Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning JUL 1, 2022 and en	nding J	UN 30, 2023	
B c	heck if oplicable	C Name of organization		D Employer identific	cation number
a		UNITED WAY OF GREATER RICHMOND			
	Addres change	S & PETERSBURG			
	Name change	Doing business as		23-73753	46
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number	,
	Final return/		00	804-771-	5820
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	16,158,323.
	Amend return	RICHMOND, VA 23294		H(a) Is this a group re	
	Application	I F Name and address of principal officer: DANDANA COULD BLEE		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u> </u>	ax-exe	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions
_	Vebsit			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1911 $_{ m N}$	N State of legal domicile: VA
Pa	rt I	Summary			
ď		Briefly describe the organization's mission or most significant activities: OUR M			
Governance		INDIVIDUALS AND DRIVE SYSTEMIC CHANGE TO P			
erna		Check this box if the organization discontinued its operations or disposed	d of more	1 1	
OVE				3	19
ა დ		Number of independent voting members of the governing body (Part VI, line 1b)			19
es		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			45
Activities &		Total number of volunteers (estimate if necessary)			2248
Act				7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
	_			Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)		21,100,474.	14,509,316.
/eni	1	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		640,527.	456,194.
	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		925,994.	1,192,813. 16,158,323.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		22,666,995. 18,435,484.	12,532,099.
	l .	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,433,464.	12,552,099.
	ı	Benefits paid to or for members (Part IX, column (A), line 4)		2,630,211.	2,090,973.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·····-	0.	2,090,973.
Expenses	ı	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 1,283,010	·····	U •	0.
Ä	l .			1,726,154.	1,566,371.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		22,791,849.	16,189,443.
		Revenue less expenses. Subtract line 18 from line 12		-124,854.	-31,120.
- Jor		nevenue less expenses. Subtract line 10 from line 12		ginning of Current Year	End of Year
ets c	20	Total assets (Part X, line 16)		16,886,120.	14,760,688.
ASS	21	Total liabilities (Part X, line 26)		8,996,441.	6,774,796.
Net Assets (22	Net assets or fund balances. Subtract line 21 from line 20		7,889,679.	7,985,892.
Pa	rt II	Signature Block			<u> </u>
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	/ knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge. 🔒 👔	
		Darbara Conto Sine		314	2024
Sig		Signature of officer		Date	
Her	е	BARBARA COUTO SIPE, CHIEF EXECUTIVE OFFICE	ER		
		Type or print name and title)-t-	DTIN
_		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Paid		JAYME MIKA		self-employ	
-	arer	Firm's name KEITER, STEPHENS, HURST, GARY & SH	IKEAVI	ES Firm's EIN 5	4-1631262
Use Only Firm's address 4401 DOMINION BLVD					
Mar	the Ir	GLEN ALLEN, VA 23060		Priorie no. (8	04) 747-0000 X Yes No

UNITED WAY OF GREATER RICHMOI

Part III Statement of Program Service Accomplishments Name Part II	Form	990 (2022) & PETERSBURG	23-7375346	Page 2
The provide the comprehation's mission: OUR MISSION IS TO RMPOWER INDIVIDUALS AND DRIVE SYSTEMIC CHANGE TO PROVIDE EVERYONE WITH A CLEAR PATH TO SUCCESS. WE DELIVER ON OUR MISSION BY LEADING TARGETED INTITIATIVES. GRANT MAXING, AND BY MOBILIZING PEOPLE AND WORKPLACES TO GIVE, ADVOCATE, AND VOLUNTEER Did the congratation undersize any significant program services during the year which were not listed on the prior form 800 or 690-627. I'ves.' describe these new services on Schedule O. I'ves.' describe these new services on Schedule O. I'ves.' describe these changes on Schedule O. I'ves.' describe the schedule O. I'ves.' described on the schedule O. I'ves.' described the schedule O. I	Par	t III Statement of Program Service Accomplishments		
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PROVIDE EVERYONE WITH A CLEAR PATH TO SUCCESS. WE DELIVER ON OUR MISSION BY LEADING TARGETED INTITIATIVES, GRANT MAKING, AND BY MOBILIZING PROPLE AND WORKPLACES TO GIVE, ADVOCATE, AND VOLUNTEER The proferms of 950527 If "ves." describe these new services on Schedule O. Both the organization undertake any algoriscent program services during the year which were not listed on the proferms of 950527 If "ves." describe these new services on Schedule O. Both the organization cases conducting, or make significant changes in how it conducts, any program services? [Ves. [X]] No. If "ves." describe these changes on Schedule O. Boestine the organization sprogram services complishments for each of its three largest program services, as measured by expenses. Section 5016(28) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if my, for each program services accomplishments for each of its three largest program services, as measured by expenses. Section 5016(28) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if my, for each program services, as measured by expenses. Section 5016(28) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if my, for each program services, as measured by expenses, and revenue, if my, for each program services, as measured by expenses, and revenue from the grant and allocations to others, the program services and services are serviced and services and services are serviced and services and services are serviced and services and services and services are serviced and services and servic	1			
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prior form \$80 or \$80 or \$80 cts 20 cts 20 cts 20 cts 3 cts 20 cts 3 cts 20 cts 3 cts 20 cts		MOBILIZING PEOPLE AND WORKPLACES TO GIVE, ADVOCATE, AND	VOLUNTEER	
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4 Describe the organization's program services accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program services required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program services (possess) and program services (possess)	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
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			Form 9	990 (2022)

232002 12-13-22

Part IV | Checklist of Required Schedules

23-7375346 Page **3**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3	-	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
E	during the tax year? If "Yes," complete Schedule C, Part II	-4-		
5		5		Х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
-	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	- 22	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			一
120	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	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,	l		- V
,,,	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	10		x
4 0	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	+^-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"	10		x
00-	complete Schedule G, Part III	19 20a		X
20a b	The second secon	20a		†
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		T
Z 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
	V 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			(2022)

Form		7375346	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	t		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ie		
	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		
С	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?			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	1		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contri	I		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II.	- 1	r	X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a	.	X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			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	280		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X	\vdash
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		 	
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
UZ.	Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	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		1	 -
04		34		x
2F -	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		-	
u	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	ı		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.		+	†
36				x
27	If "Yes," complete Schedule R, Part V, line 2		+	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
20	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		1	+
38		38	x	
Pai	Note: All Form 990 filers are required to complete Schedule O rt 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			
	S. 155. Ti Octobratio O Communic a topportor of floto to dry line in the first of		Yes	No
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	32	163	110
_		- 32		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
С	(gambling) winnings to prize winners?	1c	х	1
22000	4 12-13-22			(2022)
2020U	7 16 10 66	1 01		,)

Form	990 (2022) & PETERSBURG 23-7375	346	P	age 5					
Par				.90-					
	3 3 1 (contanued)		Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	, and a							
	filed for the calendar year ending with or within the year covered by this return 2a 45								
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a							
	o If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
	If "Yes," enter the name of the foreign country	Ta							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
		5a	Allene en	Х					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
		5c							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30							
		60		Х					
	any contributions that were not tax deductible as charitable contributions?	6a							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	CL							
_	were not tax deductible?	6b		To the second					
7	Organizations that may receive deductible contributions under section 170(c).			·∵					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37					
	to file Form 8282?	7с	3,404(A)	X					
	If "Yes," indicate the number of Forms 8282 filed during the year		1600000						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-					
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_	145 CA 164 C						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8	V.C. (4.8.54)	40,000,000					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1.74.7755	5171555344					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
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								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		TO SEE	14000000					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	Jack 65	23,502					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	1							
С	Enter the amount of reserves on hand			THE STATE OF					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.		ANA						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<u></u>	X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	L						
	If "Yes," complete Form 6069.		71595						

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Form 990 (2022) 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.

	to into out out of the first the second of t			77			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management	—Т	Vaa	No			
	Enter the number of voting members of the governing body at the end of the tax year 19		Yes	NO			
та	Zinci die name i vitamig membere ei me geremmig zue, aus eine eine eine eine eine eine eine ein	1 1					
	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.						
1	Enter the number of voting members included on line 1a, above, who are independent						
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
2		2	12/2000	Х			
_	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision						
3	of officers, directors, trustees, or key employees to a management company or other person?	3		x			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
/ α	more members of the governing body?	7a		Х			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
~	persons other than the governing body?	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
	(THIS COSTIST D TOGGOSTO THIS THAT IS A STATE OF THE STAT		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
	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	the state of the s	11a	Х				
b	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	<u> </u>			
b	and the second s	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	on Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b	X	Acceptance for			
	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		1888				
	taxable entity during the year?	16a	1100000	X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	33000					
	exempt status with respect to such arrangements?	16b	l				
Sec	ction C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedNONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)	availa	ble			
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	id finan	cıal				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	BARBARA COUTO SIPE - (804) 771-5820 7814 CAROUSEL LANE, SUITE 400, RICHMOND, VA 23294						
	7814 CAROUSEL LANE, SUITE 400, RICHMOND, VA 23294						

