

KEITER, STEPHENS, HURST, GARY & SHREAVES, PC
P.O. BOX 32066
RICHMOND, VIRGINIA 23294-2066

JANUARY 28, 2016

UNITED WAY OF GREATER RICHMOND
& PETERSBURG
2001 MAYWILL STREET
RICHMOND, VA 23230

UNITED WAY OF GREATER RICHMOND & PETERSBURG:

ENCLOSED IS THE ORGANIZATION'S 2014 EXEMPT ORGANIZATION
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU
WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE
SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL
THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A
PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO
US BY FEBRUARY 16, 2016.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

JOHN E. KENT

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2015

Prepared for	UNITED WAY OF GREATER RICHMOND & PETERSBURG 2001 MAYWILL STREET RICHMOND, VA 23230
Prepared by	KEITER, STEPHENS, HURST, GARY & SHREAVES, PC P.O. BOX 32066 RICHMOND, VA 23294-2066
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY FEBRUARY 16, 2016.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning JUL 1, 2014, and ending JUN 30, 2015

2014

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

UNITED WAY OF GREATER RICHMOND & PETERSBURG

Employer identification number

23-7375346

Name and title of officer

**LAURA MELOY
CHIEF EXECUTIVE OFFICER**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>14,038,624.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54522423294

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

Form **990**

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

OMB No. 1545-0047

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF GREATER RICHMOND & PETERSBURG Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2001 MAYWILL STREET City or town, state or province, country, and ZIP or foreign postal code RICHMOND, VA 23230 F Name and address of principal officer: JAMES L.M. TAYLOR SAME AS C ABOVE	D Employer identification number 23-7375346 E Telephone number 804-771-5867 G Gross receipts \$ 14,599,041. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.YOURUNITEDWAY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1911		M State of legal domicile: VA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: UNITED WAY OF GREATER RICHMOND & PETERSBURG EXISTS TO MOBILIZE PEOPLE, MULTIPLY INVESTMENTS, AND		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	32
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	32
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	75
6	Total number of volunteers (estimate if necessary)	6	450
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	13,926,429.	12,987,929.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	109,232.	227,710.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	845,538.	822,985.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,881,199.	14,038,624.
14	Benefits paid to or for members (Part IX, column (A), line 4)	10,208,860.	9,369,409.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,042,856.	3,045,071.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,413,175.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,130,398.	2,050,955.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,382,114.	14,465,435.
19	Revenue less expenses. Subtract line 18 from line 12	-500,915.	-426,811.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	12,857,310.	13,412,669.
22	Net assets or fund balances. Subtract line 21 from line 20	4,235,371.	5,286,185.
		8,621,939.	8,126,484.

Part II Signature Block

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

Sign Here	Signature of officer JAMES L.M. TAYLOR, CHIEF EXECUTIVE OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JOHN E. KENT	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01076641
	Firm's name ▶ KEITER, STEPHENS, HURST, GARY & SHREAVES, PC Firm's address ▶ P.O. BOX 32066 RICHMOND, VA 23294-2066	Firm's EIN ▶ 54-1631262 Phone no. (804) 747-0000

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

UNITED WAY OF GREATER RICHMOND & PETERSBURG

Form 990 (2014)

23-7375346 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF GREATER RICHMOND & PETERSBURG EXISTS TO MOBILIZE PEOPLE, MULTIPLY INVESTMENTS, AND MAXIMIZE OPPORTUNITIES SO PEOPLE LEARN MORE, EARN MORE, AND LEAD SAFE AND HEALTHY LIVES. UNITED WAY ACCOMPLISHES THIS BY: (SEE SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 4,344,343. including grants of \$ 4,344,343.) (Revenue \$) * UNITED WAY PROVIDED TECHNICAL ASSISTANCE AND OUTCOME-FOCUSED FUNDING TO 73 HIGH-PRIORITY, EFFECTIVE NON-PROFIT PROGRAMS, SERVING MORE THAN 86,000 PEOPLE IN THE GREATER RICHMOND AND PETERSBURG REGION. UNITED WAY SUPPORT PROVIDED OPPORTUNITIES FOR A BETTER LIFE TO AT-RISK CHILDREN, INDIVIDUALS, AND FAMILIES.

* MORE THAN 38,000 YOUNG CHILDREN, SCHOOL AGE YOUTH, AND FAMILIES BENEFITED FROM SERVICES INCLUDING PRE-SCHOOL, HIGH-QUALITY AFTER SCHOOL PROGRAMS, AND PARENT MENTORING

* MORE THAN 14,000 STUDENTS EARNED BETTER GRADES AND SPENT MORE TIME IN SCHOOL THANKS TO UNITED WAY-SUPPORTED YOUTH PROGRAMS. (SEE SCHEDULE O)

4b (Code:) (Expenses \$ 2,357,663. including grants of \$) (Revenue \$) IN ADDITION TO SUPPORTING A NETWORK OF EFFECTIVE PROGRAMS, UNITED WAY PARTNERS WITH OTHER NONPROFITS, GOVERNMENT, COMPANIES, AND INDIVIDUALS TO IMPROVE COMMUNITY-LEVEL SYSTEMS AND CONDITIONS. TO DO THIS, UNITED WAY LEADS AND SUPPORTS A VARIETY OF COMMUNITY-LEVEL PLANNING AND CHANGE INITIATIVES. THESE INITIATIVES FOCUS ON PREPARING CHILDREN TO BE READY FOR AND STAY SUCCESSFUL IN SCHOOL, HELPING YOUTH DEVELOP POSITIVE BEHAVIORS, AIDING FAMILIES WHO ARE STRUGGLING, AND SUPPORTING OLDER ADULTS TO AGE WITH DIGNITY AND INDEPENDENCE. SELECTED ANNUAL ACCOMPLISHMENTS INCLUDE:

*THE SMART BEGINNINGS GREATER RICHMOND (SBGR) INITIATIVE CONTINUED TO FOCUS ON EARLY CHILDHOOD DEVELOPMENT AND SCHOOL - (SEE SCHEDULE O) -

4c (Code:) (Expenses \$ 5,025,066. including grants of \$ 5,025,066.) (Revenue \$) IN ADDITION TO DIRECTING CONTRIBUTIONS TO PROGRAMS AND INITIATIVES THAT MAKE IMPACT, UNITED WAY FOSTERS LOCAL PHILANTHROPY BY PROVIDING AN OPTION FOR DONORS TO DESIGNATE THEIR GIVING TO SPECIFIED ELIGIBLE ORGANIZATIONS. UNITED WAY COLLECTS AND DISTRIBUTES THESE DONOR-RESTRICTED GIFTS TO 2,200 ORGANIZATIONS. THIS SERVICE PROVIDES THOUSANDS OF DONORS AN EFFICIENT AND COST-EFFECTIVE MEANS TO GIVE BACK TO THEIR CHARITIES OF CHOICE.

