

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

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

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

<b>B</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	<b>C</b> Name of organization <b>UNITED WAY OF SOUTH HAMPTON ROADS</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2515 WALMER AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>NORFOLK, VA 23513</b> <b>F</b> Name and address of principal officer: <b>CAROL MCCORMACK</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>54-0506322</b> <b>E</b> Telephone number <b>757-853-8500</b> <b>G</b> Gross receipts \$ <b>21,314,506.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.UNITEDWAYSHR.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1923</b>		<b>M</b> State of legal domicile: <b>VA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF SOUTH HAMPTON ROADS COMMUNITIES.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>35</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>34</b>
<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>51</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2800</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>18,461,608.</b>	<b>17,948,187.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,128,438.</b>	<b>1,127,736.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>101,689.</b>	<b>110,771.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>57,478.</b>	<b>2,128,574.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>19,749,213.</b>	<b>21,315,268.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>13,450,906.</b>	<b>14,073,990.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>2,459,872.</b>	<b>2,615,643.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,961,527.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,457,783.</b>	<b>2,054,525.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>17,368,561.</b>	<b>18,744,158.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>2,380,652.</b>	<b>2,571,110.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>19,086,419.</b>	<b>21,503,661.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>6,395,361.</b>	<b>6,595,279.</b>
		<b>12,691,058.</b>	<b>14,908,382.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>CAROL MCCORMACK, OFFICER</b> Type or print name and title	Date  
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DANIEL HAYNES</b>	Preparer's signature <b>DANIEL HAYNES</b>
	Firm's name ▶ <b>PBMARES LLP</b>	Firm's EIN ▶ <b>54-0737372</b>
	Firm's address ▶ <b>150 BOUSH STREET, SUITE 400 NORFOLK, VA 23510</b>	Phone no. <b>757-627-4644</b>
	Date <b>11/10/16</b>	Check if self-employed <input checked="" type="checkbox"/> PTIN <b>P01220990</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF SOUTH HAMPTON ROADS PROVIDES LEADERSHIP THAT BRINGS RESOURCES TOGETHER TO REDUCE POVERTY, INCREASE EDUCATIONAL ATTAINMENT AND MINIMIZE HEALTH DISPARITIES FOR OUR MOST VULNERABLE NEIGHBORS. WE ADVANCE THE COMMON GOOD BY CREATING OPPORTUNITIES FOR A BETTER LIFE

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [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 \$ 9,781,600. including grants of \$ 8,299,553. ) (Revenue \$ 3,004,272. ) UNITED WAY CAMPAIGN-FUNDS ARE DISBURSED TO SIXTY-NINE UNITED WAY CERTIFIED AGENCIES AND OTHER UNAFFILIATED 501(C)(3) ORGANIZATIONS FOR THEIR VARIOUS PROGRAMS TO PROVIDE HUMAN NEEDS SERVICES TO THE COMMUNITY. THESE FUNDS ARE INVESTED WISELY INTO PROGRAMS WHOSE OUTCOMES BEST SERVE THE MOST PRESSING NEEDS, PROGRAMS THAT ARE WORKING TO END HOMELESSNESS AND PROVIDE A SAFETY NET FOR FAMILIES AND INDIVIDUALS IN CRISIS SITUATIONS, RAISE HEALTHY AND PREPARED CHILDREN, SUPPORT STRONG FAMILIES AND PROVIDE INDIVIDUALS WITH HEALTH CARE AND ADDRESS THE SPECIAL NEEDS OF THE ELDERLY, DISABLED AND ILL.

4b (Code: ) (Expenses \$ 6,202,200. including grants of \$ 5,774,438. ) (Revenue \$ 252,800. ) COMBINED FEDERAL CAMPAIGN-UNITED WAY OF SOUTH HAMPTON ROADS IS THE PRINCIPAL COMBINED FUND ORGANIZATION (PCFO) FOR THE COMBINED FEDERAL CAMPAIGN OF SHR AND THE COMBINED FUND RAISING ORGANIZATION (CFRO) FOR THE COMBINED CHARITIES CAMPAIGN. UNITED WAY OF SOUTH HAMPTON ROADS DISTRIBUTES FUNDS RAISED FROM THE FEDERAL AND LOCAL GOVERNMENT AND SCHOOLS SECTOR TO VARIOUS NONPROFIT ORGANIZATIONS THAT QUALIFY UNDER FEDERAL AND LOCAL GOVERNMENT REGULATIONS FOR PARTICIPATION IN THE CAMPAIGN.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 15,983,800.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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	
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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	
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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	
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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	
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> 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

