supporting Organizations	11c	İ	
<u> </u>	tion b. Type I Supporting Organizations			г
		1811(300)	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the	VIAMESTAL.	745.155)	12 14 14 14 14
_	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,	2	******	
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			<del>L</del>
	tori or typo it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
'	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 1		
Sec	tion D. All Type III Supporting Organizations			<u> </u>
			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		V.	
	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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			N. S.
	supported organizations played in this regard.	3	<u> </u>	<u> </u>
Sec	tion 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 instruction	າຮ).		
а	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 governmental entity (see	instruction	1 '	_
2	Activities Test. Answer lines 2a and 2b below.	434 611,00	Yes	No
а	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	Validation	a AVisis	1000000
	that these activities constituted substantially all of its activities.	2a	30.55	- 444,744
b	Did the activities described in line 2a, above, 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	nh.	1 5000	l ministra
•	these activities but for the organization's Involvement.	2b		
3 a	Parent of Supported Organizations. Answer lines 3a and 3b below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
d	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
	The state of the cappeter of Samuelanian II 100 of 140 provide details III 1 Mix 411		-	-

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Schedule A (Form 990 or 990-EZ) 2020

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.

Schedule A (Form 990 or 990-EZ) 2020	&	PETERSBURG
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	t V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyli	ng trust on	Nov. 20, 1970 ( explain in P	art VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Section	on 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		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	1/4/11/1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 & PETERSBURG

Part	: V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	n <b>izations</b> (continu	ıed)	· · · · · · · · · · · · · · · · · · ·		
Section	ection D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exe	1	· · · · · · · · · · · · · · · · · · ·				
2	Amounts pald to perform activity that directly furthers exemp						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pre	ovide details in Part VI)		5			
	Other distributions (describe in Part VI). See instructions.			6			
	Total annual distributions. Add ilnes 1 through 6.		"	7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See Instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	is	(iii) Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6			335			
2	Underdistributions, if any, for years prior to 2020 (reason-						
	able cause required - explain in Part VI). See Instructions.						
	Excess distributions carryover, if any, to 2020						
а	From 2015						
b	From 2016						
C	From 2017						
d	From 2018						
е	From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount			Marie			
ī	Carryover from 2015 not applied (see instructions)						
	Remainder, Subtract lines 3g, 3h, and 3l from line 3f.						
4	Distributions for 2020 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
С	Remainder, Subtract lines 4a and 4b from line 4.		BRANCE CONTRACTOR	Mark 1			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.			dinidili)			
7	Excess distributions carryover to 2021. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2016						
b	Excess from 2017						
	Excess from 2018						
d	Excess from 2019						
е	Excess from 2020						

Schedule A (Form 990 or 990-EZ) 2020

### UNITED WAY OF GREATER RICHMOND

Part VI	(Form 990 or 990-EZ) 2020 & PETERSBURG 25-7575340 Page 8
rait 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.)
	(See instructions.)
<del></del>	
-	
<del> </del>	
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•	
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### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER RICHMOND & PETERSBURG

Employer identification number 23-7375346

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	66. (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 w	riting that the assets held in donor advi	sed funds
Ū	are the organization's property, subject to the organization's	<del>-</del>	
6	Did the organization inform all grantees, donors, and donor ac		
v	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	•	
Par			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recreat		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed 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
а	Total number of conservation easements		
h	mar		امدا
	Number of conservation easements on a certified historic stru		*********
	Number of conservation easements included in (c) acquired a		
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		1145155155
Ŭ	year >	sabbaj okungalonoa, or tollimatoa by th	organization darking the text
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		<del>-</del> f
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•	<b>&gt;</b>		<b></b>
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
•	<b>&gt;</b> \$		<b>,</b>
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or C	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 95		and balance sheet works
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finar		•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	· ·	
	provide the following amounts relating to these items:	•	·
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
			<b>L L</b>
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB A		····· V -··· V
а	Revenue included on Form 990, Part VIII, line 1		🕨 \$
	Assets included in Form 990, Part X		<b>&gt;</b> \$