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

4e Total program service expenses 11,727,072.

**UNITED WAY OF GREATER RICHMOND
& PETERSBURG**

Part IV Checklist of Required Schedules

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

**UNITED WAY OF GREATER RICHMOND
& PETERSBURG**

Part IV Checklist of Required Schedules *(continued)*

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	Gross income from members or shareholders		
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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **JAMES L.M. TAYLOR - (804) 771-5843**
2001 MAYWILL STREET, RICHMOND, VA 23230

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GAIL LETTS IMMEDIATE PAST CHAIR	1.00	X					0.	0.	0.	
(2) KEVIN W. BARR DIRECTOR	1.00	X					0.	0.	0.	
(3) MAGGI BECKSTOFFER DIRECTOR	1.00	X					0.	0.	0.	
(4) ROBERT BLAKE DIRECTOR	1.00	X					0.	0.	0.	
(5) JASON CHAPMAN DIRECTOR	1.00	X					0.	0.	0.	
(6) HEIDI ABBOTT DIRECTOR	1.00	X					0.	0.	0.	
(7) ANTHONY CONTE CHAIR ELECT	1.00	X		X			0.	0.	0.	
(8) JEFFREY CARR EDWARDS DIRECTOR	1.00	X					0.	0.	0.	
(9) CANDACE FOREMACEK DIRECTOR	1.00	X					0.	0.	0.	
(10) JUDITH LUNDIE GILL DIRECTOR	1.00	X					0.	0.	0.	
(11) MARK B. GOODWIN DIRECTOR	1.00	X					0.	0.	0.	
(12) G. SLAUGHTER FITZ-HUGH, III DIRECTOR	1.00	X					0.	0.	0.	
(13) RICHARD T. HATCH DIRECTOR	1.00	X					0.	0.	0.	
(14) MICHAEL N. HERRING DIRECTOR	1.00	X					0.	0.	0.	
(15) JACK HOLMES DIRECTOR	1.00	X					0.	0.	0.	
(16) CATHY W. HOWARD, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(17) MARK A. HOUSEHOLDER DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JONATHAN LEON TREASURER	1.00	X		X				0.	0.	0.
(19) CHANNING MARTIN CHAIR	1.00	X		X				0.	0.	0.
(20) CYNTHIA MORGAN DIRECTOR	1.00	X						0.	0.	0.
(21) CHERYL REEVER MOORE DIRECTOR	1.00	X						0.	0.	0.
(22) AMY P. NISENSEN DIRECTOR	1.00	X						0.	0.	0.
(23) JAMES L. PHILLIPS DIRECTOR	1.00	X						0.	0.	0.
(24) MICHAEL ROSSER DIRECTOR	1.00	X						0.	0.	0.
(25) BRENDA SKIDMORE DIRECTOR	1.00	X						0.	0.	0.
(26) DANIELLE FITZ-HUGH DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								619,751.	0.	41,960.
d Total (add lines 1b and 1c)								619,751.	0.	41,960.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GREG SUTFIN DIRECTOR	1.00	X						0.	0.	0.
(28) JOHN B. SYER, JR. DIRECTOR	1.00	X						0.	0.	0.
(29) NANCY THOMAS DIRECTOR	1.00	X						0.	0.	0.
(30) SHANNON L. VENABLE DIRECTOR	1.00	X						0.	0.	0.
(31) LORI JARVIS DIRECTOR	1.00	X						0.	0.	0.
(32) WILLIAM WEBER DIRECTOR	1.00	X						0.	0.	0.
(33) ROBERT MACPHERSON DIRECTOR	1.00	X						0.	0.	0.
(34) PETER PERKINS DIRECTOR	1.00	X						0.	0.	0.
(35) JAMES J.L. STEGMAIER DIRECTOR	1.00	X						0.	0.	0.
(36) BARRY M. TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(37) JULIE HOSUN YOO DIRECTOR	1.00	X						0.	0.	0.
(38) HEATHER TURBYNE-POLLARD VP STRATEGIC MARKETING & R	40.00			X				74,279.	0.	6,206.
(39) LAURA MELOY CHIEF OPERATING OFFICER	40.00			X				94,817.	0.	6,421.
(40) VALORIE LYNN PHARR CHIEF EXECUTIVE OFFICER	40.00			X				194,061.	0.	9,036.
(41) GAIL P. HARRIS CHIEF IMPACT OFFICER, COMM	40.00			X				108,075.	0.	7,135.
(42) HEATH NIEMEYER CHIEF DEVELOPMENT OFFICER	40.00			X				103,734.	0.	13,162.
(43) GEORGANNA AMATEAU DIRECTOR OF COMMUNITY IMPACT, HEALTH	40.00			X				44,785.	0.	0.
Total to Part VII, Section A, line 1c								619,751.		41,960.

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 1,033,354.						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e 694,147.						
	f All other contributions, gifts, grants, and similar amounts not included above	1f 11,260,428.						
	g Noncash contributions included in lines 1a-1f: \$	307,268.						
	h Total. Add lines 1a-1f	▶ 12,987,929.						
Program Service Revenue	2 a _____	Business Code _____						
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f	▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 105,347.				105,347.		
	4 Income from investment of tax-exempt bond proceeds	▶						
	5 Royalties	▶						
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)	▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		682,780.						
		b Less: cost or other basis and sales expenses	560,417.					
		c Gain or (loss)	122,363.					
	d Net gain or (loss)	▶ 122,363.					122,363.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events	▶					
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities	▶						
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory	▶						
Miscellaneous Revenue		Business Code						
11 a FEES - DONOR DESIGNATIONS	900099	423,568.	423,568.					
b ENDOWMENT INCOME	900099	196,443.	196,443.					
c FEES - 3RD PARTY PROC.	900099	154,617.	154,617.					
d All other revenue	900099	48,357.	48,357.					
e Total. Add lines 11a-11d	▶	822,985.						
12 Total revenue. See instructions.	▶	14,038,624.	822,985.	0.		227,710.		