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Form 990 (2022) Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 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 employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per	box.	not cl unles	ss per	tion nore t son is	than o s both r/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JAMES L. M. TAYLOR	40.00							100 050	0	15 500
PRESIDENT & CEO - ENDED 6/30/23	10.00			X			ļ	182,050.	0.	15,522.
(2) ANGELA OTTO	40.00			х				117 701	0.	10 042
VP OF PROGRAMS & ADMIN	40.00			A			-	117,701.	0.	10,842.
(3) JOSHUA EPPS	40.00			х			l	98,555.	0.	9,222.
VP OF RESOURSE DEVELOPMENT	40.00		ļ	Δ		-	-	96,333.	U •	9,444.
(4) PAUL HUNTER CONTROLLER	40.00	-		X			l	79,697.	0.	7,752.
(5) BRIAN WACHUR	40.00	-		^			<u> </u>	13,031.	0.	1,152.
VP OF MARKETING & COM	40.00	1		x				55,027.	0.	4,436.
(6) AUDREY TRUSSELL	40.00			-23			-	33,0271	0.	4,4500
VP OF COM IMPACT	40.00	1		Х				34,565.	0.	3,224.
(7) MIKE BRUCE	1.00	\vdash	 	22	-	\vdash	<u> </u>	34,303.		3,221
DIRECTOR	1.00	X						0.	0.	0.
(8) CINDY BUCKLER	1.00	1			<u> </u>	<u> </u>				
DIRECTOR		x						0.	0.	0.
(9) THERESA CHAMBLESS	1.00						m			
DIRECTOR		x					1	0.	0.	0.
(10) LARRY COTTRILL	1.00			<u> </u>						
DIRECTOR		x		ŀ				0.	0.	0.
(11) DONNA CRAVER	1.00						i i			
DIRECTOR		x						0.	0.	0.
(12) DANIELLE FITZ-HUGH	1.00									
DIRECTOR		X						0.	0.	0.
(13) TAMMY HORNSBY-FINK	1.00					Π				
DIRECTOR		X						0.	0.	0.
(14) JACKIE LARKIN	1.00									
DIRECTOR		X						0.	0.	0.
(15) DEL LIPSCOMBE	1.00									
DIRECTOR		X						0.	0.	0.
(16) SANDRA ONYIUKE	1.00									_
DIRECTOR		X	<u> </u>	<u> </u>		<u> </u>	L	0.	0.	0.
(17) ASHANTE SMITH	1.00	1								
DIRECTOR		X				_	\perp	0.	0.	0.

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& PETERSBURG

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(0				(D)	(E)		(F)
Name and title	Average Position (do not check more than one						ne	Reportable	Reportable	E	stimated
	hours per	box	, unles	s per	son i	s both	an	compensation	compensation	aı	mount of
	week		cer an	d a di	recto	r/trust	ee)	from	from related		other
	(list any	rector						the	organizations		npensation
	hours for related	or di	ee ee			ated		organization	(W-2/1099-MISC/	- 1	rom the
	organizations	ustee	trust		es es	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	٠,	ganization d related
	below	ual tr	tional		ploy	st con	_	1033-NLO)			anizations
	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			0.9	d. 112 d 1107 10
(18) KELLY TILL	1.00	 -	_		×						
DIRECTOR		x			ļ			0.	0		0.
(19) SUSAN TRIGGS	1.00		-			-					
DIRECTOR		Х						0.	0		0.
(20) LYNN WHITE	1.00					\vdash				`	
DIRECTOR	1.00	X						0.	0		0.
(21) JONATHAN LEON	1.00					\vdash				-	
IMMEDIATE PAST CHAIR	1.00	X		Х				0.	0		0.
(22) CORYNNE ARNETT	1.00		 		_	 				•	
CHAIR	1.00	X	ļ	x				0.	0		0.
(23) LAKSHMI ALGAPPAN	1.00	127	 			\vdash	-	0.	0	•	<u></u>
FIRST VICE CHAIR	1.00	x		Х		Ì		0.	0		0.
(24) BOBBY COWGILL	1.00	┝	-	Α.		-	-	· ·	U	+	<u> </u>
	1.00	x		х				0.	0		0.
SECOND VICE CHAIR	1 00	<u> </u>	┢	Δ	 	 		· ·	<u> </u>	•	<u> </u>
(25) PETER PERKINS	1.00	٠,		٦,					0		0.
TREASURER	40.00	X	-	X	-	-	1	0.	U	+	0.
(26) BARBARA COUTO SIPE	40.00	\blacksquare		x					_		٥
PRESIDENT & CEO	1	L	<u> </u>	<u> </u>	<u></u>	<u></u>		567,595.	0		0.
1b Subtotal											
c Total from continuation sheets to Part VI								0.	0		0.
d Total (add lines 1b and 1c)								567,595.	0	• 5	0,998.
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		^
compensation from the organization											<u>2</u>
										1945	Yes No
3 Did the organization list any former officer.											,,
line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the su											177
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," con	nplete Schedul	e J	for si	ıch	pers	son				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co	•									sation f	rom
the organization. Report compensation for	the calendar y	ear	endi	ng w	/ith	or w	ithir	the organization's tax y	rear.		
(A)				_				(B)			(C)
Name and business	address	N	ONI	<u> </u>				Description of s	services	Comp	ensation
Processing to the second secon											
<u> </u>											
2 Total number of independent contractors (ncluding but n	ot li	mite	d to	tho	se lis	sted	I above) who received m	ore than		
\$100,000 of compensation from the organi	zation					0					
										Forn	n 990 (2022)

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (A) (B) (C) Revenue excluded Total revenue Related or exempt Unrelated function revenue business revenue from tax under sections 512 - 514 54,862. 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 67,000. e Government grants (contributions) 1e Contributions, f All other contributions, gifts, grants, and similar amounts not included above ... 14,387,454 1f 105,155. g Noncash contributions included in lines 1a-1f 14,509,316. h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 135,479. other similar amounts) 135,479. Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses ... c Rental income or (loss) 60 d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 320,715. assets other than inventory 7a **b** Less: cost or other basis and sales expenses 7b Other Revenue 320,715. c Gain or (loss) 7с 320,715. 320,715. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ______9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 900099 555,582. 555,582. FEES - 3RD PARTY PROC. 549,803. 900099 549,803. ENDOWMENT INCOME c MISCELLANEOUS 900099 46,208. 46,208 900099 41,220 41,220. d All other revenue 1,192,813. e Total. Add lines 11a-11d 16,158,323. 1,192,813. 456,194. Total revenue. See instructions

232009 12-13-22

Form 990 (2022) & PETERSBURG Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon-	se or note to any line in t	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	10 500 000	10 500 000		
	and domestic governments. See Part IV, line 21	12,532,099.	12,532,099.		
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,	664,266.	74,171.	304,839.	285,256.
^	trustees, and key employees	004,200.	/ 및 , 1 / 1 •	304,037•	203,230
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	1,111,475.	566,509.	180,132.	364,834.
8	Pension plan accruals and contributions (include	1,111,110	300,303.	100,132.	301,031
0	section 401(k) and 403(b) employer contributions)	-5,000.		-5,000.	
9	Other employee benefits	199,567.	95,267.	22,592.	81,708
10	Payroll taxes	120,665.	45,222.	31,580.	43,863
11	Fees for services (nonemployees):	22070001	19,111		
''a					
b	I				
c					
d			The state of the s		
e	B () () () () () () () () () (
f		14,896.		14,896.	
g	0.1 (1.1) 1.1 1.1 1.1 1.2 1.2 1.2 1.2 1.2 1.2 1.2	-			
9	column (A), amount, list line 11g expenses on Sch O.)	343,113.	81,592.	58,066.	203,455
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	192,800.	69,324.	54,539.	68,937
17	Travel	11,118.	5,067.	327.	5,724
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,471.	19,527.	1,356.	5,588
20	Interest				
21	Payments to affiliates	172,855.	61,882.	49,437.	61,536
22	Depreciation, depletion, and amortization	37,065.	13,269.	10,601.	13,195
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
_	DDOGDAM EXDEMCEC	452,297.	452,297.		
a b	TOTAL DATES IN AN AND DATES OF	146,645.	52,220.	32,083.	62,342
	DD TAIMTAIC AND DIDITCAMTO	52,207.	13,754.		38,453
c	GIIDDI TEG	51,856.	15,161.	2,362.	34,333
-	e All other expenses	65,048.	6,968.	44,294.	13,786
25	Total functional expenses. Add lines 1 through 24e	16,189,443.	14,104,329.	802,104.	1,283,010
26	Joint costs. Complete this line only if the organization	1			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)
Part X Balance Sheet

