### EXTENDED TO MAY 15, 2023

### **Return of Organization Exempt From Income Tax**

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Inter	nall	Reven	the freasury le Service	➤ Go to www.irs	.gov/Forn	n990 for	instructions	s and t	the latest	informat	ion.		Inspection
Α	Foi	r the	2021 calend	lar year, or tax year beginning	JUL	1, 2	021	and e	nding J	UN 30	), 20	22	
		ck if licable	C Name o	f organization		•				D Emp			ation number
			IOMIT	ED WAY OF GREATE	R RIC	HMON	D						
	]¢	Addres hange	° & PE	TERSBURG						]			
	]0	Vame change	Doing b	usiness as						2	<u>3-73'</u>	753 <u>4</u>	46
	\'	nitial eturn	Numbe	r and street (or P.O. box if mail is r	iot delivered	d to street	t address)	R	toom/suite	E Tele	phone n	umber	•
	j r	inal eturn/	7814	CAROUSEL LANE				4	00	8	04-7	71-!	5820
	ŧ	ermin- ated	City or 1	town, state or province, country,	and ZIP c	r foreign	postal code			G Gross	receipts \$		22,685,809
	7	Amend eturn		MOND, VA 23294			•			H(a) Is	this a gr	oup re	otum
Г		opplication		and address of principal officer:	NGEL	rro A	O	· · · ·					? Yes X No
•	ķ	endin		AS C ABOVE									cluded? Yes No
	Ta	x-exe		X 501(c)(3) 501(c) (	14 /	insert no.	) 4947(a	a)(1) or	527				list. See instructions
				YOURUNITEDWAY.OR		incore ito.	101110	<u> </u>		1			n number
				X Corporation Trust	Associa	tion [	Other -	<del></del>	i Vear				State of legal domicile; VA
	ar		Summary				Other		L i Cai	UI IUIIII au	UII	<u></u>	Oldte of legal dofficile, VII
<u>ٺ</u>	_			be the organization's mission or	most signi	ificant ac	stiuition: WF	' BE	T.TRUE	ጥፐልካ	r F37F	ZDV	
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Governance		-											
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Š	١			ting members of the governing I									
2				dependent voting members of the									
ď	3			of individuals employed in caler								5	47
<u></u>				of volunteers (estimate if neces								6	1500
Activities &				ed business revenue from Part V								7a	0.
	1	b	Vet unrelated	l business taxable income from l	orm 990-	T, Part I,	line 11		·····			7b	0.
											r Year		Current Year
۵										24,2	<u>34,24</u>		21,100,474.
Ş		9	Program serv	rice revenue (Part VIII, line 2g)								0.	0.
Revenue		10	nvestment in	come (Part VIII, column (A), lines	3, 4, and	7d)					26,70		640,527.
α	٠	11 (	Other revenu	e (Part VIII, column (A), lines 5, 6	d, 8c, 9c,	10c, and	i 11e)				<u>36,9</u> :		925,994.
	L	12	Total revenue	e - add lines 8 through 11 (must e	equal Part	Vill, colu	ımn (A), line 1	12)		25,0			22,666,995.
		13 (	Grants and s	imilar amounts paid (Part IX, colu	ımn (A), lir	nes 1-3)			L	17,8	30,1	53.	18,435,484.
	1	14	3enefits paid	to or for members (Part IX, colu	mn (A), line	e 4)			L			0.	0.
v	,  .	15	Salaries, othe	er compensation, employee bene	efits (Part I	X, colum	ın (A), lines 5-	-10)		2,8	82,0	33.	2,630,211.
ğ	3			fundraising fees (Part IX, column								0.	0.
Exnences				sing expenses (Part IX, column (i			1,417						
ŭ	1			ses (Part IX, column (A), lines 11a		-				2,1	77,2	65.	1,726,154.
				es. Add lines 13-17 (must equal l						22,8			22,791,849.
	1.			expenses. Subtract line 18 from			, , , , , , , , , , , , , , , , , , , ,			2,2	08,4	66.	-124,854.
ŏ								***************************************		eginning of			End of Year
Net Assets or	텵	20	Total assets (	(Part X, line 16)						22,0	84.6	63.	16,886,120.
ASS	평 .			s (Part X, line 26)			***************************************	• • • • • • • • • • • • • • • • • • • •		12,6			8,996,441.
펄	9			fund balances. Subtract line 21	from line	20	******************	*********	·····-		50,2		7,889,679.
P	ar		Signatur		HOIT BIO			********		-,-	<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u> </u>			<u> </u>	, I declare that I have examined this r	eturn inclu	dina acce	mnanving sche	edules :	and statem	ents and t	n the hes	t of my	knowledge and helief it is
		-		e. Declaration of preparer (other than								-	Mioriougo una ponor, icio
iiu	<u>, , , , , , , , , , , , , , , , , , , </u>	01100	` ^	ncela Otto	Olikadi y id	DUJUU 011	un internation	01 11111	on properci	ino arij k		14 <i>1</i> 7	(177)
e:				re of officer							Date	1-11-6	0
Sig			,	ELA OTTO, INTERIM	и сите	צים יםי	ECUTIVE	e oi	~ FT (~ F1	D			
He	re			print name and title	CHLE	31, 1352	TICOTTAI	<u> </u>	CLICE				
_			<u>,                                      </u>	<u> </u>		narevie *1:	moture		1	Date	l ni	neck [	PTIN
D-1	ı.a		Print/Type pro	•	Pret	parer's siç	ynature			-410	it	L.	
Pai		1	JAYME N		and :	יים מווו	ו מאחיי		י מבי מוווס	VID C		if-employ	
Pre	•		Firm's name	KEITER, STEPHI		TGNUL	, GAKY	òc i	SHREA	v ដូច្ន	Firm's E	IN 🕨	54-1631262
Us	e U	niy	Firm's addres	s 4401 DOMINION		- ^					<b>.</b>	10	04\ 747 0000
				GLEN ALLEN, VA							Phone n	o. ( 8	
Μa	ıy t	ne IF	IS discuss th	is return with the preparer show	ា above? ទ	See instr	uctions						X Yes No

	990 (2021) & PETERSBURG 25-7373340 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WE BELIEVE THAT EVERY INDIVIDUAL, PARTICULARLY THOSE WHO FACE
	LONGSTANDING DISADVANTAGES, DESERVES TO BE SUPPORTED ALONG THE PATH TO
	SUCCESS.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	
	prior Form 990 or 990-EZ? Yes, " describe these new services on Schedule O.
3	· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$18 , 435 , 484including grants of \$18 , 435 , 484) (Revenue \$)
	UNITED WAY OF GREATER RICHMOND & PETERSBURG BUILDS COLLABORATIVE
	SOLUTIONS AND CREATES STRONG ALLIANCES THAT CAN MAKE AN IMPACT TODAY
	AND IN THE YEARS TO COME. UNITED WAY SERVES THE REGION'S NEIGHBORHOODS
	AND RURAL AREAS ALIKE, PROVIDING DIRECT SERVICES AND SUPPORTING
	PARTNERS IN THE CITIES OF RICHMOND, PETERSBURG AND COLONIAL HEIGHTS AS
	WELL AS THE COUNTIES OF CHARLES CITY, CHESTERFIELD, DINWIDDIE,
	GOOCHLAND, HANOVER, HENRICO, NEW KENT AND POWHATAN11 DIFFERENT
	LOCALITIES IN ALL.
	INTERD MAY OF CREATED DICHMOND AND DEMERCRIPO TO ONE OF THE LARCECT
	UNITED WAY OF GREATER RICHMOND AND PETERSBURG IS ONE OF THE LARGEST
	NONPROFIT FUNDING ORGANIZATIONS IN THE REGION, INVESTING IN NONPROFIT
	AGENCIES IN COMMUNITIES THROUGHOUT OUR SERVICE AREA. WE FUND PROGRAMS
4b	(Code:) (Expenses \$ 2,241,827. including grants of \$) (Revenue \$)
	UNITED WAY OF GREATER RICHMOND & PETERSBURG UNDERSTANDS THE EVOLVING
	NEEDS OF COMMUNITIES IN OUR REGION. WE BRING TOGETHER GOVERNMENT
	AGENCIES, OTHER NONPROFITS, RELIGIOUS ORGANIZATIONS, SCHOOLS,
	BUSINESSES AND COMMUNITY MEMBERS TO CREATE COMMUNITY-WIDE SOLUTIONS
	THAT ELIMINATE THE ROOT CAUSES OF THESE PROBLEMS. WE RUN DEDICATED
	PROGRAMS, IDENTIFY GAPS OF SERVICE, AND CONNECT INDIVIDUALS WITH
	KNOWLEDGE AND RESOURCES ALL OF WHICH HAS A POSITIVE IMPACT ON THE
	LIVES OF PEOPLE IN THE COMMUNITY AS WELL AS THE LIVES OF THEIR FAMILY
	MEMBERS, FRIENDS AND NEIGHBORS.
4c	(Code: ) (Excenses \$ including grants of \$ ) (Revenue \$
46	(Code:) (Expenses \$ including grants of \$) (Revenue \$) IN ADDITION TO THE PROGRAMS WE LEAD AND OUR COMMUNITY INVESTMENTS, WE
	BRING MEMBERS OF THE COMMUNITY TOGETHER TO VOLUNTEER AND JOIN US IN
	PROVIDING REAL HELP TO PEOPLE IN NEED. UNITED WAY STRONGLY BELIEVES
	THAT THE SOCIAL RELATIONSHIPS INTRINSIC TO VOLUNTEER WORK ARE CRITICAL
	TO INDIVIDUAL AND COMMUNITY WELL-BEING. THE ETHOS OF VOLUNTEERISM IS
	INFUSED WITH VALUES SUCH AS SOLIDARITY, RECIPROCITY, MUTUAL TRUST,
	BELONGING AND EMPOWERMENT, ALL OF WHICH CONTRIBUTE SIGNIFICANTLY TO
	QUALITY OF LIFE OF THE PEOPLE IN OUR REGION.
	Designation of the second of t
4ri	Other program services (Describe on Schedule O.)
- 44	(Expenses \$ Including grants of \$ ) (Revenue \$ )
46	Total program service expenses > 20,677,311.
	Form 990 (2021)
	7 0111 000 (2021)