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Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,369,409.	9,369,409.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	558,367.	263,079.	101,253.	194,035.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,765,591.	621,138.	535,019.	609,434.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	525,323.	232,942.	138,124.	154,257.
10 Payroll taxes	195,790.	69,566.	62,628.	63,596.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	53,738.		53,738.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	96,160.	43,326.	48,323.	4,511.
12 Advertising and promotion				
13 Office expenses	36,554.	15,531.	11,138.	9,885.
14 Information technology				
15 Royalties				
16 Occupancy	361,496.	130,465.	106,882.	124,149.
17 Travel	72,468.	37,036.	14,524.	20,908.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	38,421.	25,954.	11,651.	816.
20 Interest				
21 Payments to affiliates	130,375.	43,458.	43,459.	43,458.
22 Depreciation, depletion, and amortization	56,902.	18,968.	18,967.	18,967.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	737,560.	737,560.		
b EQUIPMENT MAINTENANCE	140,528.	49,907.	36,916.	53,705.
c PRINTING AND PUBLICATIO	124,671.	44,482.	267.	79,922.
d CONTRACT LABOR	96,580.	1,635.	86,215.	8,730.
e All other expenses	105,502.	22,616.	56,084.	26,802.
25 Total functional expenses. Add lines 1 through 24e	14,465,435.	11,727,072.	1,325,188.	1,413,175.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	3,105,441.	2	4,283,509.	
	3 Pledges and grants receivable, net	3,619,297.	3	3,481,791.	
	4 Accounts receivable, net	259,937.	4	270,504.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	40,163.	9	35,621.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,462,957.			
	b Less: accumulated depreciation	1,357,346.	105,848.	10c	105,611.
	11 Investments - publicly traded securities	5,726,624.	11	5,235,633.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,857,310.	16	13,412,669.		
Liabilities	17 Accounts payable and accrued expenses	392,272.	17	434,864.	
	18 Grants payable	3,568,810.	18	3,327,571.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	274,289.	25	1,523,750.	
	26 Total liabilities. Add lines 17 through 25	4,235,371.	26	5,286,185.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	8,174,412.	27	7,707,114.	
	28 Temporarily restricted net assets	447,527.	28	419,370.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	8,621,939.	33	8,126,484.	
34 Total liabilities and net assets/fund balances	12,857,310.	34	13,412,669.		

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,038,624.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,465,435.
3	Revenue less expenses. Subtract line 2 from line 1	3	-426,811.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,621,939.
5	Net unrealized gains (losses) on investments	5	-68,644.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,126,484.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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.)
- 10 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16932047.	15666955.	15157366.	13926429.	12987929.	74670726.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	16932047.	15666955.	15157366.	13926429.	12987929.	74670726.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						74670726.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	16932047.	15666955.	15157366.	13926429.	12987929.	74670726.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	119,052.	118,704.	111,267.	109,232.	105,347.	563,602.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1064728.	1275275.	924,864.	845,538.	822,985.	4933390.
11 Total support. Add lines 7 through 10						80167718.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	93.14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	93.28	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

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

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

(i) Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		167,827.	158,667.	9,160.
d Equipment		1,295,130.	1,198,679.	96,451.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				105,611.

**UNITED WAY OF GREATER RICHMOND
& PETERSBURG**

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR ENERGY SHARE	826,928.
(3) FUNDS HELD FOR OTHERS	696,822.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,523,750.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	8,944,914.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-68,644.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-68,644.	
3	Subtract line 2e from line 1	3	9,013,558.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	5,025,066.	
c	Add lines 4a and 4b	4c	5,025,066.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,038,624.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	9,440,369.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	9,440,369.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	5,025,066.	
c	Add lines 4a and 4b	4c	5,025,066.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,465,435.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

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

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

Part XIII Supplemental Information (continued)

ANTICIPATED, TAX ISSUES BASED ON THE ORGANIZATION'S ANALYSIS OF WHETHER
ADDITIONAL TAXES WOULD BE DUE TO THE AUTHORITIES GIVEN THEIR FULL
KNOWLEDGE OF THE TAX POSITION. THE ORGANIZATION ACCRUES INTEREST AND
PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AS OTHER NONCURRENT
LIABILITIES AND RECOGNIZES THE RELATED CHANGES IN THE ORGANIZATION'S
ASSESSMENTS AS A COMPONENT OF INCOME TAX EXPENSE. THE ORGANIZATION HAS
COMPLETED ITS ASSESSMENT AND DETERMINED THAT THERE WERE NO TAX POSITIONS,
WHICH WOULD REQUIRE RECOGNITION UNDER THE GUIDANCE. THE ORGANIZATION'S
INCOME TAX RETURNS FOR YEARS SINCE 2012 REMAIN OPEN FOR EXAMINATION BY TAX
AUTHORITIES. THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT BY ANY TAX
JURISDICTION.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 5,025,066.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 5,025,066.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2014

Open to Public
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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

Employer identification number
23-7375346

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A GRACE PLACE ADULT CARE CENTER 8030 STAPLES MILL ROAD RICHMOND, VA 23228		501(C)(3)	171,558.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
AL-A-MO RECOVERY CENTER 35 SOUTH MARKET STREET PETERSBURG, VA 23804		501(C)(3)	15,860.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
AMERICAN CANCER SOCIETY 4240 PARK PLACE COURT GLEN ALLEN, VA 23060		501(C)(3)	40,249.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
AMERICAN HEART ASSOCIATION 4240 PARK PLACE COURT GLEN ALLEN, VA 23060		501(C)(3)	18,742.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
AMERICAN RED CROSS 420 EAST CARY STREET RICHMOND, VA 23219		501(C)(3)	321,172.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
ALS ASSOCIATION 7507 STANDISH PLACE ROCKVILLE, MD 20855		501(C)(3)	8,606.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 135.**
- 3** Enter total number of other organizations listed in the line 1 table **▶**

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

Schedule I (Form 990) (2014)