X

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (35), 1b (34), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed VA
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. [X] Own website [ ] Another's website [X] 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: WILLIAM R. REID - 757-853-8500 2515 WALMER AVENUE, NORFOLK, VA 23513

**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) AARON SPENCE BOARD MEMBER	1.00	X					0.	0.	0.	
(2) ANGELA MERCER BOARD MEMBER	1.00	X					0.	0.	0.	
(3) ANNE LEGUM YOUNG PHILANTHROPIST SOC CHAIR	1.00	X		X			0.	0.	0.	
(4) BETH ROBERTS BOARD MEMBER	1.00	X					0.	0.	0.	
(5) BRENT HADEN COMMUNITY FUNDING CHAIR	1.00	X		X			0.	0.	0.	
(6) BRIAN C. PURCELL BOARD MEMBER	1.00	X					0.	0.	0.	
(7) CAROL MCCORMACK PRESIDENT & CEO	37.00 3.00	X		X			178,207.	0.	19,729.	
(8) DARLEEN MASTIN WLC CHAIR	1.00	X		X			0.	0.	0.	
(9) DAVID ARIAS BOARD MEMBER	1.00	X		X			0.	0.	0.	
(10) DAVID MELE BOARD VICE CHAIR	1.00	X		X			0.	0.	0.	
(11) DEBORAH STEARNS FOUNDATION CHAIR	1.00 1.00	X		X			0.	0.	0.	
(12) FRANK BROOKS BOARD MEMBER	1.00	X					0.	0.	0.	
(13) GINA S. OWENS AFR AMER LEADERSHIP SOC CH	1.00	X		X			0.	0.	0.	
(14) JAMES K. SPORE BOARD MEMBER	1.00	X					0.	0.	0.	
(15) JOANNE M. INMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(16) JOE DELATTE FAN CABINET CHAIR	1.00	X		X			0.	0.	0.	
(17) JOHN DUTZER BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (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) KURT HOFELICH CAMPAIGN CHAIR - 2016	1.00	X						0.	0.	0.
(19) LARRY YOUNG BOARD MEMBER	1.00	X						0.	0.	0.
(20) LEWIS W. WEBB UNITED FOR CHILDREN CHAIR	1.00	X		X				0.	0.	0.
(21) MARCUS JONES BOARD MEMBER	1.00	X						0.	0.	0.
(22) MARIANNE DICKERSON BOARD MEMBER	1.00	X						0.	0.	0.
(23) DR. MELINDA BOONE BOARD MEMBER	1.00	X						0.	0.	0.
(24) MICHAEL J. FOWLER BOARD MEMBER	1.00	X						0.	0.	0.
(25) PAT RICHARDSON BOARD MEMBER	1.00	X						0.	0.	0.
(26) PETER BOCCHER BOARD CHAIR - 2016	1.00	X		X				0.	0.	0.
<b>1b Sub-total</b>								178,207.	0.	19,729.
<b>c Total from continuation sheets to Part VII, Section A</b>								128,931.	0.	7,334.
<b>d Total (add lines 1b and 1c)</b>								307,138.	0.	27,063.

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (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) RAY LASALLE BOARD MEMBER	1.00	X						0.	0.	0.
(28) ROBERT BOYD CAMPAIGN CHAIR - 2014	1.00	X		X				0.	0.	0.
(29) RYAN YOUNG BOARD MEMBER	1.00	X						0.	0.	0.
(30) J SCOTT ADAMS MISSION UNITED CHAIR	1.00	X		X				0.	0.	0.
(31) STEVE FREDERICKSON BOARD MEMBER	1.00	X						0.	0.	0.
(32) THOMAS L. HASTY III BOARD MEMBER	1.00	X						0.	0.	0.
(33) TOM HURLBUT BOARD MEMBER	1.00	X						0.	0.	0.
(34) TRENT DUDLEY FINANCE COMM CHAIR	1.00	X		X				0.	0.	0.
(35) WYNN DIXON BOARD MEMBER	1.00	X						0.	0.	0.
(36) WILLIAM R. REID COO	40.00			X				128,931.	0.	7,334.
Total to Part VII, Section A, line 1c .....								128,931.		7,334.