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	5,199,302.
	3	Pledges and grants receivable, net		3	1,055,909.
	4	Accounts receivable, net	192,635.	4	345,803.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		1000	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
				6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ď	9	Prepaid expenses and deferred charges	37,334.	9	33,113.
	10a	Land, buildings, and equipment: cost or other	_		
		basis. Complete Part VI of Schedule D 10a 526,00			
	b	Less: accumulated depreciation 10b 383,88		10c	142,127.
	11	Investments - publicly traded securities		11	5,756,339.
	12	Investments - other securities. See Part IV, line 11		12	1,718,209.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	E00.006
	15	Other assets. See Part IV, line 11	16,711.	15	509,886.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	14,760,688.
	17	Accounts payable and accrued expenses		17	57,792.
	18	Grants payable		18	4,450,707.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	•••	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab.		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	2,691,091.	0.5	2,266,297.
		of Schedule D	8,996,441.	25	6,774,796.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	0,990,441.	26	0,774,750.
Ŋ		,			
nce	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	6 527 510.	27	6,736,795.
ala	27		6,527,510. 1,362,169.	28	1,249,097.
g G B	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here		20	1,11,00,00,00
Fun		and complete lines 29 through 33,			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
1 SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	7,985,892.
Z	33	Total liabilities and net assets/fund balances	16,886,120.	33	14,760,688.

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Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,15		
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,18		
3	Revenue less expenses. Subtract line 2 from line 1	3	-3:	1,1	20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,88	9,6	79.
5	Net unrealized gains (losses) on investments	5	12'	7,3	33.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,98	5,8	92.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.	in the second		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		i	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch		150700000		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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SCHEDULE A

(Form 990)

Total

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

23-7375346 & PETERSBURG 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). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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 II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization in your governing documen (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

Schedule A (Form 990) 2022 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16615740.	16156621.	24234241.	21100474.	14509316.	92616392.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		Administration of the second	***************************************			
Ŭ	furnished by a governmental unit to						
	the organization without charge						
1	Total. Add lines 1 through 3	16615740.	16156621.	24234241.	21100474.	14509316.	92616392.
	The portion of total contributions						
3	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		N.				
	amount shown on line 11,						
	1(0						
_	*** ***********************************						92616392.
	Public support. Subtract line 5 from line 4.				- Annual Control of the Control of t		P2010372.
		1,0040	(L) 0010	(-) 0000	(-I) 000d	(-) 0000	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	92616392.
	Amounts from line 4	10013/40.	10130021.	7472474T.	21100474.	T#2032IO.	52010352.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	100 071	70 007	00 270	124 242	125 470	EE0 260
	and income from similar sources	120,071.	79,997.	90,378.	124,343.	135,479.	550,268.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					1100010	250540
	assets (Explain in Part VI.)	459,416.	483,581.	536,915.	925,994.	1192813.	
11	Total support. Add lines 7 through 10				1		96765379.
12	•					12	
13	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
,	organization, check this box and sto						
	ction C. Computation of Publ					ГТ	05 54
	Public support percentage for 2022 (14	95.71 %
	Public support percentage from 2027					15	96.55 %
16	a 33 1/3% support test - 2022. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
ŀ	33 1/3% support test - 2021. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qua						
17	a 10% -facts-and-circumstances tes	t - 2022. If the org	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fac-	ts-and-circumstanc	es test, check this	s box and stop he	ere. Explain in Part	: VI how the organ	ization
	meets the facts-and-circumstances to	est. The organization	on qualifies as a po	ublicly supported o	organization		
ı	o 10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets t						
	organization meets the facts-and-circ	cumstances test. Th	ne organization qu	alifies as a publicl	y supported organi	ization	
_18	Private foundation. If the organization						ns
							A (Form 990) 2022

Schedule A (Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not	,					
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
ď	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for t	ne organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	anization,
	check this box and stop here						
_	ction C. Computation of Publ						
15	Public support percentage for 2022 (line 8, column (f), o	divided by line 13,	column (f))		15	%
16	Public support percentage from 202					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 2	022 (line 10c, colu	ımn (f), divided by	line 13, column (f)))		%
18						18	%
19	a 33 1/3% support tests - 2022. If the						I line 17 is not
	more than 33 1/3%, check this box a						
Ì	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 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
1		
2		
3a		
3b		
3c		
4a 4b		
4c 5a		
5b		
5c 6		
-		
8		
9a 9b		
9c		
10a 10b		
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Schedule A (Form 990) 2022

UNITED WAY OF GREATER RICHMOND 23-7375346 Page 5 & PETERSBURG Schedule A (Form 990) 2022 Part IV | Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b 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 detail in Part VI. 11c Section B. Type I Supporting Organizations Yes Nο 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 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 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 2 <u>supervised. or controlled the supporting organization.</u>
Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 а The organization satisfied the Activities Test. Complete line 2 below. ___ The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes 2 Activities Test. Answer lines 2a and 2b below. No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. 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 2b these activities but for the organization's involvement. 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

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
ecti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
1	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
3	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		
3	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion 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	allv integra	ted Type III supporting ora	anization (see

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to parform activity that directly furthers exempt purposes 1		dule A (Form 990) 2022 & PETERSBURG	a)(a) Cumporting Organ	nizations		3-7375346 Page 7
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a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021	4	Distributions for 2022 from Section D,				
b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021		line 7: \$				
c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021	a	Applied to underdistributions of prior years				
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021	b	Applied to 2022 distributable amount				
any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021	<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021	5	• •				
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021		any. Subtract lines 3g and 4a from line 2. For result greater				
and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021		than zero, explain in Part VI. See instructions.			11 11 12 14 14 14 14 14 14	
Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021	6	Remaining underdistributions for 2022. Subtract lines 3h				
7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021		and 4b from line 1. For result greater than zero, explain in				
and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021		Part VI. See instructions.				
a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021	7	•				
b Excess from 2019 c Excess from 2020 d Excess from 2021	. 8	Breakdown of line 7:				
b Excess from 2019 c Excess from 2020 d Excess from 2021	а	Excess from 2018				
c Excess from 2020 d Excess from 2021						
d Excess from 2021						
e Excess from 2022	d	Excess from 2021				
	e	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022 Supplemental Info	& PETERSBUE		23-7375346 Page 8
Part VI	Part IV, Section A, lines	ormation. Provide the s 1, 2, 3b, 3c, 4b, 4c, 5a, 6	explanations required by Part II 6, 9a, 9b, 9c, 11a, 11b, and 11c Section E. lines 1c, 2a, 2b, 3a, a	I, line 10; Part II, line 17a or 17b; Part III, line 12; s; Part IV, Section B, lines 1 and 2; Part IV, Section C, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, bete this part for any additional information.
		and the second s		
Base Control of the C				
Name and the Paris				
	And the second s			
	4-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER RICHMOND & PETERSBURG

Employer identification number 23-7375346

Par			unds or Accounts. Complete if t	:he
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	(b) Funds and other acco	unts
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 $\boldsymbol{\nu}$			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds	an be used only	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other pu	rpose conferring	
_				No_
Par			990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea		tion of a historically important land are	ea
	Protection of natural habitat	Preserv	tion of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in th		
	day of the tax year.		Held at the End of	ine rax year
а	Total number of conservation easements		1 1	
b				
С	Number of conservation easements on a certified historic stru		2c	
d	Number of conservation easements included in (c) acquired a			
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated	by the organization during the tax	
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforci	ig conservation easements during the	year
-	Assumed of a property is property in prope	lling of violations, and enforcing o	near ration assembnts during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	diling of violations, and emorcing of	inservation easements during the year	
0	Does each conservation easement reported on line 2(d) above	ve eatisfy the requirements of secti	nn 170/h\/4\/B\/i\	
8	and section 170(h)(4)(B)(ii)?			No
9	In Part XIII, describe how the organization reports conservati			110
9	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.	Total to the organization of interioral	statements that describes the	
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures	or Other Similar Assets.	
L	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue stat	ment and balance sheet works	
	of art, historical treasures, or other similar assets held for pul			
	service, provide in Part XIII the text of the footnote to its final			
b				
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1		\$	
b				