UNITED WAY OF GREATER RICHMOND
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION 4600 COX ROAD GLEN ALLEN, VA 23060		501(C)(3)	18,212.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
ARMY COMMUNITY SERVICE 1231 MAHONE AVENUE, BUILDING 9023 FORT LEE, VA 23801		501(C)(3)	6,730.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
BIG BROTHERS BIG SISTERS SERVICES 1707 SUMMIT AVE, SUITE 200 RICHMOND, VA 23230		501(C)(3)	118,077.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
AMERICAN DIABETES ASSOCIATION 4335 COX ROAD GLEN ALLEN, VA 23060		501(C)(3)	12,605.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939		501(C)(3)	7,016.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
ASK CHILDHOOD CANCER FOUNDATION P.O. BOX 17184 RICHMOND, VA 23226		501(C)(3)	7,949.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
AUTISM SOCIETY OF AMERICA 200 SOUTH 3RD ST RICHMOND, VA 23219		501(C)(3)	7,414.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
BENEDICTINE EDUCATIONAL FOUNDATION 12829 RIVER ROAD RICHMOND, VA 23238		501(C)(3)	10,000.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
BOAZ AND RUTH, INC. P.O. BOX 409616 ATLANTA, GA 30384		501(C)(3)	8,471.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA 9457 AMBERDALE DRIVE RICHMOND, VA 23226		501(C)(3)	7,224.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CAT'S CRADLE OF GREATER RICHMOND, INC - 9920 STONE PATH DRIVE - ASHLAND, VA 23005		501(C)(3)	5,885.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CHALLENGE DISCOVERY PROJECTS 1503 SANTA ROSA ROAD, SUITE 211 RICHMOND, VA 23226		501(C)(3)	5,584.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
BOY SCOUTS OF AMERICA P.O. BOX 6809 RICHMOND, VA 23230		501(C)(3)	172,436.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
BOYS AND GIRLS CLUB OF METRO RICHMOND - 5511 STAPLES MILL ROAD, SUITE 301 - RICHMOND, VA 23238		501(C)(3)	318,312.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
CHILDREN'S HOME OF VIRGINIA BAPTIST - 6900 HICKORY ROAD - PETERSBURG, VA 23803		501(C)(3)	7,667.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS - 601 CHILDREN'S LANE - NORFOLK, VA 23507		501(C)(3)	10,085.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CARITAS P.O. BOX 25790 RICHMOND, VA 23260		501(C)(3)	329,770.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
CHESTERFIELD CENTER FOR THE ARTS 11801 CENTRE STREET CHESTER, VA 23831		501(C)(3)	10,000.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESTERFIELD PUBLIC EDUCATION FOUNDATION, INC. - 218 - P.O. BOX 3883 - RICHMOND, VA 23235		501(C)(3)	5,962.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
COMMUNITIES IN SCHOOLS OF CHESTERFIELD - P.O. BOX 10 - CHESTERFIELD, VA 23832		501(C)(3)	21,022.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CONCERNED BLACK MEN OF RICHMOND P.O. BOX 4747 RICHMOND, VA 23220		501(C)(3)	6,026.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CHILDREN'S HOME SOCIETY OF VIRGINIA - 4200 FITZHUGH AVENUE - RICHMOND, VA 23230		501(C)(3)	124,485.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
CHILDREN'S HOSPITAL AND HEALTHCARE SERVICES FOUNDATION, RICHMOND - 2924 BROOK ROAD - RICHMOND, VA 23220		501(C)(3)	21,457.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CRISIS ASSISTANCE RESPONSE EMERGENCY SHELTER, INC. - 120 EAST WASHINGTON STREET - PETERSBURG, VA 23803		501(C)(3)	28,680.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
CHILDSAVERS 2200 NORTH 22ND STREET RICHMOND, VA 23223		501(C)(3)	354,996.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
CROHN'S & COLITIS FOUNDATION OF AMERICA - 11300 ROCKVILL PIKE, SUITE 1005 - ROCKVILLE, MD 20852		501(C)(3)	8,125.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
ELIJAH HOUSE ACADEMY 6627 JAHNKE ROAD, SUITE B RICHMOND, VA 23225		501(C)(3)	7,785.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELK HILL FARM, INC P.O. BOX 99 GOOCHLAND, VA 23063		501(C)(3)	7,632.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
FIRST THINGS FIRST OF GREATER RICHMOND - 2101 MAYWILL STREET - RICHMOND, VA 23230		501(C)(3)	5,272.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
CIRCLE CENTER ADULT DAY SERVICES 4900 WEST MARSHALL ST RICHMOND, VA 23230		501(C)(3)	87,028.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
COMFORT ZONE CAMP, INC. 7201 GLEN FOREST DRIVE, SUITE 301 RICHMOND, VA 23230		501(C)(3)	9,241.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
COMMONWEALTH CATHOLIC CHARITIES 1601 ROLLING HILLS DRIVE HENRICO, VA 23229		501(C)(3)	263,954.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
COMMUNITIES IN SCHOOLS OF RICHMOND 2922 WEST MARSHALL STREET, 2ND FLOOR RICHMOND, VA 23230		501(C)(3)	102,417.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
GOOCHLAND COUNTY VOLUNTEER FIRE & RESCUE - P.O. BOX 247 - GOOCHLAND, VA 23063		501(C)(3)	5,272.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
GREATER RICHMOND ARC 3600 SAUNDERS AVE RICHMOND, VA 23227		501(C)(3)	129,760.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
HABITAT FOR HUMANITY, HANOVER 9161 ATLEE ROAD, SUITE B MECHANICSVILLE, VA 23116		501(C)(3)	6,319.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRATER DISTRICT AREA AGENCY ON AGING - 23 SEYLER DRIVE - PETERSBURG, VA 23805		501(C)(3)	10,000.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
CROSS OVER MINISTRY, INC. 8600 QUIOCCASIN ROAD RICHMOND, VA 23229		501(C)(3)	18,873.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
DAILY PLANET 517 WEST GRACE STREET RICHMOND, VA 23220		501(C)(3)	171,506.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
HABITAT FOR HUMANITY, POWHATAN P.O. BOX 416 POWHATAN, VA 23139		501(C)(3)	5,341.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
FAMILY LIFELINE 2325 WEST BROAD STREET RICHMOND, VA 23220		501(C)(3)	588,919.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
FAN FREE CLINIC P.O. BOX 6477 RICHMOND, VA 23230		501(C)(3)	83,930.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
FEEDMORE, INC. 1415 RHOADMILLER STREET RICHMOND, VA 23220		501(C)(3)	316,951.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
FIRST BOOK OF GREATER RICHMOND 901 SEMMES AVE RICHMOND, VA 23224		501(C)(3)	8,191.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
FISHER HOUSE FOUNDATION OF RICHMOND, INC. - 111 ROCKVILLE PIKE - ROCKVILLE, MD 20850		501(C)(3)	11,427.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREDERIC SCOTT REED FOUNDATION P.O. BOX 290 MANAKIN SABOT, VA 23103		501(C)(3)	12,000.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
FRIENDS ASSOCIATION FOR CHILDREN 1004 ST. JOHN STREET RICHMOND, VA 23220		501(C)(3)	328,804.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
GIRL SCOUTS: COMMONWEALTH COUNCIL OF VIRGINIA - 4900 AUGUSTA AVENUE - RICHMOND, VA 23230		501(C)(3)	39,682.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
KOVAR CORPORATION KNIGHTS OF VIRGINIA - 16933 FOUR SEASONS DRIVE - DUMFRIES, VA 22025		501(C)(3)	9,655.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
GOOCHLAND FREE CLINIC AND FAMILY SERVICES - P.O. BOX 116 - GOOCHLAND, VA 23063		501(C)(3)	28,105.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
GOOD SAMARITAN MINISTRIES 2307 HULL STREET RICHMOND, VA 23224		501(C)(3)	9,788.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
GOODWILL OF CENTRAL VIRGINIA 6301 MIDLOTHIAN TURNPIKE RICHMOND, VA 23225		501(C)(3)	64,255.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
GREATER RICHMOND SCAN/CASA, RICHMOND - 103 EAST GRACE STREET - RICHMOND, VA 23219		501(C)(3)	22,319.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
HABITAT FOR HUMANITY, RICHMOND METROPOLITAN - 2281-A DABNEY ROAD, SUITE A - RICHMOND, VA 23230		501(C)(3)	13,735.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANOVER ADULT CENTER 7231 STONEWALL PARKWAY MECHANICSVILLE, VA 23111		501(C)(3)	31,408.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
LITTLE SISTERS OF THE POOR IN RICHMOND - 1503 MICHAEL ROAD - RICHMOND, VA 23229		501(C)(3)	7,748.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
HANOVER EDUCATION FOUNDATION P.O. BOX 1297 ASHLAND, VA 23005		501(C)(3)	9,569.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
MAKE-A-WISH FOUNDATION OF GREATER VIRGINIA - 2810 NORTH PARHAM ROAD, SUITE 302 - RICHMOND, VA 23294		501(C)(3)	12,315.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
HDS FUND (HELP DON SUCCEED FUND) - 3919 - 2222 PLANTERS ROW DRIVE - MIDLOTHIAN, VA 23113		501(C)(3)	7,994.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
MARCH OF DIMES FOUNDATION 4191 INNSLAKE DRIVE, SUITE 201 GLEN ALLEN, VA 23060		501(C)(3)	5,596.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
MT. GILEAD FULL GOSPEL INTERNATIONAL MINISTRIES - 2501 MOUNT GILEAD BOULEVARD - RICHMOND, VA 23235		501(C)(3)	6,968.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
HENRICO EDUCATION FOUNDATION - 258 3820 NINE MILE ROAD RICHMOND, VA 23223		501(C)(3)	7,909.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
HOMEAGAIN P.O. BOX 5222 RICHMOND, VA 23220		501(C)(3)	66,153.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)