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

Schedule D (Form 990) 2020

	dule D (Form 990) 2020 & PETERS.							23-73			ge 2
Par	t III   Organizations Maintaining Co	llections of Art	, Histo	rical Tre	asures, or	Other	Similar	'Assets	(continue	ed)	
3	Using the organization's acquisition, accession	, and other records	s, check	any of the f	ollowing that	make sig	gnificant ι	ise of its			
	collection items (check all that apply):										
а	Public exhibition	d	L	oan or excl	hange progra	ım					
b	Scholarly research	e		Other							
C	Preservation for future generations			·							
4	Provide a description of the organization's colle	ections and explain	how the	y further th	e organizatio	n's exem	npt purpo:	se in Part )	XIII.		
5	During the year, did the organization solicit or	•		-							
	to be sold to raise funds rather than to be main								Yes		No
Par	t IV Escrow and Custodial Arrange										
	reported an amount on Form 990, Part		X0 // 4/10	01 gui 11-4410	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , ,		.,			
12	Is the organization an agent, trustee, custodiar		iany for c	ontributions	or other see	ate not li	ncludad				
ıa			-						Yes		No
	on Form 990, Part X?								l res	ш	NO
a	If "Yes," explain the arrangement in Part XIII ar	a complete the fol	iowing ta	(Die:							<del></del>
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance								<del></del>	<del></del>	
	Did the organization include an amount on For						ty?		Yes		No
	if "Yes," explain the arrangement in Part XIII. C							***********			
Par	t V Endowment Funds. Complete if	the organization an	swered <sup>a</sup>	Yes⁵ on Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) Pi	rior year	(c) Two year	rs back	(d) Three y	years back	(e) Four y	ears b	oack_
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
•	. '										
	Administrative expenses				1						
g	End of year balance		o Olmo da	a aluman (a'	\\ bald aar				<u> </u>		
2	Provide the estimated percentage of the curre	-	· . ·	, column (a	)) neid as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Term endowment >%										
	The percentages on lines 2a, 2b, and 2c should	=									
3a	Are there endowment funds not in the possess	sion of the organiza	ation that	are held ar	nd administer	ed for th	e organiz	ation	_	<del></del>	
	by:									/es	No
	(i) Unrelated organizations							· · · · · · · · · · · · · · · · · · ·	3a(i)		
	(ii) Related organizations								3a(II)		
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	ed on Sc	hedule R?					<b>3</b> b	L	
4	Describe in Part XIII the intended uses of the c		wment fu	ınds.							
Par	t VI Land, Buildings, and Equipme	nt.									
	Complete if the organization answered	"Yes" on Form 990	), Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	ccumulat	ed	(d) Book	value	)
	, , , ,	basis (investr	nent)		(other)	de	preclation		• •		
	Land										
	Buildings										
	Leasehold improvements			Я	5,735.		g	45.	84	,79	0
	Equipment				1,661.	<del></del>	<u>298,3</u>		123	<u>3 F</u>	<u>. 3</u> .
		<b>I</b>		-a: &:	,	<del>'</del>				, , , ,	
	Other		<u> </u>	(D) !! :	· O 1				208	1/	13
iota	l, Add lines 1a through 1e. (Column (d) must eg	uai Form 990. Part	x, colum	n (B). line 1	<i>uc.)</i>				400	<u> </u>	<u> </u>

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 & PETERSBURG	3	23-	-7375346 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1		
(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) BENEFICIAL INTEREST IN			
(B) TRUST	5,007,490.	COST	
(C)			
(D)			
(E)			
(F)			Marie
(G)			
(H) Takel (Col. (h) must arred Form 000 Part V and (P) line 19.)	5,007,490.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,001,4301		
Complete if the organization answered "Yes"	on Form 000 Port IV line:	11a San Form 999 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
(1)	(-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"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
. (1)			
<u>(2)</u>			
(3)			
(4)	<del></del>	·	
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	151	· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities.	, roy		
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			14,130.
(3) PPP CARES ACT FUNDING			485,872.
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

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

Schedule D (Form 990) 2020

(8) (9)