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	4,327,159.					
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	13,621,028.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		456,727.					
	<b>h Total.</b> Add lines 1a-1f .....			17,948,187.				
<b>Program Service Revenue</b>	<b>2 a</b> ADMINISTRATION FEES .....	<b>Business Code</b>	900099	1,020,467.	1,020,467.			
	<b>b</b> CONTRACT FEES .....		900099	107,269.	107,269.			
	<b>c</b> .....							
	<b>d</b> .....							
	<b>e</b> .....							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....			1,127,736.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			110,009.			110,009.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses .....						
		<b>c</b> Rental income or (loss) .....						
		<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....			-762.			
		<b>c</b> Gain or (loss) .....			762.			
		<b>d</b> Net gain or (loss) .....			762.	762.		
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>						
		<b>b</b> Less: direct expenses .....	<b>b</b>					
		<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
<b>b</b> Less: direct expenses .....		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>							
	<b>b</b> Less: cost of goods sold .....	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue			<b>Business Code</b>					
<b>11 a</b> OTHER .....		900090		2,128,574.	2,128,574.			
	<b>b</b> .....							
	<b>c</b> .....							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....				2,128,574.			
<b>12 Total revenue.</b> See instructions. ....				21,315,268.	3,257,072.	0.	110,009.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,073,990.	14,073,990.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,060,624.	663,230.	381,569.	1,015,825.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	164,109.	45,734.	38,263.	80,112.
<b>9</b> Other employee benefits	220,371.	70,005.	45,942.	104,424.
<b>10</b> Payroll taxes	170,539.	54,432.	31,464.	84,643.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	33,248.		33,248.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	87,146.	37,894.	34,064.	15,188.
<b>12</b> Advertising and promotion	62,888.		3,384.	59,504.
<b>13</b> Office expenses	313,906.	44,000.	100,045.	169,861.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	94,847.	27,753.	23,188.	43,906.
<b>17</b> Travel	25,614.	1,005.	4,964.	19,645.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	111,635.	3,336.	10,309.	97,990.
<b>20</b> Interest	2,569.	748.	637.	1,184.
<b>21</b> Payments to affiliates	152,582.	61,046.	28,758.	62,778.
<b>22</b> Depreciation, depletion, and amortization	115,338.	30,564.	21,338.	63,436.
<b>23</b> Insurance	28,285.		28,285.	
<b>24</b> 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.)				
<b>a</b> <b>COMMUNITY IMPACT PROGRA</b>	855,690.	855,690.		
<b>b</b> <b>CAMPAIGNS</b>	139,992.			139,992.
<b>c</b> <b>MEMBERSHIP DUES</b>	5,071.		3,668.	1,403.
<b>d</b> _____				
<b>e</b> All other expenses	25,714.	14,373.	9,705.	1,636.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	18,744,158.	15,983,800.	798,831.	1,961,527.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,270,115.	<b>1</b>	2,202,857.
	<b>2</b> Savings and temporary cash investments .....	2,084,054.	<b>2</b>	2,323,352.
	<b>3</b> Pledges and grants receivable, net .....	5,418,912.	<b>3</b>	5,690,846.
	<b>4</b> Accounts receivable, net .....	181,833.	<b>4</b>	19,118.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	129,840.	<b>9</b>	111,131.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,640,360.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,758,152.	971,253.	<b>10c</b> 882,208.
	<b>11</b> Investments - publicly traded securities .....	4,189,697.	<b>11</b>	4,585,594.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,840,715.	<b>12</b>	5,415,791.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	272,764.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	19,086,419.	<b>16</b>	21,503,661.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	192,014.	<b>17</b>	209,087.
	<b>18</b> Grants payable .....	6,183,945.	<b>18</b>	6,365,613.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	19,402.	<b>23</b>	20,579.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,395,361.	<b>26</b>	6,595,279.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	8,336,730.	<b>27</b>	10,903,386.
	<b>28</b> Temporarily restricted net assets .....	3,216,339.	<b>28</b>	2,948,662.
	<b>29</b> Permanently restricted net assets .....	1,137,989.	<b>29</b>	1,056,334.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	12,691,058.	<b>33</b>	14,908,382.	
<b>34</b> Total liabilities and net assets/fund balances .....	19,086,419.	<b>34</b>	21,503,661.	