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HOMeward 1125 COMMERCE ROAD RICHMOND, VA 23224		501(C)(3)	68,312.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
IVNA HEALTH CARE 5008 MONUMENT AVENUE RICHMOND, VA 23230		501(C)(3)	196,833.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
JEWISH COMMUNITY FEDERATION OF RICHMOND - P.O. BOX 17128 - RICHMOND, VA 23226		501(C)(3)	16,342.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
JEWISH FAMILY SERVICES 6718 PATTERSON AVENUE RICHMOND, VA 23226		501(C)(3)	147,778.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
JUNIOR ACHIEVEMENT OF CENTRAL VIRGINIA, INC. - 7217 WEST BROAD STREET - RICHMOND, VA 23294		501(C)(3)	8,049.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
JUNIOR LEAGUE OF RICHMOND 205 WEST FRANKLIN STREET RICHMOND, VA 23220		501(C)(3)	5,148.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
JUVENILE DIABETES RESEARCH FOUNDATION, CENTRAL VIRGINIA CHAPTER - 1801 LIBBIE AVENUE, SUITE 106 - RICHMOND, VA 23226		501(C)(3)	12,049.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
KIMBERLEY L. MARTIN SCHOLARSHIP FOUNDATION, KLM SCHOLARSHIP FOUNDATION - P.O. BOX 3081 - RICHMOND, VA 23228		501(C)(3)	5,359.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
LEUKEMIA & LYMPHOMA SOCIETY 5540 FALMOUTH STREET, SUITE 101 RICHMOND, VA 23230		501(C)(3)	11,508.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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NATIONAL KIDNEY FOUNDATION 1622 EAST PARHAM ROAD RICHMOND, VA 23228		501(C)(3)	7,467.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
PETER PAUL DEVELOPMENT CENTER 1708 NORTH 22ND STREET RICHMOND, VA 23223		501(C)(3)	6,172.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
MASSEY CANCER CENTER, MCV FOUNDATION FUND - P.O. BOX 980234 - RICHMOND, VA 23298		501(C)(3)	5,975.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
PREGNANCY SUPPORT CENTER OF THE TRI-CITIES - 700 SOUTH SYCAMORE STREET, SUITE 12 - PETERSBURG, VA 23803		501(C)(3)	5,268.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
PROGRESSIVE ADULT REHABILITATION CENTER - P.O. BOX 2085 - ETTRICK, VA 23803		501(C)(3)	25,000.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
RICHMOND BEHAVIORAL HEALTH FOUNDATION - 107 SOUTH FIFTH STREET - RICHMOND, VA 23219		501(C)(3)	5,258.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
NATIONAL MULTIPLE SCLEROSIS SOCIETY, CENTRAL VIRGINIA - 4200 INNSLAKE DRIVE - GLEN ALLEN, VA 23060		501(C)(3)	14,197.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
NEEDLE'S EYE MINISTRIES, INC. 104 BERRINGTON COURT RICHMOND, VA 23221		501(C)(3)	5,762.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
RONALD MCDONALD HOUSE CHARITIES OF RICHMOND - 2330 MONUMENT AVE - RICHMOND, VA 23220		501(C)(3)	8,068.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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OFFENDER AID AND RESTORATION OF RICHMOND - ONE NORTH THIRD STREET, SUITE 200 - RICHMOND, VA 23219		501(C)(3)	116,874.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
SACRED HEART CENTER, INC 1400 PERRY STREET RICHMOND, VA 23224		501(C)(3)	6,070.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SAFE HARBOR P.O. BOX 17996 RICHMOND, VA 23226		501(C)(3)	7,393.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
PETERSBURG HEALTH DEPARTMENT #04766 - 301 HALIFAX STREET - PETERSBURG, VA 23803		501(C)(3)	32,150.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
PLANNED PARENTHOOD, VIRGINIA LEAGUE FOR - 201 NORTH HAMILTON STREET - RICHMOND, VA 23221		501(C)(3)	17,359.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
PREGNANCY RESOURCE CENTER OF METRO RICHMOND - CRISIS PG CENTER OF RICHMOND - 1510 WILLOW LAWN DRIVE, SUITE 200 - RICHMOND, VA 23230		501(C)(3)	19,102.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
PROJECT: HOMES 88 CARNATION STREET RICHMOND, VA 23225		501(C)(3)	43,039.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
QUIN RIVERS AGENCY FOR COMMUNITY ACTION - P.O. BOX 208 - NEW KENT, VA 23124		501(C)(3)	62,000.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
RAPPAHANNOCK UNITED WAY, VA 3310 SHANNON PARK DRIVE FREDERICKSBURG, VA 22408		501(C)(3)	10,600.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READING AND EDUCATION FOR ADULT DEVELOPMENT (READ CENTER, THE) - 2000 BREMO ROAD, SUITE 102 - RICHMOND, VA 23226		501(C)(3)	12,265.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
RICHMOND ANIMAL LEAGUE 11401 INTERNATIONAL DRIVE NORTH CHESTERFIELD, VA 23236		501(C)(3)	17,563.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SALVATION ARMY 2 WEST GRACE STREET RICHMOND, VA 23220		501(C)(3)	338,342.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
SONSHINE FOLK SCHOOL FARM 8307 SOFT WIND DRIVE MECHANICSVILLE, VA 23111		501(C)(3)	6,300.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
RICHMOND SPCA 2519 HERMITAGE ROAD RICHMOND, VA 23220		501(C)(3)	57,026.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SPECIAL OLYMPICS VIRGINIA, INC 3212 SKIPWITH ROAD, SUITE 100 RICHMOND, VA 23294		501(C)(3)	14,022.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
ROSMY (RICHMOND ORGANIZATION FOR SEXUAL MINORITY YOUTH) - P.O. BOX 5542 - RICHMOND, VA 23220		501(C)(3)	20,389.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SENIOR CONNECTIONS, THE CAPITAL AREA AGENCY ON AGING - P.O. BOX 6521 - RICHMOND, VA 23230		501(C)(3)	96,760.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
SOUTH RICHMOND ADULT DAY CARE CENTER - 1500 HULL STREET ROAD - RICHMOND, VA 23224		501(C)(3)	21,421.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)