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& PETERSBURG

Parl	t IV Checklist of Required Schedules			
	1		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_ [	ا بن	
	If "Yes," complete Schedule A	1	X	X
	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		
	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		
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
	during the tax year? If "Yes," complete Schedule C, Part II	4		
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
	·	8		х
	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	- O		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
	If "Yes," complete Schedule D, Part IV	9		
		10		х
	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, VIII, IX, or X,	10	6000	
	as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	********		
a	Part VI	11a	Х	ĺ
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			$\vdash$
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ų	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	1.0		<del></del>
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	tie	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	170		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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			
	demontic government on Part IV, column (A) line 12, 48 Nov. Because Cabadula I. Barta I and II.	24	x	I

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orm 990 (2021)		PETERSBURG				23-7375	5346	Pa	age 4
Part IV   Checklist of	Requ	ired Schedules	(continued)						
					 			Yes	No

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			· -
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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			İ
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L., Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			Viili
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		l
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Will	
	(gambling) winnings to prize winners?	1c	X	
13200	J 12-09-21	Form	990	(2021)

<u>Form</u>	990 (2021) & PETERSBURG 23-7375	346	P	age 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		A SA						
	filed for the calendar year ending with or within the year covered by this return 2a 47		Villa Villa	Mili					
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.	Villa	4994						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Mada	WHE						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b	:145.15v	13,1 - 1 - 14					
7	Organizations that may receive deductible contributions under section 170(c).	198798.	b,WM	X					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,,					
	to file Form 8282?	7c	5505555	X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	VEU.	\$10111						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u></u>					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	154550	113 70 174					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	**************************************	Nikh	waith)					
_	sponsoring organization have excess business holdings at any time during the year?	8	25/3525	10:51:05					
9	Sponsoring organizations maintaining donor advised funds.	40,444	dilini.	HARAM					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b></b>					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-31174	504554					
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12	1							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1							
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
40-	amounts due or received from them.)  11b	400	10 y 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	pathori					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	54356	848445					
	,								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a	*******	***************************************					
а	Note: See the instructions for additional information the organization must report on Schedule O.	Ioa		100101					
<b>.</b>	Enter the amount of reserves the organization is required to maintain by the states in which the								
D	organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand 13c								
		14a		X					
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		† <del></del> -					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.75		<del> </del>					
10	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.		Vije	10 TO					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	1	Х					
	If "Yes," complete Form 4720, Schedule O.		43.3	VSEC.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			]					
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.	3,0	455						

23-7375346 & PETERSBURG Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 19 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 19 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 X organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? [f "Yes," describe 12c on Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 🕨 NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply. Other (explain on Schedule O) X Own website X Upon request X Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ANGELA OTTO - (804) 771-5820

Form 990 (2021)

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7814 CAROUSEL LANE, SUITE 400, RICHMOND,

Form 990 (2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Chack this box if neither the organization nor any related organization companyated any current officer, director, or trustee

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average		not cl	heck	more	than o		Reportable	Reportable	Estimated
	hours per	box,	onle:	ss per d a di	son l	s both x/trust	an tee)	compensation	compensation	amount of
	Week		1			T	Г Г	from the	from related organizations	other compensation
	(list any hours for	trustee or director				_		organization	(W-2/1099-MISC/	from the
	related	19 95	stee			ısateı		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		3,68	mbe	İ	1099-NEC)	,	and related
	below	Individual t	nstitutional trustee	ë	Кеу етріоуев	Highest compensated employee	la E			organizations
	line)	튙	ıst	Officer	Çe,	함	Former			
(1) JAMES L. M. TAYLOR	40.00					'				
PRESIDENT & CEO				X	ļ	<u> </u>	<u> </u>	177,451.	0.	10,758.
(2) ANGELA OTTO	40.00									
VP OF PROGRAMS & ADMIN				Х			_	104,074.	0.	4,936.
(3) BRIAN WACHUR	40.00					ļ				_
VP OF MARKETING & COM - ENDED 6/15/2				Х		<u> </u>		102,500.	0.	4,936.
(4) AUDREY TRUSSELL	40.00	1								
VP OF COM IMPACT - ENDED 4/21/22				X	ļ	_	L.	94,627.	0.	4,936.
(5) DANIEL KEARNS	40.00	4						70 404		0 464
COO - ENDED 6/30/21	4 00	<del> </del>	<u> </u>	X	ļ	<u> </u>	ļ	70,434.	0.	2,461.
(6) PHILIP AVANT	1.00	١								
DIRECTOR	1 00	X			_	$\vdash$	_	0.	0.	0.
(7) CINDY BUCKLER	1.00	١,,						0.	0.	_
DIRECTOR (8) THERESA CHAMBLESS	1.00	Х	-			$\vdash$		0.	U .	0.
DIRECTOR	1.00	x						0.	0.	0.
(9) LARRY COTTRILL	1.00	<u>  ^</u>	├	-	-	┢	┢	V •	0.	U •
DIRECTOR	1.00	x	l					0.	0.	0.
(10) BOBBY COWGILL	1.00		┢			-	┢	<u> </u>	U •	<u></u>
DIRECTOR	1.00	x						0.	0.	0.
(11) DONNA CRAVER	1.00	<u> </u>	$\vdash$		$\vdash$	$\vdash$		0.	<u></u>	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
(12) DANIELLE FITZ-HUGH	1.00	<del>                                     </del>	┢							<u> </u>
DIRECTOR		$\mathbf{x}$			1			0.	٥.	0.
(13) TAMMY HORNSBY-FINK	1.00	1	╁	<b>-</b>	T	T		1		
DIRECTOR		$\mathbf{x}$						0.	0.	0.
(14) JACKIE LARKIN	1.00		<del> </del>	<del>                                     </del>	<b>†</b>	1	1			
DIRECTOR		$\mathbf{x}$						0.	0.	0.
(15) DEL LIPSCOMBE	1.00	1	T		T	1	1	-		
DIRECTOR		x						0.	0.	0.
(16) ASHANTE SMITH	1.00	T				Τ	Π			
DIRECTOR		x						0.	0.	0.
(17) KELLY TILL	1.00									
DIRECTOR		$\mathbf{x}$		L	L		<u></u>	0.	0.	0.
400007 40 00 04										Form 990 /2021

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Form 990 (2021)