ONLIED WAT OF GREATER RECTI	-			_
Schedule D (Form 990) 2020 & PETERSBURG			<u>375346</u>	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statemen	•	turn.		
Complete If the organization answered "Yes" on Form 990, Part IV, line 12a.			10 000	001
7, 4		1	<u>10,963,</u>	081.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1 200 200			
a Net unrealized gains (losses) on investments				
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	2d	(A) (A) (A)	0.60	260
e Add lines 2a through 2d		2e		360.
3 Subtract line 2e from line 1		3	10,100,	,721.
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, Ilne 7b	4a 47,043.			
b Other (Describe in Part XIII.)	4b 14,950,153.	1,53154		
c Add lines 4a and 4b	***************************************		14,997,	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			25,097	<u>,917.</u>
Part XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per F	leturn.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
Total expenses and losses per audited financial statements		1	7,892	<u>,255.</u>
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				
c Other losses	I I			
d Other (Describe in Part XIII.)	1 1			
e Add Ilnes 2a through 2d	· \	2e		0.
3 Subtract line 2e from line 1		3	7,892	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		35.63	.,,,,,	,
	4a 47,043.			
	44 050 450	1		
b Other (Describe in Part XIII.)		50,0077	14 007	106
c Add lines 4a and 4b			$\frac{14,997}{22,990}$	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.	***************************************	5	22,889	, 4 <u>5</u> 1.
	0.77 - 43 - 101 - 134 - 1		U 0 D 13	<i></i>
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part		; Part X,	line 2; Part X	<b>(Ι,</b>
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional information.			
DADE W. LEWE O.				
PART X, LINE 2:	***************************************			
THEOREM MANY INTERNMENTAL MILE ADMINISTRATION I	ING ADODED BELLAN	/ATXT		
INCOME TAX UNCERTAINTIES: THE ORGANIZATION I	AS ADOPTED FINAN	CIAL		
AGGOTTITITIO GERMANDA DO DO A CONTRACTO DE		TITO	T0D	
ACCOUNTING STANDARDS BOARD (FASB) GUIDANCE RI	ELATED TO ACCOUNT	ING	FOR	
UNCERTAINTY IN INCOME TAXES, WHICH CLARIFIES	THE ACCOUNTING F	OR I.	NCOME	
TAXES BY PRESCRIBING THE MINIMUM RECOGNITION	THRESHOLD THAT A	. TAX	POSIT.	LON
		. <b></b> .		
IS REQUIRED TO MEET BEFORE BEING RECOGNIZED	<u>IN THE ORGANIZATI</u>	<u>.ON'S</u>		
FINANCIAL STATEMENTS.				
IN ACCORDANCE WITH THE GUIDANCE, THE ORGANIZA	ATION DISCLOSES T	HE E	XPECTE	<u> </u>
FUTURE TAX CONSEQUENCES OF UNCERTAIN TAX POST	ITIONS PRESUMING	THE	TAXING	
AUTHORITIES FULL KNOWLEDGE OF THE FACTS AND	THE ORGANIZATION'	S PO	SITION	
AND RECORDS UNRECOGNIZED TAX BENEFITS OR LIAM	BILITIES FOR KNOW	N, O	R	

(CORRINGED)
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 14,950,153.
·
PART XII, LINE 4B - OTHER ADJUSTMENTS:
DONOR DESIGNATIONS 14,950,153.

### 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.

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OMB No. 1545-0047

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

Š Employer identification number 23-7375346 UNDS(DESIGNATIONS) FOR TUNDS (DESIGNATIONS) FOR TONDS (DESIGNATIONS) FOR TONDS (DESIGNATIONS) FOR TONDS (DESIGNATIONS) FOR (h) Purpose of grant or assistance X Yes 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 NONOR DIRECTS NONOR DIRECTS DONOR DIRECTS DONOR DIRECTS DONOR DIRECTS ENERGY SEARE ENERGY SHARE INERGY SHARE ENERGY SHARE ENERGY SHARE 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 (g) Description of noncash assistance (f) Method of valuation (book, EMV, appraisal, other) Ö ö Ö Ö ٥. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ecipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 66,498. 901 27,086 26,000 15,739 21, GREATER RICHMOND (c) IRC section (if applicable) 501(C)(12) N/A N/A ٧ / ۲ N/A General Information on Grants and Assistance (p) EIN UNITED WAY OF criteria used to award the grants or assistance? & PETERSBURG 1 (a) Name and address of organization 500 FREEMAN AVENUE, SUITE 106 ALBEMARLE ELECTRIC MEMBERSHIP 4318 N. CARLIN SPRINGS ROAD ADVANCED ENERGY SOLUTIONS or government CANTON, OH 44701-4401 CHESAPEAKE, VA 23324 PITTSBURGH, PA 15250 Name of the organization AMERIGAS PITTSBURGH ARLINGTON, VA 22203 HERTFORD, NC 27944 APPALACHIAN POWER P. O. BOX 371473 P. O. BOX 24401 P. O. BOX 69 Part Part APAH