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Sche	dule D (Form 990) 2022 & PETER:									Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Other S	imilar	Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the fo	ollowing that r	make sign	ificant ι	ise of its		
	collection items (check all that apply):									
а	Public exhibition	d			nange prograr	n				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							se in Part	XIII.	
5	During the year, did the organization solicit o								٦	
	to be sold to raise funds rather than to be ma								Yes	No_
Pai	t IV Escrow and Custodial Arrang	· ·	ete if the	organizatio	n answered "\	res" on Fo	orm 990	i, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par						الماما			
1a	Is the organization an agent, trustee, custodi								7.	□ N-
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	abie:					Amount	
							-		Amount	
С.	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						<u>_1f</u>		Yes	No
	Did the organization include an amount on F									
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete									
1 4	Lita Lindowinicit i arias: Complete	(a) Current year		rior year	(c) Two years			vears hack	(e) Four	rears hack
.	Desiration of completeness	(a) Ourient year	(10)	nor year	(C) (Wo your	S Daon (G	, 111100		(C) rour	- Caro Back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance Provide the estimated percentage of the currents.		o (lino 1e	column (a)	// hold ac.				L	
2	Board designated or quasi-endowment		0/ 0/	j, coluitiii (a	jj rielu as.					
a	Permanent endowment	%								
b										
C	The percentages on lines 2a, 2b, and 2c sho	- 1 -								
20	Are there endowment funds not in the posse		ation tha	t are held ar	nd administer	ad for the				
Ja	organization by:	sasion of the organiza	ation tha	t are riold ar	ia administra	34 101 1110			F.	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the									
	rt VI Land, Buildings, and Equipm		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	unac,						
	Complete if the organization answere		0, Part IV	/, line 11a. S	See Form 990,	Part X, lir	ne 10.			
	Description of property	(a) Cost or			t or other		cumulat	ed	(d) Book	value
	becomplien of property	basis (invest		1 ' '	(other)	٠,	eciation	I	` '	
12	Land									
	Buildings									
	Leasehold improvements			8	5,736.		21,4	34.	64	,302.
	Equipment				0,271.		62,4			,825.
	Other									
	I. Add lines 1a through 1e. (Column (d) must e		X colun	on (R) line 1	(OC.)				142	2,127.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 & PETERSBURG	3	∠3-	-/3/5346 Page 3
Part VII Investments - Other Securities.	on Form 000 Dort IV line 1	1h Son Form 990 Part Y line 12	
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	(b) Book value	(c) Method of Valuation. Oost of end	or year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) BENEFICIAL INTEREST IN			
TO TO COM	1,718,209.	COST	
	1,710,200.	COBI	
(C)			
(D)			
(E)		i	
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,718,209.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.			
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	THE OF THE See FORM 990, Part X, line 25	(b) Book value
11			(b) DOOK value
(1) Federal income taxes		The state of the s	14,481.
(2) FUNDS HELD FOR OTHERS	DMTNAMTON	A STATE OF THE STA	1,689,939
(3) FUNDS HELD FOR PENSION TE			533,593.
(4) OPERATING LEASE LIABILITI (5) FINANCE LEASE LIABILITIES			28,284
			20,201
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25)		2,266,297.
COUGHIT (b) mast cadal to thi 330, t are A, Col. (b) iii	<u>v =v/ </u>		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2022

23-7375346 Page 4

Part XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per R	eturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			Y
1 Total revenue, gains, and other support per audited financial statements		1	6,213,661.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments		<u>.</u>	
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	_ 2c		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	127,333.
3 Subtract line 2e from line 1		3	6,086,328.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 14,896		
b Other (Describe in Part XIII.)	4b 10,057,099		
c Add lines 4a and 4b		4c	10,071,995.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	16,158,323.
Part XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	Retur	'n.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		_
1 Total expenses and losses per audited financial statements		1	6,117,448.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	. 2a		
b Prior year adjustments	. 2b		
c Other losses	1 2 1		
d Other (Describe in Part XIII.)	. 2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	6,117,448.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	. <u> 4</u> ы 10,057,099	<u>.</u>	
c Add lines 4a and 4b		4c	10,071,995.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	16,189,443.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional information.		
	W II		
PART X, LINE 2:			
INCOME TAX UNCERTAINTIES: THE ORGANIZATION	HAS ADOPTED FINA	NCIA	L
ACCOUNTING STANDARDS BOARD (FASB) GUIDANCE R	ELATED TO ACCOUN	TING	FOR
UNCERTAINTY IN INCOME TAXES, WHICH CLARIFIES	THE ACCOUNTING	FOR	INCOME
TAXES BY PRESCRIBING THE MINIMUM RECOGNITION	THRESHOLD THAT	A TA	X POSITION
		_	
IS REQUIRED TO MEET BEFORE BEING RECOGNIZED	IN THE ORGANIZAT	ION'	<u>S</u>
FINANCIAL STATEMENTS.			
IN ACCORDANCE WITH THE GUIDANCE, THE ORGANIZ	ATION DISCLOSES	THE	EXPECTED
FUTURE TAX CONSEQUENCES OF UNCERTAIN TAX POS	ITIONS PRESUMING	THE	TAXING
AUTHORITIES FULL KNOWLEDGE OF THE FACTS AND	THE ORGANIZATION	'S F	OSITION
AND RECORDS UNRECOGNIZED TAX BENEFITS OR LIA	BILITIES FOR KNO	WN,	OR
232054 09-01-22		Sche	edule D (Form 990) 2022

Part XIII Supplemental Information (continued) ANTICIPATED, TAX ISSUES BASED ON THE ORGANIZATION'S ANALYSIS OF WHETHER
ADDITIONAL TAXES WOULD BE DUE TO THE AUTHORITIES GIVEN THEIR FULL
KNOWLEDGE OF THE TAX POSITION. THE ORGANIZATION ACCRUES INTEREST AND
PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AS OTHER NONCURRENT
LIABILITIES AND RECOGNIZES THE RELATED CHANGES IN THE ORGANIZATION'S
ASSESSMENTS AS A COMPONENT OF INCOME TAX EXPENSE. THE ORGANIZATION HAS
COMPLETED ITS ASSESSMENT AND DETERMINED THAT THERE WERE NO TAX POSITIONS,
WHICH WOULD REQUIRE RECOGNITION UNDER THE GUIDANCE. THE ORGANIZATION IS
NOT CURRENTLY UNDER AUDIT BY ANY TAX JURISDICTION.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
DONOR DESIGNATIONS 10,057,099.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
DONOR DESIGNATIONS 10,057,099.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22, Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information. UNITED WAY OF GREATER RICHMOND

Employer identification number

Name of the organization 23-7375346 & PETERSBURG Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes ☐ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (g) Description of (h) Purpose of grant 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of valuation (book, oncash assistance or government (if applicable) cash grant noncash FMV, appraisal, other) assistance ADVANCED ENERGY SOLUTIONS DONOR DIRECTS UNDS(DESIGNATIONS) FOR 500 FREEMAN AVENUE, SUITE 106 ENERGY SHARE CHESAPEAKE, VA 23324 345,135 OONOR DIRECTS AMERIGAS PITTSBURGH P. O. BOX 371473 UNDS(DESTGNATIONS) FOR ENERGY SHARE 8,882 PITTSBURGH, PA 15250 N/A OONOR DIRECTS APPALACHIAN POWER FUNDS(DESIGNATIONS) FOR P. O. BOX 24401 CANTON, OH 44701-4401 77,240 0 ENERGY SHARE DONOR DIRECTS ATLANTIC SPRAY SYSTEMS FUNDS (DESTGNATIONS) FOR PO BOX 125 ENERGY SHARE LIGHTFOOT, VA 23090 68,420 N/A 0 B & R OIL COMPANY OONOR DIRECTS UNDS(DESIGNATIONS) FOR 12321 MT CROSS ROAD 6,000. ENERGY SHARE DRY FORK, VA 24549 OONOR DIRECTS BARC ELECTRIC COOPERATIVE FUNDS (DESIGNATIONS) FOR P. O. BOX 264 ENERGY SHARE 501(C)(12) MILLBORO, VA 24460 31,446 75<u>.</u> 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) 2022

36.