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Part VII Section A. Officers, Directors, Trust	ees, Key Emp	loy	ees,	and	Hig	hes	t C	ompensated Employee	s (continued)	
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	fda	not cl	Pos	ition	than c	ene	Reportable	Reportable	Estimated
	hours per	box	, unles	s per	rson i	s both	an	compensation	compensation	amount of
	week (list any	-			100.0	11203	,	from	from related	other
	hours for	firect				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	36 Of (	stee			1sate:		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and related
	below	/dua	tution	<u> </u>	Key employee	esto	161			organizations
	line)	ığı.	ııstı	Officer	ě	돌음	Former			
(18) SUSAN TRIGGS	1,00							_	_	_
DIRECTOR		Х			<u> </u>			0.	0	. 0.
(19) LYNN WHITE	1.00									
DIRECTOR	1 00	X			┡	<u> </u>		0.	0 .	0.
(20) JAMES J.L. STEGMAIER	1.00	٦,		37					0	
INTERMEDIATE PAST CHAIR (21) JONATHAN LEON	1.00	Х		X	├	-		0.	0	. 0.
CHAIR	1.00	х		x	İ			0.	0	_
(22) CORYNNE ARNETT	1.00	^		Λ	┢	$\vdash$		0.	U.	.  0.
FIRST VICE CHAIR	1.00	х		х				0.	0	. 0.
(23) LAKSHMI ALGAPPAN	1.00			21	┢╌	<u> </u>	┢	<u>v.</u>	<u> </u>	• .
SECOND VICE CHAIR	1100	х		х				0.	0	. 0.
(24) PETER PERKINS	1.00		<b> </b>		<del>                                     </del>	T	-		<u> </u>	· · · · · · · · · · · · · · · · · · ·
TREASURER		х		Х				0.	0	. 0.
	•									
1b Subtotal							>	549,086.	0	
c Total from continuation sheets to Part VI	l, Section A						>	0.	0	
d Total (add lines 1b and 1c)							<u> </u>	549,086.	0	28,027.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	OOVE	e) wh	o re	eceived more than \$100,	000 of reportable	2
compensation from the organization										<u>3</u>
2 Did the executestical that are former afficial		1			1		. 1. !			Yes No
3 Did the organization list any former officer,			•		-		_	•	_	3 X
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su										3 X
and related organizations greater than \$150	•		-						-	4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes," com	•				•			•		5 X
Section B. Independent Contractors	pioto Corrodar		<del>0, 0,</del>		<i></i>				<del>ddiddaaaa2322213222432444424</del>	······································
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt c	ontr	acto	rs ti	hat received more than \$	100,000 of compens	sation from
the organization. Report compensation for	the calendar y	ear e	endir	ıg w	/ith	or wi	thir	the organization's tax y	ear.	
(A)								(B)		(C)
Name and business	address	Ŋ	INC	<u>:</u>				Description of s	ervices	Compensation
2 Total number of independent contractors (i	ncluding but n	ot lii	nite	d to	tho	se lis	ted	above) who received m	ore than	
\$100,000 of compensation from the organi						00		-		
										Form 990 (2021)

& PETERSBURG

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 25,835 s, Grants Amounts 1 a Federated campaigns b Membership dues ..... 1b c Fundraising events 1c Gifts, d Related organizations e Government grants (contributions) 646,778. 1e f All other contributions, gifts, grants, and 20,427,861. similar amounts not included above 151,061, g Noncash contributions included in lines 1a-1f 1g \$ 21,100,474. h Total. Add lines 1a-1f **Business Code** f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 124,343. 124,343. other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6a 6b 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 534,998, assets other than inventory 7a b Less: cost or other basis and sales expenses ..... 18,814. Other Revenue 516,184. c Gain or (loss) \_\_\_\_\_\_\_7c 516,184 516,184. d Net gain or (loss) ..... 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 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a FEES - 3RD PARTY PROC. 900099 591,096 591,096 900099 244,067. 244,067 ENDOWMENT INCOME C FEES - DONOR DESIGNATIONS 900099 69,974, 69,974 900099 20,857 20,857 d Ali other revenue 925,994. e Total. Add lines 11a-11d 22,666,995, 925,994 640.527. Total revenue. See instructions . Form 990 (2021) 132009 12-09-21

Form 990 (2021) & PETERSBURG
Part IX Statement of Functional Expenses

ļ	on 501(c)(3) and 501(c)(4) organizations must comp		r organizations must con	nplete column (A).	
Sooth	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	18,435,484.	18,435,484.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	EDD 44E	100 010	185 061	254 426
	trustees, and key employees	577,115.	126,816.	175,863.	274,436.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 205 442	020 220	105 770	250 225
7	Other salaries and wages	1,395,443.	830,338.	185,770.	379,335.
8	Pension plan accruals and contributions (include	100 110	05 500	20 045	E0 E70
	section 401(k) and 403(b) employer contributions)	193,117.	95,593.	38,945.	58,579.
9	Other employee benefits	333,547.	174,095.	46,628.	112,824.
10	Payroli taxes	130,989.	60,167.	24,601.	46,221.
11	Fees for services (nonemployees):				
а	Management	<b>****</b>			
	Legal				
C	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17			05 000	
f	Investment management fees	35,290.		35,290.	
g	Other. (If line 11g amount exceeds 10% of line 25,		4-400	10 015	004 544
	column (A), amount, list line 11g expenses on Sch O.)	445,557.	171,700.	49,346.	224,511.
12	Advertising and promotion	<b>****</b>			
13	Office expenses				
14	Information technology				
15	Royalties		400	04.400	
16	Occupancy	194,160.	105,443.	24,102.	64,615.
17	Travel	7,958.	3,497.	260.	4,201.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				0 110
19	Conferences, conventions, and meetings	11,587.	6,612.	2,227.	2,748.
20	Interest		445 545	F	00 101
21	Payments to affiliates	294,828.	145,940.	59,457.	89,431.
22	Depreciation, depletion, and amortization	47,563.	23,544.	9,592.	14,427.
23	Insurance				ereg Carres (respectively)
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	DDOODAM EVDENORO	407,096.	407,096.		
b	EQUIPMENT MAINTENANCE	136,580.	65,485.	28,391.	42,704.
C	PRINTING AND PUBLICATIO	94,046.	4,077.		89,669
d	CITED T TEC	22,997.	14,332.	2,303.	6,362
	All other expenses	28,492.	7,092.		7,171
25	Total functional expenses. Add lines 1 through 24e	22,791,849.	20,677,311.	697,304	1,417,234
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	L			Form <b>990</b> (2021

132010 12-09-21

Form 990 (	2021)	
Part X	Balance	Sheet

Par	ŧΧ		<u> </u>				F
		Check if Schedule O contains a response or no	ote to any	line in this Part X	(A)	<u></u>	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			10 000 700	1	
- 1	2	Savings and temporary cash investments			10,206,508.	2	7,315,992.
	3	Pledges and grants receivable, net			1,416,535.	3	1,153,465
	4	Accounts receivable, net	70,476.	4	192,635		
-	5	Loans and other receivables from any current					
1		trustee, key employee, creator or founder, sub					
1		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua		NAME:			
		under section 4958(f)(1)), and persons describe		6			
\$	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	AH 224
⋖	9			,	<u> 29,890.</u>	9	37,334
	10a	Land, buildings, and equipment: cost or other		E10 001			
		basis. Complete Part VI of Schedule D			000 640	inatiii	164.069
	b	Less: accumulated depreciation			208,143.	10c	164,067
	11	Investments - publicly traded securities	5,128,910.	11	6,293,492		
	12	Investments - other securities. See Part IV, line	5,007,490.	12	1,712,424		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	16 711	14	16 711		
	15	Other assets. See Part IV, line 11			16,711.	15	16,711 16,886,120
	16	Total assets. Add lines 1 through 15 (must ed	22,084,663. 196,773.	16	154,522		
	17	Accounts payable and accrued expenses	11,550,188.	17	6,150,828		
	18	Grants payable	387,447.	18	0,130,020		
	19	Deferred revenue		307,447.	19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, suk				00	
Ľa		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre Unsecured notes and loans payable to unrelate				24	
	24 25	Other liabilities (including federal income tax,				2.7	······································
	20	parties, and other liabilities not included on lin					
				•	500,002.	25	2,691,091
	26	Total liabilities. Add lines 17 through 25			12,634,410.	26	8,996,441
	20	Organizations that follow FASB ASC 958, c					
S		and complete lines 27, 28, 32, and 33.	HOOK HOI	· • · · · · · · · · · · · · · · · · · ·			
Š	27	Net assets without donor restrictions			8,067,001.	27	6,527,510
395	28	Net assets with donor restrictions		1,383,252.	28	1,362,169	
ă		Organizations that do not follow FASB ASC					
Ţ		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fund	ds			29	
ets	30	Paid in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	* ·			9,450,253.	32	7,889,679
Z	33	Total liabilities and net assets/fund balances			22,084,663.	33	16,886,120
						•	Form 990 (202