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SOUTHSIDE CHILD DEVELOPMENT CENTER 1420 MCDONOUGH STREET RICHMOND, VA 23234		501(C)(3)	114,904.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
ST. JOSEPH'S VILLA 800 BROOK ROAD RICHMOND, VA 23227		501(C)(3)	10,503.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - VIRGINIA - 501 ST. JUDE PLACE - MEMPHIS, TN 38105		501(C)(3)	35,489.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
SUSAN G. KOMEN FOR THE CURE CENTRAL VIRGINIA AFFILIATE, RICHMOND - JOHNSTON-WILLIS DRIVE - RICHMOND, VA 23235		501(C)(3)	21,065.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 1240 NORTH PITT STREET, THIRD FLOOR - ALEXANDRIA, VA 22314		501(C)(3)	27,534.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
STEP RICHMOND 1900 CHAMBERLAYNE AVE RICHMOND, VA 23222		501(C)(3)	5,475.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
THE ARC OF HANOVER P.O. BOX 91 ASHLAND, VA 23005		501(C)(3)	34,083.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
UNITED NEGRO COLLEGE FUND, RICHMOND - 318 - 1500 N LOMBARDY ST - RICHMOND, VA 23220		501(C)(3)	20,028.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
UNITED WAY OF GREATER ST. LOUIS, INC., MO - 910 NORTH 11TH STREET - STAINT LOUIS, MO 63101		501(C)(3)	16,955.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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UNITED WAY OF GREATER WILLIAMSBURG, VA - 5400 DISCOVERY PARK BOULEVARD, SUITE 104 - WILLIAMSBURG, VA 23188		501(C)(3)	11,368.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
UNITED WAY OF HARRISON COUNTY, WV 301 WEST MAIN STREET, SUITE 608 CLARKSBURG, VA 26302		501(C)(3)	6,708.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
UNITED WAY OF HOPEWELL-PRINCE GEORGE, VA - P.O. BOX 394 - HOPEWELL, VA 23860		501(C)(3)	12,926.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
UNITED WAY OF SOUTH HAMPTON ROADS, VA - 2515 WALMER AVE - NORFOLD, VA 23541		501(C)(3)	10,677.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
UNITED WAY OF THE THOMAS JEFFERSON AREA, VA - 806 EAST HIGH STREET - CHARLOTTESVILLE, VA 22902		501(C)(3)	9,017.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
VIRGINIA HOME 1101 HAMPTON STREET RICHMOND, VA 23220		501(C)(3)	15,628.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
VIRGINIA SUPPORTIVE HOUSING P.O. BOX 8585 RICHMOND, VA 23230		501(C)(3)	67,329.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
VIRGINIA VOICE FOR THE PRINT HANDICAPPED - P.O. BOX 15546 - RICHMOND, VA 23227		501(C)(3)	14,939.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
VIRGINIAFIRST 2500 WEST BROAD STREET RICHMOND, VA 23220		501(C)(3)	10,000.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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WILLIAM BYRD COMMUNITY HOUSE 224 SOUTH CHERRY STREET RICHMOND, VA 23220		501(C)(3)	14,149.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
VESSELS OF MERCY INTERNATIONAL, INC - 12081 GAYTON ROAD - HENRICO, VA 23238		501(C)(3)	6,258.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256		501(C)(3)	31,247.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
YMCA OF GREATER RICHMOND 2 WEST FRANKLIN ST, 2ND FLOOR RICHMOND, VA 23220		501(C)(3)	374,109.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
YWCA OF RICHMOND 6 NORTH 5TH STREET RICHMOND, VA 23219		501(C)(3)	325,104.	0.			ALLOCATIONS FOR SPECIFIC PROGRAM SERVICES AND DONOR DIRECTED FUNDS (DESIGNATIONS)
VIRGINIA BREAST CANCER FOUNDATION 5004 MONUMENT AVE, SUITE 102 HENRICO, VA 23230		501(C)(3)	6,470.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
VIRGINIA HOME FOR BOYS AND GIRLS 8716 WEST BROAD STREET RICHMOND, VA 23294		501(C)(3)	7,811.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
VIRGINIA MENTORING PARTNERSHIP 2500 WEST BROAD STREET, THIRD FLOOR RICHMOND, VA 23220		501(C)(3)	5,665.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
VIRGINIA WOUNDED WARRIOR PROGRAM 900 EAST MAIN STREET, 6TH FLOOR RICHMOND, VA 23219		501(C)(3)	5,343.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

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YMCA, NORTHSIDE 4207 OLD BROOK ROAD RICHMOND, VA 23227		501(C)(3)	22,348.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES
YMCA, PETERSBURG 120 NORTH MADISON STREET PETERSBURG, VA 23803		501(C)(3)	12,045.	0.			DONOR DIRECTED FUNDS (DESIGNATIONS) FOR GENERAL PURPOSES

**UNITED WAY OF GREATER RICHMOND
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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

PART I, LINE 2:

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

Part IV Supplemental Information

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

[Empty lines for supplemental information]

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

**UNITED WAY OF GREATER RICHMOND
& PETERSBURG**

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 in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) VALORIE LYNN PHARR CHIEF EXECUTIVE OFFICER	(i)	194,061.	0.	0.	2,667.	6,369.	203,097.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Multiple horizontal lines for providing supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	51	307,268.	NY STOCK EXCHANGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization	UNITED WAY OF GREATER RICHMOND & PETERSBURG	Employer identification number	23-7375346
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MAXIMIZE OPPORTUNITIES SO PEOPLE LEARN MORE, EARN MORE, AND LEAD SAFE
AND HEALTHY LIVES. UNITED WAY ACCOMPLISHES THIS BY:

- *PROVIDING COMMUNITY LEADERSHIP
- *DEVELOPING SOLUTIONS
- *RAISING AND LEVERAGING FUNDS FOR IMPACT
- *MAKING COMMUNITY IMPACT GRANTS

UNITED WAY INVESTMENTS FOCUS ON ISSUES THAT ARE NECESSARY TO BUILD A
GOOD LIFE:

- *EDUCATION: HELPING CHILDREN AND YOUTH SUCCEED IN SCHOOL, WORK AND LIFE
- *INCOME: HELPING FAMILIES AND INDIVIDUALS TO HAVE THE RESOURCES,
SKILLS, AND OPPORTUNITIES TO OBTAIN AND MAINTAIN FINANCIAL STABILITY.
- *HEALTH: HELPING INDIVIDUALS TO ACHIEVE AND MAINTAIN HEALTH AND
WELLNESS ACROSS THEIR LIFESPAN.