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

N/A

ATLANTIC SPRAY SYSTEMS

LIGHTFOOT, VA 23090

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PO BOX 125

Schedule I (Form 990) 2020

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TONDS (DESIGNATIONS) FOR

ENERGY SEARE

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DONOR DIRECTS

# UNITED WAY OF GREATER RICHMOND

Schedule   (Form 990) & PET Part II   Continuation of Grants and	ERSBURG	on of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule   (Form 990), Part II.)
Schedule I (Form 990)  Part II Continuation	& PETERSBURG	of Grants and Other Assis
	Schedule I (Form 990)	Part II Continuation

(a) Name and address of (b) EIN (c) IRC section or government	( <b>p</b> )	(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
BAKER GAS COMPANY PO BOX 790 WILLIAMSTON, NC 27892		N/A	7,252.	•0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
BARC ELECTRIC COOPERATIVE P. O. BOX 264 MILLBORO, VA 24460		501(C)(12)	32,155.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
BOISSEAU OIL PO BOX 38088 RICHMOND , VA 23231		N/A	5,279.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
CAPE HATTERAS ELECTRIC COOPERA PO BOX 9 BUXTON, NC 27920		501(C)(12)	7,425.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
CAPITOL OIL P. O. BOX 26664 RICHMOND, VA 23261		N/A.	12,421.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
CENTRAL VIRGINIA ELECTRIC COOP P. O. BOX 247 LOVINGSTON, VA 22949		501(C)(12)	87,366.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
CITY OF ELIZABETH CITY P. O. BOX 347 ELIZABETH CITY, NC 27907		200	13,855.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SFARE
CITY OF FRANKLIN F. O. BOX 179 FRANKLIN, VA 23851		лов	28,489.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
CITY OF MANASSAS UTILITIES 8500 PUBLIC WORKS DRIVE MANASSAS, VA 20110		оох	9,248.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE Schedule I (Form 990)

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### GREATER RICHMOND UNITED WAY OF

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Schedule I (Form 990)

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UNITED WAY OF GREATER RICHMOND

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Schedule I (Form 990)

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# UNITED WAY OF GREATER RICHMOND & PETERSBURG

Schedule	l (Form 990)	હ	& PETERSBURG	RSB	BURG											ı
Part	Part II Continuation of Grants and Other A	of Gro	Sa	Other	Assistance	ance to	to Domes	estic Orga	rganiza	ic Organizations and Domest	and Do	mestic	nd Other Assistance to Domestic Organizations and Domestic Governments (Schedu	ents	(Schedule	븨

Schedule I (Form 990) & FELERED ONG Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	Assistance to Dor	nestic Organizations	and Domestic Go		(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
LOCAL ENERGY ACTION PROGRAM (L 608 RIDGE STREET CHARLOTTESVILLE, VA 22902		n/a	460,826.	•0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
LOUDOUN HABITAT 700 FIELDSTONE DRIVE, SUITE 128 LEESBURG, VA 20176	,	501(C)(3)	14,739,	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
MECKLENBURG ELEC. COOP 11633 VA-92 CHASE CITY, VA 23924		N/A	130,903.	0		200	DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
NEWSOM OIL COMPANY, INC. 1503 WEST TENTH STREET ROANOKE RAPIDS, NC 27870		N/A	5,686.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
NEXANT INC. DEPT CH 16356 PALATINE, IL 60038		N/A	630,121.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
NORTHERN NECK ELECTRIC P. O. BOX 288 WARSAW, VA 22572		501(C)(12)	27,556.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
NORTHERN VIRGINIA ELECTRIC COO P. O. BOX 34795 ALEXANDRIA, VA 22334		501(C)(12)	79,748.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
PRINCE GEORGE ELECTRIC COOP. P. O. BOX 620 WAVERLY, VA 23890		501(C)(12)	15,623.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
PROJECT: HOMES 88 CARNATION STREET RICHMOND, VA 23225	54-1595851	501(C)(3)	401,584.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE Schedule   (Form 990)