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

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Form 990 (2021)

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### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

UNITED WAY OF GREATER RICHMOND

2021

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

& PETERSBURG 23-7375346 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on 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 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (iii) Type of organization (i) Name of supported (ii) ElN (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions)) Total

PETERSBURG 23-7375346 Page 2 Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990) 2021

Part II | Support Schedule for

Га	(Complete only if you checked fails to qualify under the tests	d the box on line 5	, 7, or 8 of Part I o	r if the organization			
Sec	tion A. Public Support			,			
**********	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) 1.0 17	(6) 2.010	(0) 2010	(4) 1020	(0) 2021	(i) rotal
•	membership fees received. (Do not						
		17762911.	16615740.	16156621.	24234241.	21100474.	95869987.
2	Tax revenues levied for the organ-						
£.,	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities			,			1
Ü	furnished by a governmental unit to	1					
	the organization without charge						
4	Total. Add lines 1 through 3	17762911.	16615740.	16156621.	24234241.	21100474	95869987.
5	The portion of total contributions	AMARIAN MANAGE	Marian Marian Maria				
3	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)						1
							95869987.
	Public support, Subtract line 5 from line 4.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1				p3003307.
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	17762911			24234241.	21100474.	95869987.
	Gross income from interest,		100257100				
0	dividends, payments received on						
	* * *						
	securities loans, rents, royalties, and income from similar sources	106,818.	120,071.	79,997.	90,378.	124,343.	521,607.
	Net income from unrelated business	200,020	120,071	10,001.	50,570.	IZZ, JZJ.	321,0074
9							
	activities, whether or not the		İ	}			
40	business is regularly carried on		<u> </u>				
10	Other income. Do not include gain						
	or loss from the sale of capital	495,285.	150 116	483,581.	536,915.	925,994.	2901191.
	assets (Explain in Part VI.)	433,403.	403,410.	#03,30T.	330,313.	343,334.	99292785.
11		the day in particular				12	P3232103.
12	Gross receipts from related activities	•				<u> </u>	
13	First 5 years. If the Form 990 is for the	=					
Sa	organization, check this box and stoction C. Computation of Publ				***************************************		
-	Public support percentage for 2021 (			column (f))		14	96.55 %
15	Public support percentage from 2020					15	96.48 %
						<del></del>	
,0.	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
,	33 1/3% support test - 2020. If the						
•	and stop here. The organization qua						
17:	10% -facts-and-circumstances tes						
	and if the organization meets the fac						
	meets the facts-and-circumstances to		•	•		· · · · · · · · · · · · · · · · · · ·	<b>▶</b> □
1	10% -facts-and-circumstances tes		•				
	more, and if the organization meets t		-				· · · · · · ·
	organization meets the facts-and-circ				-		▶□
18	Private foundation. If the organization						s

Schedule A (Form 990) 2021

### Schedule A (Form 990) 2021 & 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 failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		]				
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-		1				
	formed, or facilities furnished in		İ				
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					<u> </u>	
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
					1		
	• • • • • • • • • • • • • • • • • • • •				_	<u> </u>	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		<b>.</b>				
	Total. Add lines 1 through 5				1		
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					ļ	
Ł	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6		<u> </u>				
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,		1				
	and income from similar sources						
1	Unrelated business taxable income	~					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain				<del> </del>		
: 2.	or loss from the sale of capital						
	assets (Explain in Part VI.)				1		
13		<u> </u>	1	1		F04(-)(0)	
14	First 5 years. If the Form 990 is for t						<b>L</b>
50	check this box and stop here ction C. Computation of Publ						
-	Public support percentage for 2021 (			column (f)		15	%
	,, ,		' <del>=</del> '			16	%
16	Public support percentage from 2020 ction D. Computation of Inves			***************************************		101	70
				ling 13 column (f)		17	%
	Investment income percentage for 2					18	
18	Investment income percentage from a 33 1/3% support tests - 2021. If the						
19							E I I IS I FOR
	more than 33 1/3%, check this box a						► L
	b 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	ea, or 19b, check t	inis box and see in		

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### & PETERSBURG

(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

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")? # "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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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	Nile	58181 <u> </u>
3a -		V
3b	3 - 1 - 1 - 1 - 2	V/Ass(3)
3c 4a	Ville	
4b		
5a		
5b		
<b>5c</b>		
6		
8		
Ja		1884.3
9b 9c		
		Vivi
10a		
ule A (For	ന മന	1 2021
MIC M (FUI)	330	,

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Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	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 on lines 11b and			HER
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	NAME:	Mili	
0	detail in Part VI.	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations			·
		14(1)(0)(4)	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	1	[4]	*******
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported			
2.	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Victorial Chair Experience		
•	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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S		NEW
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	15.0022	
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		YEER	4611313
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1 401164	111545
3	By reason of the relationship described on 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		50,000	. Ama
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3	<u> </u>	1
1				
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Test. Complete line 2 below.	, j.		
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 i	nstruction	ns)	
2	Activities Test. Answer lines 2a and 2b below.	non donor	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		TANK!	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on 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			i Ville
	these activities but for the organization's involvement.	2b	<u> </u>	<u> </u>
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	i katabid		/ Name
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За	<u> </u>	1
ģ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	BARRIN.		1 460.
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	

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Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations			
1 Check here if the organization satisfied the Integral Part Test as a qualify	ng trust or	Nov. 20, 1970 ( explain in P	art VI). See instructions.		
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or					
collection of gross income or for management, conservation, or					
maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)		
Aggregate fair market value of all non-exempt-use assets (see					
instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d		•		
e Discount claimed for blockage or other factors	YEAR O				
(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	·			
Section 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				
7 Check here if the current year is the organization's first as a non-function		ted Type III supporting organ	nization (see		

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2021 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2021 Amount for 2021 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 b From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D. a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

### UNITED WAY OF GREATER RICHMOND & PETERSBURG

Schedule A	(Form 990) 2021 & PE	TERSBURG	23-7375346 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3d line 1: Part IV. Section D, lines 2 ar	Provide the explanations required by Part II, line 10; Part II, line 17a or c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 ad 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V art V, Section E, lines 2, 5, and 6. Also complete this part for any addition	17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
#1************************************	1141		
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			111111111111111111111111111111111111111
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<u> </u>			
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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

Inspection

Employer identification number

UNITED WAY OF GREATER RICHMOND Name of the organization & PETERSBURG

23-7375346

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(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	vriting that the assets held in donor advis	sed funds
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ad		
·	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	[ <del></del>	f 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	ied 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		2a
b	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		1 1
c	Number of conservation easements on a certified historic stru	••••	
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		l i
3	Number of conservation easements modified, transferred, rele		
	year >	· · · · · · · · · · · · · · · · · · ·	
4	Number of states where property subject to conservation eas	ement is located >	_
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		<u> </u>
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conserv	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of		ther 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	B, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in t	furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		
а			🕨 \$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 202