UNITED WAY GIVES LOCAL CITIZENS THE OPPORTUNITY TO PARTICIPATE IN
CHARITABLE GIVING, TO ACTIVELY SUPPORT AN IDEA OR CAUSE THROUGH
ADVOCACY, AND TO VOLUNTEER THEIR TIME TO IMPROVE THE COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

- * PROVIDING COMMUNITY LEADERSHIP.
- * DEVELOPING SOLUTIONS.

Name of the organization UNITED WAY OF GREATER RICHMOND & PETERSBURG	Employer identification number 23-7375346
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* RAISING AND LEVERAGING FUNDS FOR IMPACT.

* MAKING COMMUNITY IMPACT GRANTS

UNITED WAY INVESTMENTS FOCUS ON ISSUES THAT ARE NECESSARY TO BUILD A GOOD LIFE:

* EDUCATION: HELPING CHILDREN AND YOUTH SUCCEED IN SCHOOL, WORK, AND LIFE.

* INCOME: HELPING FAMILIES AND INDIVIDUALS TO HAVE THE RESOURCES, SKILLS, AND OPPORTUNITIES TO OBTAIN AND MAINTAIN FINANCIAL STABILITY.

* HEALTH: HELPING INDIVIDUALS TO ACHIEVE AND MAINTAIN HEALTH AND WELLNESS ACROSS THEIR LIFESPAN.

UNITED WAY GIVES LOCAL CITIZENS THE OPPORTUNITY TO PARTICIPATE IN CHARITABLE GIVING, TO ACTIVELY SUPPORT AN IDEA OR CAUSE THROUGH ADVOCACY, AND TO VOLUNTEER THEIR TIME TO IMPROVE THE COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

* UNITED WAY-FUNDED PROGRAMS PROVIDED RESOURCES TO PEOPLE WHO ARE STRUGGLING TO MEET THEIR MOST BASIC OF NEEDS INCLUDING FOOD, SHELTER, AND EMPLOYMENT. LAST YEAR MORE THAN 32,000 PEOPLE RECEIVED SERVICES HELPING THEM TO BECOME MORE FINANCIALLY STABLE SUCH AS JOB TRAINING AND PLACEMENT SERVICES, HOUSING ASSISTANCE AND EMERGENCY SHELTER, AND CASE MANAGEMENT SERVICES.

* UNITED WAY-FUNDED PROGRAMS PROVIDED ESSENTIAL SUPPORT TO OLDER ADULTS AND THEIR CAREGIVERS WITH A GOAL OF MAINTAINING HEALTH AND

Name of the organization	UNITED WAY OF GREATER RICHMOND & PETERSBURG	Employer identification number	23-7375346
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INDEPENDENCE. UNITED WAY-FUNDED PROGRAMS SERVED MORE THAN 7,900 OLDER ADULTS THROUGH VARIOUS SUPPORTIVE PROGRAMS SUCH AS HOME HEALTH AND ADULT DAY CARE, LEGAL ASSISTANCE, HOME DELIVERED MEALS, AND TRANSPORTATION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

READINESS. IN ORDER TO LINK TO A BROADER PIPELINE OF WORKFORCE DEVELOPMENT EFFORTS BEING COORDINATED AT THE LOCAL LEVEL WITH THE GREATER RICHMOND CHAMBER (GRC) AND AT THE STATE LEVEL BY THE VIRGINIA EARLY CHILDHOOD FOUNDATION (VECF), THE GREATER RICHMOND CHAMBER FOUNDATION (GRCF) WILL BE THE FISCAL SPONSOR OF SBGR AND THE NAME OF THE INITIATIVE WILL BE SMART BEGINNINGS RICHMOND, VIRGINIA (SBRVA) EFFECTIVE JULY 1, 2015. EARLY CHILDHOOD EDUCATION AND DEVELOPMENT HAS BEEN A CENTERPIECE OF UNITED WAY'S EDUCATION FOCUS AREA FOR YEARS. WORKING IN CONJUNCTION WITH GRC, UNITED WAY HAS PROVIDED MONETARY AND STAFF SUPPORT FOR SBGR SINCE SBGR WAS FORMED ALMOST A DECADE AGO. ALTHOUGH FISCAL SPONSORSHIP OF SBRVA WILL NOW RESIDE WITH GRCF, OUR COMMITMENT TO EARLY CHILDHOOD EDUCATION AND DEVELOPMENT WILL NOT CHANGE. UNITED WAY IS PROUD TO CONTINUE ITS SUPPORT OF THE MISSION AND WORK OF SBRVA.

*STATEWIDE MEASURES OF KINDERGARTENERS MEETING LANGUAGE AND LITERACY BENCHMARKS CONTINUED TO IMPROVE. AS A REGION, IT HAS MOVED SINCE 2002 FROM 80% TO 86% OF KINDERGARTENERS DEMONSTRATING PRE-LITERACY READINESS ON THE PALS K ASSESSMENT. A COMPONENT OF THE SMART BEGINNINGS REGIONAL KINDERGARTEN REGISTRATION CAMPAIGN IS THE ON-SITE IMPLEMENTATION OF A PARENT SURVEY DURING REGISTRATION. 94% OF RESPONDENTS INDICATED THAT THEY FELT BETTER PREPARED TO REGISTER THEIR CHILD FOR KINDERGARTEN BECAUSE OF SEEING OR HEARING INFORMATION PROVIDED ABOUT KINDERGARTEN

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REGISTRATION. 57% OF PARENTS SAID THAT THEY LEARNED SOMETHING NEW ABOUT SCHOOL READINESS FROM THE CAMPAIGN.

*UNITED WAY RECEIVED \$528,178 IN GRANT FUNDING FOR HOME VISITING EXPANSION GRANT -MATERNAL, INFANT, EARLY CHILDHOOD, HOME VISITING (MIECHV) FROM THE VIRGINIA DEPARTMENT OF HEALTH. AS OF JUNE 30, 2015, 94 FAMILIES (INCLUDING 20 PREGNANT WOMEN AND 118 CHILDREN) HAVE RECEIVED HOME VISITING SERVICES IN RICHMOND AND 34 FAMILIES (INCLUDING 2 PREGNANT WOMEN AND 43 CHILDREN) RECEIVED HOME VISITING SERVICES IN PETERSBURG.