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UNITED WAY OF GREATER RICHMOND

Schedule I (Form 990)

& PETERSBURG

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## UNITED WAY OF GREATER RICHMOND

& PETERSBURG Schedule | (Form 990)

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# UNITED WAY OF GREATER RICHMOND

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(a) Name and address of (b) EIN (c) IRC section organization or government (fighter) (	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		La de la companya de la companya de la companya de la companya de la companya de la companya de la companya de
TOWN OF ROBERSONVILLE							DONOR DIRECTS
. 00							FUNDS (DESIGNATIONS) FOR
ROBERSONVILLE, NC 27871		GOV	16,070.	0.			ENERGY SEARE
TOWN OF SCOTLAND NECK							DONOR DIRECTS
1310 MAIN STREET							FUNDS (DESIGNATIONS) FOR
SCOTLAND NECK , NC 27874		GOV	6,498.	0			ENERGY SHARE
TOWN OF WINDSOR							DONOR DIRECTS
PO BOX 508							FUNDS(DESIGNATIONS) FOR
WINDSOR, NC 27983		GOV	7,235.	0.			ENERGY SHARE
VIRGINIA BEACH COMMUNITY DEV.							DONOR DIRECTS
							FUNDS(DESIGNATIONS) FOR
VIRGINIA BEACH, VA 23454		501(C)(3)	12,223.	.0	, which is		ENERGY SHARE
							PECEDITION OF STREET
VINGINIA NATUKAL GAS							FINDS (DESTGNATIONS) FOR
SOLSTRE		N/A	22,216.	0.			ENERGY SHARE
VIRGINIA VETERANS SERVICES FOU							DONOR DIRECTS
101 NORTH 14TH STREET, 17TH FLOOR							FUNDS (DESIGNATIONS) FOR
RICHMOND, VA 23219-3684		501(C)(3)	35,000.	0.			ENERGY SHARE
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SHINGTON							
47				•			FUNDS (DESIGNATIONS) FOR
PHILADELPHIA, PA 19101		N/A	25,463.	0			ENERGY SHAKE
WOODETN OIL CO					,		DONOR DIRECTS
							FUNDS (DESIGNATIONS) FOR
MECHANICSVILLE, VA 23111		N/A	6,325.	0.			ENERGY SHARE
CIAL PION DEFORM							DONOR DIRECT FUNDS
ACCESS NOW, INC.							
2821 EMERYWOOD PARKWAY DICHWOND 178 23219	26-1695468	501(C)(3)	25 000	~			(DESIGNATIONS) FOR GENERAL PURPOSES
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UNITED WAY OF GREATER RICHMOND

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Schedule	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
ART 180 114 W. MARSHALL STREET RICHMOND, VA 23220	54~1935207	501(C)(3)	25,000.	.0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
BETTER HOUSING COALITION P. O. BOX 12117 RICHMOND, VA 23241	54-1479059	501(C)(3)	25,000.	0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
BIG BROTHERS BIG SISTERS SERVICES, INC 1707 SUMMIT AVENUE, SUITE 200 - RICHMOND, VA 23230	54-0702502 501(C)(3)	501(C)(3)	25,000.	0.		- Committee of the Comm	DONOR DIRECT 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 DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CARITAS P. O. BOX 25790 RICHMOND, VA 23260	54-1441917	201(C)(3)	25,000.	.0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CHILDREN'S HOME SOCIETY OF VIRGINIA - 4200 FITZEUGH AVENUE - RICHMOND, VA 23230	54-0505884	501(C)(3)	25,000.	• 0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CHILDSAVERS 200 NORTH 22ND STREET RICHMOND, VA 23223	54-0505927	501(C)(3)	100,000	0.			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CIRCLE CENTER ADULT DAY SERVICES 4900 WEST MARSHALL STREET RICEMOND, VA 23230	54-0991287	501(C)(3)	35,000.	0.			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
COMMONWEALTH CATHOLIC CHARITIES 1601 ROLLING HILLS DRIVE HENRICO, VA 23229	54-0505877 501(C)(3)	501(C)(3)	40,000.	0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES Schedule (Form 990)