132051 10-28-21

### UNITED WAY OF GREATER RICHMOND

Sched	Schedule D (Form 990) 2021 & PETERSBURG 23-7375346 Page 2								
Par	t III   Organizations Maintaining C	ollections of Ar	t, Historical '	Treasures, o	<sup>r</sup> Other	· Similar	Assets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of t	he following that	make si	gnificant ι	se of its		
	collection items (check all that apply):								
а	Public exhibition d Loan or exchange program								
b	Scholarly research e Other								
С	Preservation for future generations								
4	Provide a description of the organization's co	lections and explain	how they furth	er the organizatio	n's exen	npt purpo:	se in Part )	XIII.	
	During the year, did the organization solicit o	•	-	_					
	to be sold to raise funds rather than to be ma		-	•				Yes	No
	t IV Escrow and Custodial Arrang							ine 9. or	
	reported an amount on Form 990, Par		<b></b>					,	
19	Is the organization an agent, trustee, custodi		iary for contribu	tions or other as:	sets not	included			
·u	on Form 990, Part X?		=				["	Yes	No
h	If "Yes," explain the arrangement in Part XIII							1 100	
เม	ii res, explain the anangement in talt All t	and complete the for	lowing table.					Amount	
_	Paginning halanga					1c			
	Beginning balance					.			
	Additions during the year							·-	
e	Distributions during the year					1 1			
f	Ending balance						T T	7.,	
	Did the organization include an amount on F					ity?	L	Yes	No No
_	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete		i					t-3 Faures	raava baali
		(a) Current year	(b) Prior yea	r <b>(c)</b> Two yea	rs dack	(a) inree	ears back	(e) rour y	ears back
	Beginning of year balance							····	
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, colum	ın (a)) held as:					
а	Board designated or quasi-endowment	•	%						
	Permanent endowment	%	_						
		%							
•	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	•	ation that are he	ld and administe	red for th	ne organiz	ation		
ou	by:	oolon or the organiz						1	res No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	$\neg$
<b>L</b>	If "Yes" on line 3a(ii), are the related organize								-
4	Describe in Part XIII the intended uses of the				········		,.,,.,,,,,,,,,	00	L
Par	t VI Land, Buildings, and Equipm		Willett Iulius.						
ı uı	Complete if the organization answere		n Part IV line 1	ta. See Form 990	). Part X	line 10.			
		(a) Cost or o		Cost or other		\ccumulat	04	(d) Book	valuo
	Description of property	basis (invest		asis (other)		epreciation	- 1	(u) DOOK	value
		<del></del>	meny D	2010 (011101)	10000000	Preciatio			<del></del>
	Land	- 1			4400000	entejata Antaka	***********		<del> </del>
	Buildings			0E 726	1	10 0	<del></del>	70	076
	Leasehold improvements	ľ		85,736.	ļ	12,8		14	,876. ,191.
	Equipment			425,145.	1	<u>333,9</u>	34.	<u> </u>	'TAT*
	Other		l					1 - 2	0.65
Tota	l, Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. column (B). I	ne 10c.)			<u> </u>	<b>⊥</b> 64	<u>,067.</u>

Schedule D (Form 990) 2021

& PETERSBURG

Investments - Other Securities.  Complete if the organization answered "Yes" or	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives		***************************************	
(2) Closely held equity interests			
(3) Other			
(A) BENEFICIAL INTEREST IN	,		
(B) TRUST	1,712,424.	COST	·
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	1,712,424.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,112,424.		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
(1)	7-7		-
(2)			
(3)			
(4)	-		
(5)	.,,		
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		Viintennianiania propriational viintennia propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational propriational pr	
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)	·		
(5)			
(6)			
	······································		
(8)			
(9)	- 4C \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11t. See Form 990, Part X, line 25.	(LA Dales to the
1. (a) Description of liability			(b) Book value
(1) Federal income taxes	··		20 464
(2) FUNDS HELD FOR OTHERS	OMTNIA MT ONI		28,464
	RMINATION		2,662,627
(4)			
(5)			
(6)			
(7)			
(8)		Aug	
(9)	- 0E \		2,691,091
<ol> <li>Column (b) must equal Form 990, Part X, col. (B) line</li> <li>Liability for uncertain tax positions. In Part XIII, provide</li> </ol>			
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2021

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		.,	1	5,640,501.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	• • • • • • • • • • • • • • • • • • • •	a	-1,435,720.		
b	Donated services and use of facilities 2	-			
C	Recoveries of prior year grants				
d		!d		NAMA	4 425 520
_	Add lines 2a through 2d			2e	-1,435,720.
3	Subtract line 2e from line 1			3	7,076,221.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	. 1	35 200		
a	-	la lb	35,290. 15,555,484.		
b				40	15,590,774.
	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			4c 5	22,666,995.
Pai	t XII   Reconciliation of Expenses per Audited Financial Statements	Wi	th Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	7,201,075.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		••••••	11.55	•
a	<b>I</b>	≥a			
b		2b			
С	f · · ·	2c			
d		2d			
е	Add lines 2a through 2d		***************************************	2e	0.
3	Subtract line 2e from line 1			3	7,201,075.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	, , , , , , , , , , , , , , , , , , , ,	ta	35,290.		
b	Other (Describe in Part XIII.)	ĮЬ	15,555,484.	MES	
c	Add lines 4a and 4b			4c	15,590,774.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	22,791,849.
1	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lin			; Part :	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	l inf	ormation,		
ו א כו	T X, LINE 2:				
PAI	CI A, LINE Z:				
TNI	OME TAX UNCERTAINTIES: THE ORGANIZATION HAS	Δ	DOPTED FINAN	СТА	т.
TIA	OME TAX UNCERTAINTIED: THE ORGANIZATION HAD		DOLIND LINE	CIL	<u></u>
ACI	OUNTING STANDARDS BOARD (FASB) GUIDANCE RELA	ጥም	D TO ACCOUNT	TNG	FOR
2101	OUNTING DIMIDINDS DOMES (1710D) GOLDINGE KEDIT.		D 10 110000111		2 021
UNO	ERTAINTY IN INCOME TAXES, WHICH CLARIFIES TH	E	ACCOUNTING F	OR	INCOME
0.11	MALLANDIL WILLIAM , TIME OF CONTROL OF THE				
TA	ES BY PRESCRIBING THE MINIMUM RECOGNITION TH	RE	SHOLD THAT A	TA	X POSITION
IS	REQUIRED TO MEET BEFORE BEING RECOGNIZED IN '	TH	E ORGANIZATI	ON '	S
-					
FI	NANCIAL STATEMENTS.				
					200 BBO O O
IN ACCORDANCE WITH THE GUIDANCE, THE ORGANIZATION DISCLOSES THE EXPECTED					
FUTURE TAX CONSEQUENCES OF UNCERTAIN TAX POSITIONS PRESUMING THE TAXING					
r U	ONE TAX COMBEQUENES OF UNCERTAIN TAX FORTI	OTA	DHIMOGENI G	T 1177	TWITIG
ΑU	THORITIES FULL KNOWLEDGE OF THE FACTS AND THE	0	RGANIZATION'	S P	OSITION
AN	RECORDS UNRECOGNIZED TAX BENEFITS OR LIABIL	ΙT	IES FOR KNOW	N,	OR
	1 10-28-21				dule D (Form 990) 2021

Part XIII   Supplemental Information (continued)
ANTICIPATED, TAX ISSUES BASED ON THE ORGANIZATION'S ANALYSIS OF WHETHER
ADDITIONAL TAXES WOULD BE DUE TO THE AUTHORITIES GIVEN THEIR FULL
KNOWLEDGE OF THE TAX POSITION. THE ORGANIZATION ACCRUES INTEREST AND
PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AS OTHER NONCURRENT
LIABILITIES AND RECOGNIZES THE RELATED CHANGES IN THE ORGANIZATION'S
ASSESSMENTS AS A COMPONENT OF INCOME TAX EXPENSE. THE ORGANIZATION HAS
COMPLETED ITS ASSESSMENT AND DETERMINED THAT THERE WERE NO TAX POSITIONS,
WHICH WOULD REQUIRE RECOGNITION UNDER THE GUIDANCE. THE ORGANIZATION IS
NOT CURRENTLY UNDER AUDIT BY ANY TAX JURISDICTION.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
DONOR DESIGNATIONS 15,555,484.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
DONOR DESIGNATIONS 15,555,484.
Schedule D (Form 990) 2021

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047	2021	Open to Public Inspection
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Go to www.irs.gov/Form990 for the latest information.

**≗** □ Employer identification number 40 Schedule I (Form 990) 2021 23-7375346 FOR FOR UNDS(DESIGNATIONS) FOR UNDS(DESIGNATIONS) FOR UNDS (DESIGNATIONS) FOR UNDS(DESIGNATIONS) FOR (h) Purpose of grant or assistance UNDS (DESIGNATIONS) UNDS (DESIGNATIONS) 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 DONOR DIRECTS ONOR DIRECTS NONOR DIRECTS NONOR DIRECTS NONOR DIRECTS DONOR DIRECTS ENERGY SHARE ENERGY SHARE MERGY SHARE INERGY SHARE ENERGY SHARE MERGY 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, FMV, appraisal, other) 0 Ö ö ٥. ٥. ö (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant .000 130,592. 19,886, 242,324 94,659 12,221 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 25 GREATER RICHMOND (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. 56-0475840 501(C)(12) Enter total number of other organizations listed in the line 1 table N/A N/A N/A A/N Part I General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? UNITED WAY OF & 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 ATLANTIC SPRAY SYSTEMS CANTON, OH 44701-4401 PITTSBURGH, PA 15250 CHESAPEAKE, VA 23324 Name of the organization LIGHTFOOT, VA 23090 ARLINGTON, VA 22203 AMERIGAS PITTSBURGH NC 27944 APPALACHIAN POWER P. O. BOX 371473 P. O. BOX 24401 P. O. BOX HERTFORD, Part II LHA