232101 10-31-22

Schedule I (Form 990) & PETERSBURG 23-7375346 Page 1

(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
BOISSEAU OIL							DONOR DIRECTS
РО ВОХ 38088							FUNDS(DESIGNATIONS) FOR
RICHMOND, VA 23231		N/A	6,811.	0.			ENERGY SHARE
BUFFALO GAS							DONOR DIRECTS
409 MAIN STREET							FUNDS(DESIGNATIONS) FOR
BUFFALO, NY 14203		N/A	5,747.	0.			ENERGY SHARE
CADA COMMUNITY SERVICE CENTER							DONOR DIRECTS
116 B WEST THIRD STREET							FUNDS(DESIGNATIONS) FO
ROANOKE RAPIDS, NC 27870		501(C)(3)	13,000.	0.			ENERGY SHARE
GDYMDNY WIDGING BI EGMDIG GOOD							DONOR DIRECTS
CENTRAL VIRGINIA ELECTRIC COOP							FUNDS (DESIGNATIONS) FO
P. O. BOX 247		501(C)(12)	88,910,	0.			ENERGY SHARE
LOVINGSTON, VA 22949		301(0)(12)	00,510.	٠.			
CITY OF ELIZABETH CITY							DONOR DIRECTS
P. O. BOX 347							FUNDS(DESIGNATIONS) FO
ELIZABETH CITY, NC 27907		gov	7,859.	0.			ENERGY SHARE
CITY OF FRANKLIN							DONOR DIRECTS
P. O. BOX 179							FUNDS(DESIGNATIONS) FO
FRANKLIN, VA 23851		gov	17,292.	0.			ENERGY SHARE
CITY OF MANASSAS UTILITIES							DONOR DIRECTS
8500 PUBLIC WORKS DRIVE							FUNDS (DESIGNATIONS) FO
		GOV	8,155.	0.			ENERGY SHARE
MANASSAS, VA 20110		301	0,135.	· ·			Data Dinama
COLUMBIA GAS							DONOR DIRECTS
P. O. BOX 910							FUNDS(DESIGNATIONS) FO
SMITHFIELD, PA 15478		N/A	67,448.	0.			ENERGY SHARE
CRIAG-BOTETOURT ELECTRIC							DONOR DIRECTS
COOPERATIVE - 26198 CRAIG CREEK							FUNDS(DESIGNATIONS) FO
ROAD - NEW CASTLE, VA 24127		501(C)(3)	7,735.	0.			ENERGY SHARE

Schedule I (Form 990)

232241 04-01-22

Schedule I (Form 990) & PETERSE		TER RICHMON	D			2	3-7375346 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
CULPEPER PETROLEUM COOPERATIVE 15297 BRANDY ROAD CULPEPER, VA 22701		501(C)(3)	5,606.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
D&H CONSTRUCTION SERVICES INC. 711 HOSPITAL STREET RICHMOND, VA 23219		N/A	305,045.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
D. MOWRY CONSTRUCTION 5111 B RIVERVIEW ROAD WILLIAMSBURG, VA 23188		N/A	19,806.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
DAVENPORT ENERGY 7 EDMUNDS STREET SOUTH BOSTON, VA 24592		N/A	23,455.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
DIVERSIFIED ENERGY NC 409B NORTH MAIN STREET RICH SQUARE, NC 27869		N/A	5,467.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
DOMINION ENERGY POB25339 5000 DOMINION BOULEVARD GLEN ALLEN, VA 23060		N/A	6,061,383.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
E.M. GRAY & SON, INC. 16440 INDUSTRIAL DRIVE MILFORD, VA 22514		N/A	6,600.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
ENERGY SERVICES 7459 OLD HICKORY DRIVE MECHANICSVILLE, VA 23111		N/A	9,089.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
FERRELL GAS 3210 RAEFORD ROAD FAYETTEVILLE, NC 28303		N/A	6,441.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE

Schedule I (Form 990)

UNITED WAY OF GREATER RICHMOND & PETERSBURG 23-7375346 Page 1 Schedule I (Form 990)

Part II Continuation of Grants and Other A		omestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Tage
(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
FREDERICK NORTHUP INC							DONOR DIRECTS
6658 RICHMOND ROAD							FUNDS(DESIGNATIONS) FOR
WARSAW, VA 22572		N/A	7,286.	0.			ENERGY SHARE
HAMPTON ROADS COMMUNITY ACTION							DONOR DIRECTS
2410 WICKHAM AVENUE							FUNDS(DESIGNATIONS) FOR
NEWPORT NEWS, VA 23607		501(C)(3)	5,074.	0.			ENERGY SHARE
HARDY PETROLEUM							DONOR DIRECTS
1912 WESTOVER DRIVE							FUNDS(DESIGNATIONS) FOR
DANVILLE, VA 24541		N/A	7,797.	0.			ENERGY SHARE
DANVILLE, VA 24541		M/A	7,737.				
HARRISONBURG ELECTRIC COOPERATIVE							DONOR DIRECTS
89 W BRUCE STREET							FUNDS (DESIGNATIONS) FOR
HARRISONBURG, VA 22801		501(C)(3)	53,846.	0.			ENERGY SHARE
JERNIGAN OIL & PROPANE							DONOR DIRECTS
415 MAIN STREET							FUNDS (DESIGNATIONS) FOR
AHOSKIE, NC 27910		N/A	8,255.	0.			ENERGY SHARE
							DONOR DEPROMA
MECKLENBURG ELEC. COOP							DONOR DIRECTS
11633 VA-92							FUNDS(DESIGNATIONS) FOR
CHASE CITY, VA 23924		501(C)(3)	96,347.	0.			ENERGY SHARE
NEWSOM OIL COMPANY, INC.							DONOR DIRECTS
1503 WEST TENTH STREET				i			FUNDS(DESIGNATIONS) FOR
		N/A	5,808.	0.			ENERGY SHARE
ROANOKE RAPIDS, NC 27870		N/A	3,000.			<u> </u>	
NORTHERN NECK ELECTRIC							DONOR DIRECTS
P. O. BOX 288							FUNDS (DESIGNATIONS) FOR
WARSAW, VA 22572		501(C)(12)	20,423.	0.			ENERGY SHARE
NORTHERN VIRGINIA ELECTRIC COO							DONOR DIRECTS
P. O. BOX 34795							FUNDS(DESIGNATIONS) FOR
ALEXANDRIA, VA 22334		501(C)(12)	84,839.	0.			ENERGY SHARE

Schedule I (Form 990)

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

501(C)(12)

501(C)(3)

501(C)(3)

& PETERSBURG

Schedule I (Form 990)

(b) EIN (c) IRC section if applicable (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant (a) Name and address of valuation (book, FMV, non-cash assistance cash grant noncash or assistance organization or government assistance appraisal, other) DONOR DIRECTS PARKER OTT, COMPANY FUNDS(DESIGNATIONS) FOR 1428 WEST DANVILLE STREET 13,092 ENERGY SHARE SOUTH HILL, VA 23970 PRINCE GEORGE ELECTRIC COOP. DONOR DIRECTS FUNDS(DESIGNATIONS) FOR P. O. BOX 620 ENERGY SHARE WAVERLY, VA 23890 501(C)(12) 26,483. 0 ONOR DIRECTS PROJECT: HOMES FUNDS(DESIGNATIONS) FOR 88 CARNATION STREET 54-1595851 501(C)(3) ENERGY SHARE 73,903. RICHMOND, VA 23225 DONOR DIRECTS QUARLES ENERGY SERVICES FUNDS (DESIGNATIONS) FOR 3300 BEULAH SALISBURY DRIVE ENERGY SHARE FREDERICKSBURG, VA 22401 N/A 11,716 0 DONOR DIRECTS RAPPAHANNOCK ELECTRIC COOPERAT FUNDS (DESIGNATIONS) FOR P. O. BOX 34849 ENERGY SHARE 501(C)(12) 225,021 ALEXANDRIA, VA 22334 OONOR DIRECTS RICHMOND D.P.U FUNDS(DESIGNATIONS) FOR 730 E. BROAD STREET

30,085

46,029

16,852.

0.