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### UNITED WAY OF GREATER RICHMOND

Schedule I (Form 990) & PETERSBURG

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Schedule I (Form 990)

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### GREATER RICHMOND UNITED WAY OF

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(h) Purpose of grant or assistance NONOR DIRECT FUNDS DESIGNATIONS) FOR NONOR DIRECT FUNDS DESIGNATIONS) FOR NONOR DIRECT FUNDS (DESIGNATIONS) FOR SONOR DIRECT FUNDS (DESIGNATIONS) FOR (DESIGNATIONS) FOR DONOR DIRECT FUNDS (DESIGNATIONS) FOR DONOR DIRECT FUNDS (DESIGNATIONS) FOR DONOR DIRECT FUNDS (DESIGNATIONS) FOR DONOR DIRECT FUNDS (DESIGNATIONS) FOR DONOR DIRECT FUNDS SENERAL PURPOSES FENERAL PURPOSES SENERAL PURPOSES GENERAL PURPOSES GENERAL PURPOSES GENERAL PURPOSES SENERAL PURPOSES GENERAL PURPOSES SENERAL PURPOSES (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule | (Form 990), Part II.) (book, FMV, appraisal, other) (f) Method of valuation ं · o. ٠, ٥. Ö ċ ် ٥. (e) Amount of non-cash assistance 25,000. (d) Amount of cash grant 45,000. 25,000. 50,000. 25,000. 30,000, 50,000 70,000. 32,500 (c) IRC section if applicable 54-1584969 501(C)(3) 31-1415701 501(C)(3) 54-0927792 501(C)(3) 52-1383374 501(C)(3) 54-1159513 501(C)(3) 05-0606153 501(c)(3) 54-1995917 501(C)(3) 54-0526201 501(C)(3) 47-4933093 501(C)(3) (b) EIN ABUSE NOW) - 103 EAST GRACE STREET GREATER RICHMOND SCAN (STOP CHILD (a) Name and address of organization or government 1010 NORTH THOMPSON STREET 629A NORTH WASHINGTON HWY HOUSING FAMILIES FIRST JEWISH FAMILY SERVICES - RICHMOND, VA 23219 4009 FITZHUGH AVENUE 3900 NINE MILE ROAD HANOVER SAFE PLACE RICHMOND, VA 23230 RICHMOND, VA 23230 RICHMOND, VA 23226 RICHMOND, VA 23230 HIGHER ACHIEVEMENT VA 23220 1125 COMMERCE ROAD RICHMOND, VA 23224 ASHLAND, VA 23005 HENRICO, VA 23223 3409 MOORE STREET P. O. BOX 17128 P. O. BOX 5222 HEALTH BRIGADE HOMEAGAIN RICHMOND, HOMEWARD Part II

Schedule I (Form 990)

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## UNITED WAY OF GREATER RICHMOND & PETERSBURG

Schedule | (Form 990) & PETERSBURG
| Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule | (Form 990), Part II.)

(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of (f) Method of (	( <b>b</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
OAR OF RICHMOND, INC. 3111 WEST CLAY STREET RICHMOND, VA 23230	54-0974305	501(C)(3)	-000,09	.0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
PATHWAYS-VA, INC. 1200 WEST WASHINGTON STREET PETERSBURG, VA 23803	54-1868900	501(C)(3)	25,000.	٥			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
PETER PAUL DEVELOPMENT CENTER 1708 NORTH 22ND STREET RICHMOND, VA 23223	54-1137164	501(C)(3)	.000,03	.0			DONOR DIRECT 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 DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
PROGRESSIVE ADULT REHABILITATION CENTER, INC - 114 NORTH UNION STREET - PETERSBURG, VA 23803	54-0836365	501(C)(3)	25,000.	.0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
PROJECT: HOMES 88 CARNATION STREET RICHMOND, VA 23225	54-1595851	501(C)(3)	.000.	0.			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
QUIN RIVERS, INC. 7911 COURTHOUSE WAY NEW KENT, VA 23124	54-0880233	501(C)(3)	.000,08	.0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
READING AND EDUCATION FOR ADULT DEVELOPMENT, INC 4915 RADFORD AVENUE #204 - RICHMOND, VA 23230	54-1364885	501(C)(3)	25,000.	0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SACRED HEART CENTER, INC 1400 PERRY STREET RICHMOND, VA 23224	54-1590419	501(C)(3)	.000,05	.0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL FURPOSES Schedule I (Form 990)