* UNITED WAY PARTNERS WITH THE VIRGINIA DEPARTMENT OF BEHAVIORAL HEALTH & DISABILITY SERVICES TO RAISE AWARENESS AMONG PARENTS, CAREGIVERS, AND SERVICE PROVIDERS ABOUT THE AVAILABILITY OF EARLY INTERVENTION SERVICES FOR INFANTS AND TODDLERS WITH DEVELOPMENTAL DELAYS. FOR THE 2014-2015 FISCAL YEAR, APPROXIMATELY 20,000 INFANT AND TODDLERS CONNECTION OF VIRGINIA BROCHURES AND LITERATURE WERE DISTRIBUTED AND APPROXIMATELY 735 CALLS CAME THROUGH THE INFANT & TODDLER CONNECTION OF THE VIRGINIA CENTRAL DIRECTORY TELEPHONE REFERRAL LINE.

*UNITED WAY CONTINUED TO DELIVER, IN PARTNERSHIP WITH VCU, THE YOUTH PROGRAM QUALITY INTERVENTION (YPQI) PROGRAM. YPQI IS A NATIONALLY RECOGNIZED BEST PRACTICE TRAINING AND IMPROVEMENT PROGRAM THAT HELPS LOCAL YOUTH PROGRAMS IMPROVE THEIR QUALITY. YPQI HAD 27 PARTICIPATING PROGRAMS. ALL PROGRAMS COMPLETED INTERNAL AND EXTERNAL ASSESSMENTS AND DEVELOPED IMPROVEMENT PLANS. YOUTH PROGRAM STAFF PARTICIPATED IN YEAR-LONG TRAINING SESSIONS DELIVERED BY LOCAL AND NATIONAL YOUTH

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EXPERTS, WHICH FOCUSED ON DEVELOPING SAFER AND MORE SUPPORTIVE ENVIRONMENTS AND INCREASING YOUTH INTERACTION AND ENGAGEMENT. THE YEAR-END REPORT COMPLETED BY CONSULTANTS FROM THE MICHIGAN-BASED DAVID P. WEIKART CENTER FOR YOUTH PROGRAM QUALITY INDICATED THAT YPQI WAS DELIVERED WITH STRONG FIDELITY TO THE BEST PRACTICE MODEL, THAT IMPROVEMENT PLANS WERE COMPLETED AND ADDRESSED BY ALL PROGRAMS, AND THAT 100% OF MANAGERS AND DIRECT SERVICE STAFF REPORTED THAT THEY DEVELOPED NEW SKILLS AND THE PROCESS WAS WORTH THEIR TIME AND EFFORT. THROUGH PARTICIPATION ON THE ADVISORY COUNCIL, UNITED WAY CONTRIBUTED TO THE DEVELOPMENT OF THE NEW MIDDLE SCHOOL RENAISSANCE 2020 INITIATIVE THAT IS PILOTING AT HENDERSON MIDDLE SCHOOL. UNITED WAY ALSO PARTNERED WITH BRIDGING RVA ON SEVERAL EFFORTS RELATED TO COMMUNITY GOALS AND DATA.

*UNITED WAY CONTINUED ITS PARTNERSHIP AND FISCAL SPONSORSHIP ROLE FOR METROCASH TAX COALITION, THE REGIONAL VOLUNTEER INCOME TAX ASSISTANCE (VITA) COALITION. UNITED WAY ENABLED METROCASH TO OBTAIN \$100,000 IN FEDERAL, STATE, AND CORPORATE GRANTS WHICH WERE USED TO INCREASE SERVICES AND OUTREACH. WITH THE HELP OF 183 IRS CERTIFIED VOLUNTEER TAX PREPARERS, METROCASH PROVIDED FREE ELECTRONIC TAX-FILING FOR ANYONE EARNING LESS THAN \$53,000 AND 3,177 FREE RETURNS WERE E-FILED GENERATING GREATER THAN \$2.7 MILLION INTO THE COMMUNITY. DURING THE FILING SEASON, METROCASH OFFERED "MY FREE TAXES" PREP OPTIONS AT 13 STAND-ALONE TAX SITES, AS WELL AS REMOTELY THROUGH THE WEBSITE METROCASH.ORG. THIS ALTERNATIVE REACHED MORE LOW-TO-MODERATE INCOME FILERS, REDUCED WAIT TIMES FOR FILERS, AND INCREASED THE NUMBER OF E-FILED RETURNS. THERE WERE 612 FILERS WHO TOOK ADVANTAGE OF THIS OPTION.

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*UNITED WAY PARTNERS WITH 2-1-1 VIRGINIA, THE STATEWIDE INFORMATION & REFERRAL SYSTEM IN WHICH UNITED WAY HAS BEEN A PARTNER SINCE 2006. UNITED WAY'S REGIONAL OUTREACH SPECIALIST COVERS DISTRICTS 13, 14, 15, AND 19. FOR THE 2014-2015 FISCAL YEAR, THERE WERE 42,127 CALLS TO 2-1-1 FROM THE RICHMOND-SOUTHSIDE REGION.

*UNITED WAY PUBLISHED A COMPILATION OF IMPORTANT REGIONAL DATA CALLED THE INDICATORS OF COMMUNITY STRENGTH. THIS PUBLICATION ORGANIZES, INTO AN EASY-TO-USE RESOURCE, LOCALITY-LEVEL TREND DATA ON IMPORTANT COMPONENTS OF OUR REGION'S HEALTH SUCH AS RATES OF POVERTY, TEEN PREGNANCY, EDUCATIONAL ATTAINMENT, INCOME, HOUSING, AND AGING. IN ADDITION TO SHARING OVER 500 PRINT COPIES OF THE INDICATORS OF COMMUNITY STRENGTH REPORT WITH FUNDERS, SERVICE PROVIDERS, GOVERNMENT DEPARTMENTS, AND OTHER DECISION MAKERS, UNITED WAY STAFF PRESENTED THE INFORMATION TO INTERESTED GROUPS IN A FORMAT SOMETIMES CALLED A "DATAPALOOZA".

FORM 990, PART VI, SECTION A, LINE 2:

MARK HOUSEHOLDER IS AN EXECUTIVE WITH THE PRINCIPAL FINANCIAL GROUP WHICH MANAGES THE ORGANIZATION'S PENSION PLAN.

BRENDA L. SKIDMORE IS EMPLOYED BY SUNTRUST BANK, WHICH IS THE BANKING INSTITUTION OF THE ORGANIZATION.

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

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

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

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

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

Enter the Return code for the return that this application is for (file a separate application for each return)

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

JAMES L.M. TAYLOR

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**.

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

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

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