132101 10-26-21

## UNITED WAY OF GREATER RICHMOND

6
le I (Form 990)

Schedule ( (Form 990) & PETERSBURG	URG				**************************************	2	23-7375346 Page 1
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.)	t II.)	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
(a) Name and address of organization or government	( <b>p)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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	7,923.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
BARC ELECTRIC COOPERATIVE P. O. BOX 264 MILLBORO, VA 24460	54-0130127	501(C)(12)	48,806.	0	- Line		DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
BOISSEAU OIL PO BOX 38088 RICHMOND, VA 23231		K/N	5,087.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
CAPE HATTERAS ELECTRIC COOPERA PO BOX 9 BUXTON, NC 27920		501(C)(12)	.808,5	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
CENTRAL VIRGINIA ELECTRIC COOP P. O. BOX 247 LOVINGSTON, VA 22949	54-0164798	501(C)(12)	67,069.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
CITY OF BLIZABETH CITY P. O. BOX 347 BLIZABETH CITY, NC 27907		AOS	13,728.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
CITY OF FRANKLIN P. O. BOX 179 FRANKLIN, VA 23851		ov	59,254.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
CITY OF MANASSAS UTILITIES 8500 PUBLIC WORKS DRIVE MANASSAS, VA 20110		gov	11,695.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
COLUMBIA GAS P. O. BOX 910 SMITHFIELD, PA 15478		N/A	79,556.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
							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 (Schedule I (Form 990), Part II.)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule   (Form 990), Part II.)	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	dule I (Form 990), Par	T !!.)	
(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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of nor-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ELECTRIC COOPERATIVE PO BOX 267 WINDSOR, VA 23487	54-0178963	501(C)(12)	6,546.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
D. MOWRY CONSTRUCTION 5111 B RIVERVIEW ROAD WILLIAMSBURG, VA 23188		N/A	77,081.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
DAVENPORT ENERGY 7 EDMUNDS STREET SOUTH BOSTON, VA 24592		//A	19,292.	•0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
DIVERSIFIED ENERGY NC 409B NORTH MAIN STREET RICH SQUARE, NC 27869		N/A	9,560.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
DOMINION ENERGY POB25339 5000 DOMINION BOULEVARD GLEN ALLEN, VA 23060		n/a	7,845,119.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
FERRELL GAS 3210 RAEPORD ROAD FAYETTEVILLE, NC 28303		N/A	8,656.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
FREDERICK NORTHUP INC 6658 RICHMOND ROAD WARSAW, VA 22572		N/A	9,499.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
GOOD SHEPHARD HOUSING 8305 RICHMOND HIGHWAY #17B ALEXANDRIA, VA 22309	23-7447962 501(C)(3)	501(C)(3)	28,460.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
GROVE CHRISTIAN OUTREACH 8800 POCAHONTAS TRAIL WILLIAMSBURG, VA 23185	27-0077733 501(C)(3)	501(C)(3)	38,796.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
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Part II Continuation of Grants and Other Assistance to Domestic Org	Assistance to Do	mestic Organizations	ganizations and Domestic Governments	i	(Schedule I (Form 990), Part II.)	4 II:)	- Verbilante en en en en en en en en en en en en en
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY PENINSULA 11011 WARWICK BLVD NEWPORT NEWS, VA 23601	52-1431619	501(C)(3)	.000,27	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
HALIFAX ELECTRIC MEMBERSHIP CO PO BOX 667 ENFIELD, NC 27823		N/A	6,651.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR EWERGY SHARE
HARRISONBURG ELECTRIC COMMISSI 89 WEST BRUCE STREET HARRISONBURG, VA 22801		N/A.	32,811.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
JERNIGAN OIL & PROPANE 415 MAIN STREET AHOSKIE, NC 27910		N/A	8,757.	•0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
LOCAL ENERGY ACTION PROGRAM (L 608 RIDGE STREET CHARLOTTESVILLE, VA 22902		N/A	10,462.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
LOUDOUN HABITAT 700 FIELDSTONE DRIVE, SUITE 128 LEESBURG, VA 20176	54-1666448	501(C)(3)	9,121.	•0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
MECKLENBURG ELEC. COOP 11633 VA-92 CHASE CITY, VA 23924		N/A	112,530.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
NEWSOM OIL COMPANY, INC. 1503 WEST TENTH STREET ROANOKE RAPIDS, NC 27870		N/A	8,378.	o			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
NEXANT INC. DEPT CH 16356 PALATINE, IL 60038		N/A	116,810.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE Schedule (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 5 7 0 1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN NECK ELECTRIC P. O. BOX 288 WARSAW, VA 22572	54-0322350	501(C)(12)	30,131.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
NORTHERN VIRGINIA ELECTRIC COO P. O. BOX 34795 ALEXANDRIA, VA 22334	54-0346923	501(C)(12)	95,374.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
PRINCE GEORGE ELECTRIC COOP. P. O. BOX 620 WAVERLY, VA 23890	54-0346866	501(C)(12)	30,094.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
PROJECT: HOMES 88 CARNATION STREET RICHMOND, VA 23225	54-1595851	501(C)(3)	50,686.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
QUARLES ENERGY SERVICES 3300 BEULAH SALISBURY DRIVE FREDERICKSBURG, VA 22401		N/A	15,186.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
RAPPAHANNOCK ELECTRIC COOPERAT P. O. BOX 34849 ALEXANDRIA, VA 22334	54-1135340 501(C)(12)	501(C)(12)	289,452.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
	54-1652359	501(C)(3)	. 65,979.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
REED GAS 404 NC HIGHWAY 345 MANTEO, NC 27954		8/8	9,643.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
RICHMOND D.P.U 730 E. BROAD STREET RICHMOND, VA 23219		N/B	14,248.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	dule I (Form 990), Par	11.)	
(a) Name and address of organization or government	( <b>9</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICHMOND HABITAT FOR HUMANITY 2281 DABNEY ROAD, SUITE A RICHMOND, VA 23230	54-1385198	501(C)(3)	.006,8	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
ROANOKE ELECTRIC COOPERATIVE P. O. BOX 1326 AHOSKIE, NC 27910	56-0378505	501(C)(12)	69,285.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
ROCKERIDGE FARMERS COOP.  33 YELLOW RAIL LANE LEXINGTON, VA. 24450		501(C)(12)	14,962.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
SHENANDOAH VALLEY ELECTRIC P. O. BOX 236 MT. CRAWFORD, VA 22841	54-0377465	501(C)(12)	72,570.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
SOUTHEAST VA COMMUNITY FOUNDAT 1435 CROSSWAYS BLVD, SUITE 300 CHESAPEAKE, VA 23320	27-2529017	501(C)(3)	64,150.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
SOUTHSIDE ELECTRIC COOP. P. O. BOX 7 CREWE, VA 23930	54-0387895	501(C)(12)	140,516.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
STERLING OIL CO. P. O. BOX 2475 LYNCHBÜRG, VA 24505		N/A	13,943.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
THE SALVATION ARMY HAMPTON 5525 RABY ROAD NORFOLK, VA 23501		501(C)(3)	19,834.	Ċ			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
TOWN OF BLACKSTONE 100 WEST ELM STREET BLACKSTONE, VA 23824		AOS	8,362.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	dule I (Form 990), Parl	(11.)	
(a) Name and address of organization or government	(P) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF CULPEPER 400 SOUTH MAIN STREET, SUITE 109 CULPEPER, VA 22701		AOS.	15,381.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
TOWN OF ROBERSONVILLE 114 SOUTH MAIN STREET ROBERSONVILLE, NC 27871		лоэ	5,057.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
TOWN OF WINDSOR PO BOX 508 WINDSOR, NC 27983		лоэ	6,389.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
VIRGINIA BEACH COMMUNITY DEV. 2400 POTTERS ROAD VIRGINIA BEACH, VA 23454	54-1378797	501(C)(3)	142,585.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
VIRGINIA NATURAL GAS P. O. BOX 5409 CAROLSTREAM, IL 60197-5409	į	N/A	26,458.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
WASHINGTON GAS P. O. BOX 37747 PHILADELPHIA. PA 19101		N/A	41,364.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
1 2 4		N/A	9,094.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
ACCESS NOW, INC. 2821 EMERYWOOD PARKWAY RICHMOND, VA 23219	26-1695468	501(C)(3)	25,000.	.0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
ART 180 114 W. MARSHALL STREET RICHMOND, VA 23220	54-1935207 501(C)	501(C)(3)	25,000.	0.			DONOR DIRECT FUNDS (DESIGNATIONS) FOR SENERAL PURPOSES
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INC. - 1707 SUMMIT AVENUE, SUITE