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### UNITED WAY OF GREATER RICHMOND

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(h) Purpose of grant DESIGNATIONS) FOR (DESIGNATIONS) FOR (DESIGNATIONS) FOR (DESIGNATIONS) FOR or assistance DONOR DIRECT FUNDS DONOR DIRECT FUNDS DESIGNATIONS) FOR NONOR DIRECT FUNDS (DESIGNATIONS) FOR DONOR DIRECT FUNDS NONOR DIRECT FUNDS DONOR DIRECT FUNDS (DESIGNATIONS) FOR DONOR DIRECT FUNDS (DESIGNATIONS) FOR (DESIGNATIONS) FOR DONOR DIRECT FUNDS DONOR DIRECT FUNDS SENERAL PURPOSES GENERAL PURPOSES SENERAL PURPOSES SENERAL PURPOSES GENERAL PURPOSES SENERAL PURPOSES SENERAL PURPOSES SENERAL PURPOSES SENERAL PURPOSES (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (book, FMV, appraisal, other) (f) Method of valuation ٥. ö ď ċ ٥. ္ပ ٥. (e) Amount of non-cash assistance ö ö (d) Amount of cash grant 50,000. 25,000. 25,000. .000,06 35,000. 50,000, 25,000. 25,000 95,000 (c) IRC section if applicable 54-0950714 501(C)(3) 54-1572424 501(C)(3) 51-0252958 501(C)(3) 47-2749435 501(C)(3) 54~0505950 501(C)(3) 27-177117 501(C)(3) 54-0629691 501(C)(3) 51-0163293 501(C)(3) 54-1480544 501(C)(3) (b) EIN SOAR365 (FORMERLY GREATER RICHMOND SMART BEGINNINGS GREATER RICHMOND 2920 WEST BROAD STREET, SUITE 111 919 EAST MAIN STREET, SUITE 1700 EOUSING CORPORATION - 1624 HULL SOUTHSIDE COMMUNITY DEVELOPMENT SOUTH RICHMOND ADULT DAY CARE (a) Name and address of organization or government ARC) - 3600 SAUNDERS AVENUE CENTER - 1500 HULL STREET -STREET - RICHMOND, VA 23224 SMART BEGINNINGS SOUTHEAST 209 EAST CAWSON STREET SIDE BY SIDE VA, INC. 24 EAST CARY STREET RICHMOND, VA 23219 VA 23860 RICHMOND, VA 23224 RICHMOND, VA 23230 RICHMOND, VA 23219 RICHMOND, VA 23261 RICHMOND, VA 23227 SENIOR CONNECTIONS ST. JOSEPH'S VILLA RICHMOND, VA 23227 THE LITERACY LAB P. O. BOX 26442 8000 BROOK ROAD ноермеци,

Schedule I (Form 990)

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Schedule I (Form 990) & PETERSBURG Part II   Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	URG Assistance to Do	mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)		23-/3/5340 Page 1
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 2 WEST GRACE STREET RICHMOND, VA 23220	2090990-85	501(C)(3)	.000,29	0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
DENT	54-1821602	501(C)(3)	.25,000.	.0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
VIRGINIA LISC 413 STUART CIRCLE RICHMOND, VA 23220	13-3030229 501(C)(3)	501(C)(3)	25,000.	Ö			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
VIRGINIA MENTORING PARTNERSHIP 2500 WEST BROAD STREET RICHMOND, VA 23220	54-1814823	501(C)(3)	25,000.	.0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
VIRGINIA SUPPORTIVE HOUSING 5008 MONUMENT AVENUE RICHMOND, VA 23230	54-1444564	501(C)(3)	40,000.	0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
YMCA OF GREATER RICHMOND 2 WEST FRANKLIN STREET, 2ND FLOOR RICHMOND, VA 23220	54-0505986	501(C)(3)	115,000.	0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
YWCA RICHMOND 6 NORTH 5TH STREET RICHMOND, VA 23219	54-0506493	501(C)(3)	155,000.	•0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
							Schedule I (Form 990)