0

0

0

Schedule I (Form 990)

23-7375346

ENERGY SHARE

DONOR DIRECTS

ENERGY SHARE

DONOR DIRECTS

ENERGY SHARE

DONOR DIRECTS

ENERGY SHARE

FUNDS (DESIGNATIONS) FOR

FUNDS (DESIGNATIONS) FOR

FUNDS (DESIGNATIONS) FOR

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RICHMOND, VA 23219

P. O. BOX 1326

AHOSKIE, NC 27910

33 YELLOW RAIL LANE

LEXINGTON, VA 24450

2014-C LAFAYETTE BLVD

FREDERICKSBURG, VA 22401

ROANOKE ELECTRIC COOPERATIVE

SALVATION ARMY - FREDERICKSBURG

ROCKBRIDGE FARMERS COOP.

6,000

Schedule I (Form 990) & PETERSBURG 23-7375346 Page 1

| 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 Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
SHENANDOAH VALLEY ELECTRIC P. O. BOX 236 MT. CRAWFORD, VA 22841		501(C)(12)	83,373.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
SOUTHSIDE ELECTRIC COOP. P. O. BOX 7 CREWE, VA 23930		501(C)(12)	135,323.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
STEPS, INC. 225 INDUSTRIAL PARK ROAD FARMVILLE, VA 23901		N/A	15,019.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
STERLING OIL CO. P. O. BOX 2475 LYNCHBURG, VA 24505		N/A	7,415.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
THE SALVATION ARMY HAMPTON 5525 RABY ROAD NORFOLK, VA 23501		501(C)(3)	10,000.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
TIGER FUEL 130 COMMERCE STREET APPOMATTOX, VA 24522		N/A	5,647.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
TOWN OF BLACKSTONE 100 WEST ELM STREET BLACKSTONE, VA 23824		GOV	6,319.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
TOWN OF CULPEPER 400 SOUTH MAIN STREET, SUITE 109 CULPEPER, VA 22701		gov	26,608.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE
TOWN OF FRONT ROYAL 101 NORTH FRONT STREET HAMILTON, NC 27840		GOV	10,000.	0.			DONOR DIRECTS FUNDS(DESIGNATIONS) FOR ENERGY SHARE

Schedule I (Form 990)

232241 04-01-22

N/A

26-1695468 501(C)(3)

54-1935207 501(C)(3)

& PETERSBURG

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (b) EIN (c) IRC section (e) Amount of (g) Description of (a) Name and address of (d) Amount of (f) Method of (h) Purpose of grant valuation (book, FMV, organization or government if applicable cash grant noncash non-cash assistance or assistance assistance appraisal, other) DONOR DIRECTS TOWN OF WINDSOR FUNDS(DESIGNATIONS) FOR PO BOX 508 WINDSOR, NC 27983 6,522 0. ENERGY SHARE VIRGINIA BEACH COMMUNITY DEV. DONOR DIRECTS 2400 POTTERS ROAD FUNDS(DESIGNATIONS) FOR ENERGY SHARE VIRGINIA BEACH, VA 23454 GOV 5,149 0 DONOR DIRECTS UTRGINIA DEPT FOR AGING & REHAB FUNDS(DESIGNATIONS) FOR SERVICES - 8004 FRANKLIN FARMS ٥, ENERGY SHARE DRIVE - RICHMOND, VA 23229 501(C)(3) 20,000. VIRGINIA NATURAL GAS DONOR DIRECTS FUNDS(DESIGNATIONS) FOR P. O. BOX 5409 ENERGY SHARE CAROLSTREAM, IL 60197-5409 I/A 25,606 0. DONOR DIRECTS FUNDS VIRGINIA SUPPORTIVE HOUSING (DESIGNATIONS) FOR ENERGY 5008 MONUMENT AVENUE SHARE RICH SQUARE, VA 23230 54-1444564 501(C)(3) 6,896 0 WASHINGTON GAS DONOR DIRECTS FUNDS(DESIGNATIONS) FOR P. O. BOX 37747 ENERGY SHARE PHILADELPHIA, PA 19101 59,697. 0. DONOR DIRECTS

Schedule I (Form 990)

FUNDS(DESIGNATIONS) FOR

OONOR DIRECT FUNDS

(DESIGNATIONS) FOR

DONOR DIRECT FUNDS

(DESIGNATIONS) FOR

GENERAL PURPOSES

GENERAL PURPOSES

ENERGY SHARE

23-7375346

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ART 180

WILLIAM NICKERSON

ACCESS NOW, INC.

RICHMOND, VA 23219

RICHMOND, VA 23220

2821 EMERYWOOD PARKWAY

114 W. MARSHALL STREET

5,750

25,000

25,000

0

0

54-0991287 501(C)(3)

23-7375346 Page 1 & PETERSBURG Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (f) Method of (g) Description of (h) Purpose of grant (b) EIN (d) Amount of (e) Amount of (a) Name and address of noncash assistance valuation organization or government if applicable cash grant non-cash assistance or assistance (book, FMV, appraisal, other) DONOR DIRECT FUNDS BETTER HOUSING COALITION (DESIGNATIONS) FOR P. O. BOX 12117 RICHMOND, VA 23241 54-1479059 501(C)(3) 25,000. ٥, GENERAL PURPOSES DONOR DIRECT FUNDS BIG BROTHERS BIG SISTERS SERVICES, INC. - 1707 SUMMIT AVENUE, SUITE (DESIGNATIONS) FOR GENERAL PURPOSES 54-0702502 501(C)(3) 25,000. 0. 200 - RICHMOND, VA 23230 ONOR DIRECT FUNDS BOYS & GIRLS CLUBS OF METRO (DESIGNATIONS) FOR RICHMOND - 5511 STAPLES MILL ROAD, SUITE 301 - RICHMOND, VA 23238 54-0564901 501(C)(3) 110,000. 0. GENERAL PURPOSES DONOR DIRECT FUNDS BOYS TO MEN MENTORING NETWORK OF VIRGINIA - 12311 STANCROFT ROAD -(DESIGNATIONS) FOR GENERAL PURPOSES 27-2354386 501(C)(3) ROCKVILLE, VA 23146 25,000 0 DONOR DIRECT FUNDS CARITAS (DESIGNATIONS) FOR P. O. BOX 25790 54-1441917 501(C)(3) 25,000. 0 GENERAL PURPOSES RICHMOND, VA 23260 CHESTERFIELD COLONIAL HEIGHTS DONOR DIRECT FUNDS ALLIANCE FOR SOCIAL MINISTRY -DESIGNATIONS) FOR P.O. BOX 1741 - CHESTERFIELD, VA GENERAL PURPOSES 23832 54-1491582 501(C)(3) 25,000. 0 DONOR DIRECT FUNDS CHILDREN'S HOME SOCIETY OF (DESIGNATIONS) FOR VIRGINIA - 4200 FITZHUGH AVENUE -54-0505884 501(C)(3) 25,000. GENERAL PURPOSES RICHMOND, VA 23230 DONOR DIRECT FUNDS CHILDSAVERS (DESIGNATIONS) FOR 200 NORTH 22ND STREET GENERAL PURPOSES RICHMOND, VA 23223 54-0505927 501(C)(3) 75,000. 0

Schedule I (Form 990)

DONOR DIRECT FUNDS

(DESIGNATIONS) FOR

GENERAL PURPOSES

232241 04-01-22

CIRCLE CENTER ADULT DAY SERVICES

4900 WEST MARSHALL STREET

RICHMOND, VA 23230

25,000.

٥.

Schedule I (Form 990) & PETERSBURG 23-7375346 Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMONWEALTH CATHOLIC CHARITIES 601 ROLLING HILLS DRIVE HENRICO, VA 23229	54-0505877	501(C)(3)	40,000.	0.			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
COMMUNITIES IN SCHOOLS OF CHESTERFIELD - P. O. BOX 10 - CHESTERFIELD, VA 23832	46-0651192	501(C)(3)	65,000.	0.			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
COMMUNITIES IN SCHOOLS OF PETERSBURG - 7911 COURTHOUSE WAY - NEW KENT, VA 23124	54-0880233	501(C)(3)	25,000.	0.			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
COMMUNITIES IN SCHOOLS OF RICHMOND 2922 WEST MARSHALL STREET 2ND FLOOR RICHMOND, VA 23230	54-1799922	501(C)(3)	50,000.	0.			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CROSSOVER HEALTHCARE MINISTRY 8600 QUIOCCASIN ROAD, SUITE 102 RICHMOND, VA 23229	54-1371067	501(C)(3)	50,000.	0.			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
DAILY PLANET HEALTH SERVICES 517 WEST GRACE STREET RICHMOND, VA 23220	54-0900368	501(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)	260,000.	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
FRIENDS ASSOCIATION FOR CHILDREN 1004 SAINT JOHN STREET RICHMOND, VA 23220	54-0505899	501(C)(3)	100,000.	0.			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