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## UNITED WAY OF GREATER RICHMOND

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	Other Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	dule I (Form 990), Parl	t II.)	
(a) Name and address of organization or government	(g)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETTER HOUSING COALITION P. O. BOX 12117 RICHMOND, VA 23241	54-1479059 501(C)(3)	501(C)(3)	25,000.	0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	Assistance to Dor	mestic Organizations	and Domestic Go	- 1	(Schedule I (Form 990), Part II.)	π E.)	THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF RICHMOND 2922 WEST MARSHALL STREET 2ND FLOOR RICHMOND, VA 23230	54-1799922	501(C)(3)	50,000.	0.			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CROSSOVER HEALTHCARE MINISTRY 8600 QUIOCCASIN ROAD, SUITE 102 RICHMOND, VA 23229	54-1371067	501(C)(3)	.000,02	•0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
DAILY PLANET HEALTH SERVICES 517 WEST GRACE STREET RICHMOND, VA 23220	54-0900368	S01(C)(3)	32,500.	0.			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
FAMILY LIFELINE 2325 WEST BROAD STREET RICHMOND, VA 23220	54-0737133	501(C)(3)	390,000.	0,			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
FEED MORE 1415 RHOADMILLER STREET RICHMOND, VA 23220	54-1150923	501(C)(3)	25,000.	0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SSOC T	54-0505899	501(C)	115,000.	0,			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
138.0     11.0   12.0	54-1967650	501(C)(3)	25,000.	0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
GOODWILL OF CENTRAL AND COASTAL VIRGINIA - 6301 MIDLOTHIAN TURNPIKE - RICHMOND, VA 23225	54-0455395	501(c)(3)	.000,002	.0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
GREATER RICHMOND SCAN (STOP CHILD ABUSE NOW) - 103 EAST GRACE STREET - RICHMOND, VA 23219	54-1584969 501(C)	501(C)(3)	25,000.	Ö			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES Schedule   Form 99)
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Schedule I (Form 990)

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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.)	t II.)		
(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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
HANOVER SAFE PLACE 629A NORTH WASHINGTON HWY ASHLAND, VA 23005	31-1415701	501(C)(3)	45,000.	.0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES	
HEALTH BRIGADE 1010 NORTH THOMPSON STREET RICHMOND, VA 23230	54-0927792	501(C)(3)	32,500.	0.			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES	
HIGHER ACHIEVEMENT 4009 FITZHUGH AVENUE RICHMOND, VA 23230	52-1383374	501(C)(3)	25,000.	0.			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES	
HOMEAGAIN P. O. BOX 5222 RICHMOND, VA 23220	54-1159513	501(C)(3)	.000,08	0,			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES	1
HOMEWARD 1125 COMMERCE ROAD RICHMOND VA 23224	05-0606153	501(C)(3)	.000 05	0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES	
MII WA 2	54-1995917	501(C)		0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES	
JEWISH FAMILY SERVICES P. O. BOX 17128 RICHMOND, VA 23226	54-0526201	501(C)(3)	.000,000	0,			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL FURPOSES	
NEXTUP 3409 MOORE STREET RICHMOND, VA 23230	47-4933093	501(C)(3)	25,000.	Ö			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES	
OAR OF RICHMOND, INC. 3111 WEST CLAY STREET RICHMOND, VA 23230	54-0974305 501(C)	501(C)(3)	60,000.	.0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES	6
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## UNITED WAY OF GREATER RICHMOND

PETERSBURG
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(Form 990)
Schedule

Part II Continuation of Grants and Other Assistance to Domestic Or	ssistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	ganizations and Domestic Governments (Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATHWAYS-VA, INC. 1200 WEST WASHINGTON STREET PETERSBURG, VA 23803	54-1868900	501(C)(3)	.000,25	0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
PETER PAUL DEVELOPMENT CENTER 1708 NORTH 22ND STREET RICHMOND, VA 23223	54-1137164 501(C)(	501(C)(3)	*000′05	0.			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
PRESETTERIAN HOMES & FAMILY SERVICES, INC. DEA HUMANKIND - 908 NORTH THOMPSON STREET - RICHMOND, VA 23230	54-0346118 501(C)(	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)(	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)(	501(C)(3)	25,000.	•0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR SENERAL PURPOSES
READING AND EDUCATION FOR ADULT DEVELOPMENT, INC. ~ 4915 RADFORD AVENUE #204 - RICHMOND, VA 23230	54-1364885 501(C)(	501(C)(3)	25,000.	Ö	1		DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SACKED HEART CENTER, INC 1400 PERRY STREET RICHMOND, VA 23224	54-1590419 501(C)(	501(C)(3)	. 50, 000.	0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SENIOR CONNECTIONS 24 EAST CARY STREET RICHMOND, VA 23219	54-0950714 501(C)(	501(C)(3)	50,000.	0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SIDE BY SIDE VA, INC. P. O. BOX 26442 RICHMOND, VA 23261	54-1572424 501(C)(	501(C)(3)	50,000.	0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL FURPOSES Schedule   (Form 990)
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	ssistance to Dor	mestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)	t II.)	WHEELER
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMART BEGINNINGS GREATER RICHMOND 919 EAST MAIN STREET, SUITE 1700 RICHMOND, VA 23219	51-0252958	501(C)(3)	25,000.	0.			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL FURPOSES
SMART BEGINNINGS SOUTHEAST 209 EAST CAWSON STREET HOEPWELL, VA 23860	47-2749435	501(C)(3)	. 25,000.	.0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SOAR365 (FORMERLY GREATER RICHMOND ARC) - 3600 SAUNDERS AVENUE - RICHMOND, VA 23227	54-0629691	501(C)(3)	.000,26	0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SOUTH RICHMOND ADULT DAY CARE CENTER - 1500 HULL STREET - RICHMOND, VA 23224	51-0163293	S01(C)(3)	.25,000.	0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SOUTHSIDE COMMUNITY DEVELOPMENT HOUSING CORPORATION - 1624 HULL STREET - RICHMOND, VA 23224	54-1480544	501(C)(3)	35,000.	0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
ST. JOSEPH'S VILLA 8000 BROOK ROAD RICHMOND, VA 23227	54-0505950	501(C)(3)	25,000.	0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
THE LITERACY LAB 2920 WEST BROAD STREET, SUITE 111 RICHMOND, VA 23230	27-177117	501(C)(3)	90,000.	.0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
THE SALVATION ARMY 2 WEST GRACE STREET RICHMOND, VA 23220	58-0660607 501(C)(3)	501(c)(3)	.000,29	.0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
VIRGINIA DENTAL ASSOCIATION FOUNDATION - 3460 MAYLAND COURT, SUITE 110 - RICHMOND, VA 23454	54-1821602	501(C)(3)	25,000.	.0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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## UNITED WAY OF GREATER RICHMOND