& PETERSBURG

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. Schedule | (Form 990) 2020

Part III

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) TO COMBAT OUR REGION'S MOST PRESSING Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. STEPS TO SUCCESS GRANTS, LOCAL NONPROFIT AGENCIES CAN UNITED THE ORGANIZATIONS THAT RECEIVED \$5,000 OR MORE ARE LISTED WAY VALIDATES THAT INVESTMENTS GET RESULTS AND MAKE A DIFFERENCE WHERE EVERY PROGRAM FUNDED THROUGH A STEPS TO SUCCESS GRANT IS IN THIS WAY, APPLY FOR FUNDING TO HELP US REACH A COMMON GOAL OF BETTERING OUR (d) Amount of non-cash assistance MONITORED, EVALUATED AND MEASURED FOR EFFECTIVENESS. (c) Amount of cash grant (b) Number of recipients COMPREHENSIVE SOLUTIONS (a) Type of grant or assistance THROUGH OUR Z MATTERS MOST. LINE COMMUNITIES. WE BELIEVE ISSUES. Part IV PART

Schedule I (Form 990)

### SCHEDULE J (Form 990)

### **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.

► Attach to Form 990.

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

ZUZU

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

UNITED WAY OF GREATER RICHMOND

& PETERSBURG

23-7375346

Employer identification number

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 Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as mald, 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 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? 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. Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee 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? X b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part ill. For persons listed on Form 990, Part VII, Section A, line 1a, dld the organization provide any nonfixed payments not described on lines 5 and 67 If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2020

Regulations section 53.4958-6(c)?

& PETERSBURG

Schedule J (Form 990) 2020

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.

The state of the s		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
					other deferred	benefits	(a)·(b)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JAMES I. M TRAYLOR	(	178 289.	0	0	15.200.	11,543.	205.032.	0.
SIDENT & CEO	3 6	0	0	0	0	4		0
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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. & PETERSBURG Part III Supplemental Information Schedule J (Form 990) 2020

Schedule J (Form 990) 2020	

### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

UNITED WAY OF GREATER RICHMOND & PETERSBURG

Employer identification number 23-7375346

Par	ti 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 determi noncash contribution a		5
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	12	81,998.	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	zation during	g the tax year for c	ontributions			
	for which the organization completed Form 82	83, Part V, D	Donee Acknowledg	ement29			
					Tour or	Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date			•	· ·	el tille	William.
	exempt purposes for the entire holding period?	?		•••••	30a		X
b	If "Yes," describe the arrangement in Part II.						1984
31	Does the organization have a gift acceptance p	· • ·			ions? 31	+	Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?				328	1	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	y for which column (a) is che	oked,		
	describe in Part II.				HERE		Control (c)

LHA

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Schedule M (Form 990) 2020

### UNITED WAY OF GREATER RICHMOND

chedule M	(Form 990) 2020 & PETERSBURG	23-7375346	Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a compart for any additional information.	s, and whether the organize bination of both. Also com	ition plete
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32142 11-23-	20	Schedule M (Forr	n 990) 2020

Schedule M (Form 990) 2020

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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. UNITED WAY OF GREATER RICHMOND

Inspection **Employer identification number** 23-7375346

OMB No. 1545-0047

Open to Public

Name of the organization

PETERSBURG

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, 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' THE CEO AND OTHER KEY EMPLOYEE COMPENSATION IS REVIEWED COMPENSATION. ANNUALLY. THIS COMMITTEE REVIEWS MARKET DATA TO ENSURE THAT THE COMPENSATION LEVELS ARE IN LINE WITH THE MARKET AND OTHER SIMILAR THE ORGANIZATION ALSO HAS AN INDEPENDENT COMPENSATION STUDY ORGANIZATIONS. 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.

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

Schedule O (Form 990 or 990-EZ) 2020