Schedule I (Form 990)

54-0526201 501(C)(3)

& PETERSBURG 23-7375346 Page 1 Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant (a) Name and address of (b) EIN organization or government , valuation non-cash assistance if applicable cash grant noncash or assistance assistance (book, FMV, appraisal, other) DONOR DIRECT FUNDS GOOCHLANDCARES (DESIGNATIONS) FOR P. O. BOX 116 GOOCHLAND, VA 23063 54-1967650 501(C)(3) 25,000. 0. GENERAL PURPOSES DONOR DIRECT FUNDS GREATER RICHMOND SCAN (STOP CHILD (DESIGNATIONS) FOR ABUSE NOW) - 103 EAST GRACE STREET 50,000. GENERAL PURPOSES - RICHMOND, VA 23219 54-1584969 501(C)(3) 0 OONOR DIRECT FUNDS HANOVER SAFE PLACE (DESIGNATIONS) FOR 629A NORTH WASHINGTON HWY ASHLAND, VA 23005 31-1415701 501(C)(3) 45,000. 0 GENERAL PURPOSES DONOR DIRECT FUNDS HEALTH BRIGADE (DESIGNATIONS) FOR 1010 NORTH THOMPSON STREET GENERAL PURPOSES 54-0927792 501(C)(3) 32,500 0 RICHMOND, VA 23230 DONOR DIRECT FUNDS HIGHER ACHIEVEMENT DESIGNATIONS) FOR 4009 FITZHUGH AVENUE 52-1383374 501(C)(3) 25,000. 0. GENERAL PURPOSES RICHMOND, VA 23230 DONOR DIRECT FUNDS HOMEWARD (DESIGNATIONS) FOR 1125 COMMERCE ROAD GENERAL PURPOSES 05-0606153 501(C)(3) 50,000. RICHMOND, VA 23224 0. OONOR DIRECT FUNDS HOUSING FAMILIES FIRST (DESIGNATIONS) FOR 3900 NINE MILE ROAD HENRICO, VA 23223 54-1995917 501(C)(3) 65,000. 0. GENERAL PURPOSES HUMANKIND DONOR DIRECT FUNDS (DESIGNATIONS) FOR 908 NORTH THOMPSON STREET GENERAL PURPOSES RICHMOND, VA 23230 54-0346118 501(C)(3) 25,000. 0. DONOR DIRECT FUNDS

Schedule I (Form 990)

(DESIGNATIONS) FOR

GENERAL PURPOSES

JEWISH FAMILY SERVICES

P. O. BOX 17128 RICHMOND, VA 23226

50,000.

0.

54-1595851 501(C)(3)

54-1364885 501(C)(3)

& PETERSBURG Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant (a) Name and address of (b) EIN or assistance organization or government if applicable cash grant noncash valuation non-cash assistance assistance (book, FMV, appraisal, other) MENTOR VIRGINIA DONOR DIRECT FUNDS (DESIGNATIONS) FOR 201 HULL STREET SUITE B GENERAL PURPOSES RICHMOND, VA 23224 54-1814823 501(C)(3) 25,000 0. DONOR DIRECT FUNDS NEXTUP (DESIGNATIONS) FOR 3409 MOORE STREET GENERAL PURPOSES 47-4933093 501(C)(3) 25,000. ٥. RICHMOND, VA 23230 DONOR DIRECT FUNDS OAR OF RICHMOND, INC. (DESIGNATIONS) FOR 3111 WEST CLAY STREET RICHMOND, VA 23230 54-0974305 501(C)(3) 60,000. 0. GENERAL PURPOSES DONOR DIRECT FUNDS PARTNERSHIP FOR HOUSING AFFORDABILITY - 8975 THREE CHOPT (DESIGNATIONS) FOR 80-0099199 501(C)(3) GENERAL PURPOSES 25,000 0 ROAD - RICHMOND, VA 23229 DONOR DIRECT FUNDS PARTNERSHIP FOR THE FUTURE (DESIGNATIONS) FOR 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060 31-1482889 501(C)(3) 25,000. 0 GENERAL PURPOSES OONOR DIRECT FUNDS PETER PAUL DEVELOPMENT CENTER (DESIGNATIONS) FOR 1708 NORTH 22ND STREET GENERAL PURPOSES 54-1137164 501(C)(3) 25,000 0 RICHMOND, VA 23223 OONOR DIRECT FUNDS PROGRESSIVE ADULT REHABILITATION (DESIGNATIONS) FOR CENTER, INC - 114 NORTH UNION STREET - PETERSBURG, VA 23803 54-0836365 501(C)(3) 25,000. 0, GENERAL PURPOSES

Schedule I (Form 990)

DONOR DIRECT FUNDS DESIGNATIONS) FOR

DONOR DIRECT FUNDS

(DESIGNATIONS) FOR

GENERAL PURPOSES

GENERAL PURPOSES

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PROJECT: HOMES

88 CARNATION STREET

RICHMOND, VA 23225

READING AND EDUCATION FOR ADULT

DEVELOPMENT, INC. - 4915 RADFORD AVENUE #204 - RICHMOND, VA 23230

25,000.

25,000

0

23-7375346 & PETERSBURG Schedule I (Form 990)

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (h) Purpose of grant (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (a) Name and address of noncash assistance valuation (book, FMV, organization or government if applicable cash grant non-cash assistance or assistance appraisal, other) ONOR DIRECT FUNDS REAL LIFE (DESIGNATIONS) FOR P.O. BOX 27372 RICHMOND, VA 27372 37-1797980 501(C)(3) 25,000. ٥. GENERAL PURPOSES DONOR DIRECT FUNDS SACRED HEART CENTER, INC 1400 PERRY STREET (DESIGNATIONS) FOR GENERAL PURPOSES 54-1590419 501(C)(3) RICHMOND, VA 23224 50.000 ٥. DONOR DIRECT FUNDS SENTOR CONNECTIONS (DESIGNATIONS) FOR 24 EAST CARY STREET 54-0950714 501(C)(3) 25,000. Ο, GENERAL PURPOSES RICHMOND, VA 23219 SOAR365 (FORMERLY GREATER RICHMOND DONOR DIRECT FUNDS (DESIGNATIONS) FOR ARC) - 3600 SAUNDERS AVENUE -GENERAL PURPOSES 54-0629691 501(C)(3) 75,000. RICHMOND, VA 23227 0. DONOR DIRECT FUNDS SOUTH RICHMOND ADULT DAY CARE (DESIGNATIONS) FOR CENTER - 1500 HULL STREET -RICHMOND, VA 23224 51-0163293 501(C)(3) 25,000 GENERAL PURPOSES ٥, SOUTHSIDE COMMUNITY DEVELOPMENT DONOR DIRECT FUNDS (DESIGNATIONS) FOR HOUSING CORPORATION - 1624 HULL GENERAL PURPOSES STREET - RICHMOND, VA 23224 54-1480544 501(C)(3) 35,000. 0 DONOR DIRECT FUNDS ST. JOSEPH'S VILLA 8000 BROOK ROAD (DESIGNATIONS) FOR 54-0505950 501(C)(3) 50,000. 0, GENERAL PURPOSES RICHMOND, VA 23227 ONOR DIRECT FUNDS THE LITERACY LAB (DESIGNATIONS) FOR 2920 WEST BROAD STREET, SUITE 111 GENERAL PURPOSES RICHMOND, VA 23230 27-1777117 501(C)(3) 65,000. 0 DONOR DIRECT FUNDS THE SALVATION ARMY 2 WEST GRACE STREET (DESIGNATIONS) FOR 58-0660607 501(C)(3) 55,000 ٥. GENERAL PURPOSES RICHMOND, VA 23220

Schedule I (Form 990)

Schedule I (Form 990)	& PETERSB	URG					2	<u>3-7375346 </u>	Page 1
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 Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
THRIVE VIRGINIA P.O. BOX 208 NEW KENT, VA 23124	54-0880233	501(C)(3)	55,000.	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
VIRGINIA HOME FOR BOYS & GIRLS 8716 W. BROAD STREET HENRICO, VA 23294	54-0506330	501(C)(3)	25,000.	0.			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
VIRGINIA LISC 413 STUART CIRCLE RICHMOND, VA 23220	13-3030229	501(C)(3)	30,000.	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)	75,000.	0.			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
YWCA RICHMOND 6 NORTH 5TH STREET RICHMOND, VA 23219	54-0506493	501(C)(3)	135,000.	0.			DONOR DIRECT FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