Schedule I (Form 990) & PETERSBURG  Schedule I (Form 990) & PETERSBURG  Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.		_
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1 (Form 990) & PETERSBURG Continuation of Grants and Other Assistance to Domestic Organizations and Domesti		(Schedule I
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Part II   Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	Assistance to Dog	nestic Organizations	and Domestic Go	vernments (Sche	dule I (Form 990), Par	t !!.)	**************************************
(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA LISC 413 STURR CIRCLE RICHMOND, VA 23220	13-3030229	501(0)(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)	501(C)(3)	155,000.	0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
ALTE AX S		501(C)(12)	30,000.	0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
	4.181 1.082 1.082	501(C)(12)	25,000.	o			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
	54-0880233	501(C)(12)		0			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
BAPTIST GENERAL CONVENTION 1214 WEST GRAHAM ROAD, SUITE 1 RICHMOND, VA 23220		501(C)(3)	37,000.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
CADA COMMUNITY SERVICE CENTER P.O. BOX 350 RICH SQUARE, NC 27869		501(C)(3)	5,000.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE Schedule   (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Or	Assistance to Do	mestic Organizations	ganizations and Domestic Governments	- 1	(Schedule I (Form 990), Part II.)	t II.)		
(a) Name and address of organization or government	( <b>b</b> ) ein	( <b>c</b> ) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ut l
CHP ENERGY SOLUTIONS 5500 INDUSTRIAL DRIVE CHRISTIANSBURG, VA 24073		N/A	747,280.	Ö			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE	FOR
CRAIG-BOTETOURT ELECTRIC COOPERATIVE - P.O. BOX 265 - NEW CASTLE, VA 24127		K/N	8,010.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) ENERGY SHARE	FOR
D&H CONSTRUCTION SERVICES INC. 711 HOSPITAL STREET, SUITE 26 RICHMOND, VA 23219		K/N	299,071.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE	FOR
FARRELL INSULATION 10260 FISHER AVENUE TAMPA, FL 33619		N/A	34,693.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) ENERGY SHARE	FOR
HAMPTON ROADS COMMUNITY 2410 WICKHAM AVENUE NEWPORT NEWS, VA 23607	54-2035996	501(C)(3)	606,023.	.0	de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la		DONOR DIRECTS FUNDS(DESIGNATIONS) ENERGY SHARE	FOR
NEW DIXIE OIL CORPORATION NC P.O. BOX 779 ROANOXE RAPIDS, NC 27870		N/A	6,189,	•0			DONOR DIRECTS FUNDS(DESIGNATIONS) ENERGY SHARE	FOR
- HOE		N/A	6,061.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) ENERGY SHARE	FOR
PARKER OIL COMPANY, INC. CC VA P.O. BOX 248 CHASE CITY, VA 23924		N/A	6,699.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) ENERGY SHARE	FOR
PIEDMONT NATURAL GAS P.O. BOX 937 TOLEDO , OH 43697		N/A	7,406.	0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE	FOR
							Schedule I (Form 990)	orm 990)

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Schedule (Form 990) & PETERSBURG	JRG		C. Charles		( If the different 000 ( Date 1)		23-7375346 Page 1
(a) Name and address of (b) EIN (c) IRC organization or government	(b) EIN	(c) IRC section if applicable	section (d) Amount of (e) Amour icable cash grant noncas assistan		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY - FREDERICKSBURG P.O. BOX 179 FREDERICKSBURG, VA 22404		501(C)(3)	.000,8	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
OYAL		AOS	13,000.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
VIRGINIA DEPT FOR AGING 8004 FRANKLIN FARMS DRIVE HENRICO, VA 23229		501(C)(3)	20,000.	.0			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
VIRGINIA HISPANIC CHAMBER OF COMMERCE - 10700 MIDLOTHIAN TURNPIKE, SUITE 200 - RICHMOND, VA 23235		N/A	7,500.	0,			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
VIRGINIA SUPPORTIVE HOUSING 8002 DISCOVERY DRIVE, SUITE 201 RICHMOND, VA 23226	54-1444564	501(C)(3)	5,421.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
WALDEN MECHANICAL, LLC 106 PLEASANT RIDGE COURT SUFFOLK, VA 23435		N/A	9,030.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR EWERGY SHARE
WILLIAM NICKERSON 5240 PINE CREST AVENUE RICHMOND, VA 23225		N/A	7,500.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
YESUSA TRANSFORMATIONAL CITIES 1005 FITCHETT STREET CHESAPEAKE, VA 23467		4/N	5,789.	Ö			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
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23-7375346

Schedule I (Form 990) 2021 & PETERSBURG

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
		and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t			
Part IV   Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information	l quired in Part I, lir	e 2; Part III, column	(b); and any other add	ditional information.	
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TLIEVE IN	잂	COMBAT OUR F	REGION'S MOST	ST PRESSING	
ISSUES. THROUGH OUR STEPS TO SUCCESS	RAN	3, LOCAL NONPROFIT		AGENCIES CAN	
OR FUNDING TO HELP	A COMMON GOAL	OF	BETTERING OU	OUR	
COMMUNITIES. EVERY PROGRAM FUNDED	l	A STEPS TO	SUCCESS	GRANT IS	
VALUATED AND MEASURED	FO.R	EFFECTIVENESS.	IN THIS WAY,	2, UNITED	
WAY VALIDATES THAT INVESTMENTS GET RESULTS	RESULTS	AND MAKE A	DIFFERENCE WHERE	S WHERE IT	
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Part IV Supplemental Information	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
UNITED WAY RELIES ON VOLUNTEERS TO SUPPORT THE FUNDING PROC	CESS. THE
COMMUNITY IMPACT COUNCIL IS STAFFED BY A GROUP OF DEDICATED	O VOLUNTEERS. THE
COMMUNITY IMPACT COUNCIL, A SUB-COMMITTEE OF UNITED WAY'S F	BOARD OF
DIRECTORS, UNDERSTANDS BOTH UNITED WAY'S STRATEGIC FRAMEWOR	RK AND THE
EVER-CHANGING NEEDS OF THE REGION. THE GROUP REVIEWS DATA,	RESEARCH AND
BEST PRACTICES AND MAINTAIN PERIODIC CONTACT WITH FUNDED PR	ROGRAMS AND
AGENCIES. THE COMMUNITY IMPACT COUNCIL IS RESPONSIBLE FOR I	HOLDING MONTHLY
MEETINGS TO MONITOR AND ASSESS COMMUNITY AND HUMAN SERVICE	NEEDS AND MAKING
RECOMMENDATIONS THAT ENABLE UNITED WAY TO EFFECTIVELY ALLO	CATE RESOURCES.
FUNDING IS MADE POSSIBLE THROUGH THE GENEROUS GIFTS FROM DO	ONORS WHO GIVE
THROUGH WORKPLACE CAMPAIGNS OR MAKE INDIVIDUAL GIFTS.	
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### 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.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

UNITED WAY OF GREATER RICHMOND & PETERSBURG

Employer identification number 23-7375346

**Questions Regarding Compensation** Part I 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. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 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 Approval by the board or compensation committee X Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: Х a The organization? X 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 7 not described on lines 5 and 6? 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

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initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2021

Regulations section 53,4958-6(c)?

## & PETERSBURG

Schedule J (Form 990) 2021

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.

(D) Nontaxable (E) Total of columns (F) Compensation benefits (B)(I)-(D) in column (B)	reported as deferred on prior Form 990	10,758. 188,209. 0.	0.00.0	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		And the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t							Halland A. 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<u>g</u>	compensation	0	0																															
and/or 1099-NEC	(iii) Other reportable compensation	0	0.																															
2 and/or 1099-MISC compensation	(ii) Bonus & incentive compensation	0.	0																															
(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	(i) Base compensation	177,451.	4																															
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	(A) Name and Title	(1) JAMES L. M. TAYLOR	PRESIDENT & CEO																															

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Schedule J (Form 990) 2021

Part III | Supplemental Information

Schedule J (Form 990) 2021	
id for Part II. Also complete this part for any additional information.	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
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## **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

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.

& PETERSBURG

UNITED WAY OF GREATER RICHMOND

Employer identification number 23-7375346

Par	t I Types of Property						_
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determir noncash contribution a		_
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	10	151,061.	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				ļ		
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 organi						
	for which the organization completed Form 82	83, Part V, I	Jonee Acknowledg	gement 29	<del> </del>	T., T.	
						Yes No	2
30a	During the year, did the organization receive b				1 100.001		
	must hold for at least three years from the dat				1	7	- 13
	exempt purposes for the entire holding period	?		***************************************	30a	ı X	
	If "Yes," describe the arrangement in Part II.			_#	**************************************	Table V	•
31	Does the organization have a gift acceptance					X	<u>.                                    </u>
32a	Does the organization hire or use third parties		-		Į.	, x	
	contributions?				32a	1 1	
	If "Yes," describe in Part II.  If the organization didn't report an amount in o	onlumn (a) fo	or a tune of propert	y far which column (a) is sho	cked		
33	describe in Part II.	Joiunin (G) TC	ла суре от ргореп	y for which column (a) is the	unou,		
	Mesoning III Lair II.				1 <u>`</u>		_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

## UNITED WAY OF GREATER RICHMOND

<u>chedule M</u>	(Form 990) 2021 & P	ETERSBURG			23-7375346	Page 2
Part II	(Form 990) 2021 & P Supplemental Infor is reporting in Part I, colu this part for any additional	mation. Provide the in mn (b), the number of cor al information.	formation required by ntributions, the numb	y Part I, lines 30b, 32b, ser of items received, or	and 33, and whether the organiz a combination of both. Also cor	ration nplete
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## **SCHEDULE O** (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER RICHMOND & PETERSBURG

Employer identification number 23-7375346

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

Schedule O (Form 990) 2021