Schedule I (Form 990)

Schedule I (Form 990) 2022 & PETERSBURG					23-7375346	Page 2
Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed		organization answ	vered "Yes" on Form 9	990, Part IV, line 22.		
(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
- Company of the Comp						
Part IV Supplemental Information. Provide the information r	equired in Part I, lir	ıe 2; Part III, colum	n (b); and any other a	dditional information.	.1.	
PART I, LINE 2:						
WE BELIEVE IN COMPREHENSIVE SOLUT	IONS TO CO	MBAT OUR	REGION'S MO	ST PRESSING		
ISSUES. THROUGH OUR STEPS TO SUCC	ESS GRANTS	s, LOCAL N	ONPROFIT AC	GENCIES CAN		
APPLY FOR FUNDING TO HELP US REAC						
COMMUNITIES. EVERY PROGRAM FUNDE						
MONITORED, EVALUATED AND MEASURED						
WAY VALIDATES THAT INVESTMENTS GE						
MATTERS MOST. THE ORGANIZATIONS T	HAT RECEIV	/ED \$5,000	OR MORE A	RE LISTED		
ABOVE . 232102 10-31-22					Schedule I (Fo	orm 990) 2022
					· ·	

Part IV Supplemental Information
UNITED WAY RELIES ON VOLUNTEERS TO SUPPORT THE FUNDING PROCESS. THE
COMMUNITY IMPACT COUNCIL IS STAFFED BY A GROUP OF DEDICATED VOLUNTEERS. THE
COMMUNITY IMPACT COUNCIL, A SUB-COMMITTEE OF UNITED WAY'S BOARD OF
DIRECTORS, UNDERSTANDS BOTH UNITED WAY'S STRATEGIC FRAMEWORK AND THE
EVER-CHANGING NEEDS OF THE REGION. THE GROUP REVIEWS DATA, RESEARCH AND
BEST PRACTICES AND MAINTAIN PERIODIC CONTACT WITH FUNDED PROGRAMS AND
AGENCIES. THE COMMUNITY IMPACT COUNCIL IS RESPONSIBLE FOR HOLDING MONTHLY
MEETINGS TO MONITOR AND ASSESS COMMUNITY AND HUMAN SERVICE NEEDS AND MAKING
RECOMMENDATIONS THAT ENABLE UNITED WAY TO EFFECTIVELY ALLOCATE RESOURCES.
FUNDING IS MADE POSSIBLE THROUGH THE GENEROUS GIFTS FROM DONORS WHO GIVE THROUGH WORKPLACE CAMPAIGNS OR MAKE INDIVIDUAL GIFTS.
Schedule I (Form 990)

232291 04-01-22

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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. UNITED WAY OF GREATER RICHMOND

Employer identification number 23-7375346

& PETERSBURG Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee	e		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1000000
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a	-	X
b	Any related organization?	6b	21	X
	If "Yes" on line 6a or 6b, describe in Part III.			
7		10000		
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	11 20000000	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
	A. Fau Danamurals Daduction Act Notice and the Instructions for Form 900	chadula I/For	m 001	11 202

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

& PETERSBURG Schedule J (Form 990) 2022

23-7375346

Page 2

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JAMES L. M. TAYLOR	(i)	182,050.	0.	0.	0.	15,522.		0.
PRESIDENT & CEO - ENDED 6/30/23	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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Schedule J (Form 990) 2022

232113 10-18-22

	UNITED WAY OF GREATER RICHMOND		
Schedule J (Form 990) 2022	& PETERSBURG	23-7375346	Page 3
Part III Supplemental Informatio			
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 fo	or Part II. Also complete this part for any additional information.	
Tovido trio information, explanation	, or accomplication required to the act, indeed any tag on the say one one one of the say		
		Schedule J /Forn	n 000) 202

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

UNITED WAY OF GREATER RICHMOND

Employer identification number 23-7375346

	& PETERSBURG	23-737	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 detern noncash contribution	_	·
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			105 155			
9	Securities - Publicly traded	X	11	105,155.	NYSE		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial		 				
17	Real estate - Other						
18	Collectibles		-				
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other () Number of Forms 8283 received by the organ	ization durin	a the tay year for a	entributions			
29	for which the organization completed Form 82						
	for which the organization completed Form oz	200, Fait V,	Dollee Ackilowleag	gement [29]		Yes	No
200	During the year, did the organization receive b	v contributi	on any property rea	oorted in Part I lines 1 throug	h 28 that it	100	110
Sua	must hold for at least 3 years from the date of						
	exempt purposes for the entire holding period				١.,	0a	х
h	If "Yes," describe the arrangement in Part II.	''					
31	Does the organization have a gift acceptance	nolicy that r	equires the review	of any nonstandard contribut	ions?	31	Х
	Does the organization hire or use third parties						
32 a	contributions?				3	2a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in	column (c) fo	or a type of propert	y for which column (a) is chec	ked,		
	describe in Part II.						1
LHA	For Paperwork Reduction Act Notice, see	the Instruc	ctions for Form 99	0.	Schedule M (F	orm 990	2022

232141 09-09-22

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

Schedule M	(Form 990) 2022 & PETERSBURG	23	-7375346	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and w	hether the organiza	tion
K-10-7-1				
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SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

UNITED WAY OF GREATER RICHMOND & PETERSBURG

Employer identification number 23-7375346

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CLEAR PATH TO SUCCESS. WE DELIVER ON OUR MISSION BY LEADING TARGETED
INITIATIVES, GRANT MAKING, AND BY MOBILIZING PEOPLE AND WORKPLACES TO
GIVE, ADVOCATE, AND VOLUNTEER ACROSS THE GREATER RICHMOND & PETERSBURG
REGION.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ACROSS THE GREATER RICHMOND & PETERSBURG REGION.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
IN OUR COMMUNITY THAT PROVIDE HELP FOR INDIVIDUALS IN THE MOST NEEDED
AREAS.
UNITED WAY'S COMMUNITY IMPACT WORK AND FUNDING IS DRIVEN BY OUR STEPS
TO SUCCESS MODEL, WHICH ILLUSTRATES KEY MILESTONES ON THE PATH TO
SUCCESS: BASIC NEEDS: FOOD, SAFETY & HOUSING; BORN HEALTHY;
KINDERGARTEN READINESS; THIRD GRADE READING; MIDDLE SCHOOL ENGAGEMENT;
HIGH SCHOOL GRADUATION; COLLEGE/CAREER READINESS; FINANCIAL WELL-BEING;
AND CONNECTED & HEALTHY OLDER ADULTS.
AS A MAJOR REGIONAL FUNDING ORGANIZATION, UNITED WAY IS UNIQUELY
QUALIFIED TO PROVIDE CRITICAL INFORMATION TO COMMUNITY LEADERS AND
ORGANIZATIONS. WE HAVE A DEDICATED RESEARCH TEAM THAT STUDIES LOCAL
DATA TO TRACK PROBLEMS IN OUR COMMUNITIES AND WORKS WITH PARTNER
ORGANIZATIONS TO DEVELOP SOLUTIONS THAT ACTUALLY MOVE THE NEEDLE.
OLGANITATIONS TO DEVETOL SOUGITONS THAT WOLDANDIT MOAF THE MEEDING.

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

Schedule O (Form 990) 2022

Employer identification number 23-7375346

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

THE DRAFT OF THE FORM 990 IS PROPOSED TO THE AUDIT COMMITTEE BY MANAGEMENT.

ONCE THE AUDIT COMMITTEE APPROVES IT, THE FORM 990 IS DISTRIBUTED TO THE

BOARD OF DIRECTORS FOR REVIEW. AFTER REVIEW BY THE BOARD OF DIRECTORS, THE

FORM 990 IS FILED WITH THE IRS.

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

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

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

BOARD OF DIRECTORS LEADERSHIP DETERMINES THE CEO'S AND OTHER KEY EMPLOYEES'

COMPENSATION. THE CEO AND OTHER KEY EMPLOYEE COMPENSATION IS REVIEWED

ANNUALLY. THIS COMMITTEE REVIEWS MARKET DATA TO ENSURE THAT THE

COMPENSATION LEVELS ARE IN LINE WITH THE MARKET AND OTHER SIMILAR

ORGANIZATIONS. THE ORGANIZATION ALSO HAS AN INDEPENDENT COMPENSATION STUDY

PERFORMED EVERY THREE TO FIVE YEARS.

FORM 990, PART VI, SECTION C, LINE 19:

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