**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	21,315,268.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,744,158.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,571,110.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,691,058.
5	Net unrealized gains (losses) on investments	5	-136,891.
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	-216,895.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,908,382.

**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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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		

Form 990 (2015)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

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

Name of the organization <b>UNITED WAY OF SOUTH HAMPTON ROADS</b>	Employer identification number <b>54-0506322</b>
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**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 (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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 (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		
<b>Total</b>						

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	18,456,664.	18,624,129.	18,601,850.	18,519,086.	21,287,623.	95,489,352.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	18,456,664.	18,624,129.	18,601,850.	18,519,086.	21,287,623.	95,489,352.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						95,489,352.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	18,456,664.	18,624,129.	18,601,850.	18,519,086.	21,287,623.	95,489,352.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	104,344.	187,226.	85,090.	101,689.	110,009.	588,358.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	50,480.	102,149.	940.	57,478.	762.	211,809.
<b>11 Total support.</b> Add lines 7 through 10						96,289,519.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,405,728.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.17 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	99.10 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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.		
<b>2</b> 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
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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).		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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.	Yes	No
<b>b</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.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

UNITED WAY OF SOUTH HAMPTON ROADS

Employer identification number

54-0506322

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization  <b>UNITED WAY OF SOUTH HAMPTON ROADS</b>	Employer identification number  <b>54-0506322</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOAN BROCK  7700 OCEAN FRONT AVE  VIRGINIA BEACH, VA 23451	\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MARIANNE DICKERSON  1204 KAMICHI CT  VIRGINIA BEACH, VA 23451	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF SOUTH HAMPTON ROADS</b>	Employer identification number  <b>54-0506322</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____



Name of organization <b>UNITED WAY OF SOUTH HAMPTON ROADS</b>	Employer identification number <b>54-0506322</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

**Name of the organization** UNITED WAY OF SOUTH HAMPTON ROADS **Employer identification number** 54-0506322

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<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" on Form 990, Part IV, line 7.

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

1a If the organization elected, as permitted under 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.

b 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 on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	643,856.
d Additions during the year	
e Distributions during the year	
f Ending balance	643,856.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,137,989.	1,163,999.	1,476,442.	1,372,616.	1,494,539.
b Contributions					
c Net investment earnings, gains, and losses	-37,328.	13,268.	147,277.	138,505.	-59,389.
d Grants or scholarships	24,784.	21,379.	20,984.	21,056.	45,785.
e Other expenditures for facilities and programs			420,794.		
f Administrative expenses	19,543.	17,899.	17,942.	11,546.	16,749.
g End of year balance	1,056,334.	1,137,989.	1,163,999.	1,476,442.	1,372,616.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  .00 %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  .00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		186,000.		186,000.
b Buildings		1,499,654.	896,362.	603,292.
c Leasehold improvements				
d Equipment		278,498.	239,123.	39,375.
e Other		676,208.	622,667.	53,541.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				882,208.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) FUNDS HELD IN TRUST	1,056,334.	END-OF-YEAR MARKET VALUE
(B) BONDS	3,840,708.	END-OF-YEAR MARKET VALUE
(C) OTHER - WELLS FARGO	476,123.	END-OF-YEAR MARKET VALUE
(D) SPLIT INTEREST AGREEMENTS	42,626.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>5,415,791.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

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

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

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

**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 IV, LINE 1B:**

CHARITABLE PLEDGE PROCESSING, LLC COLLECTS FUNDS FROM WORKPLACE GIVING CAMPAIGN AND DISTRIBUTES THOSE FUNDS TO DESIGNATED CHARITIES. THE FUNDS ARE NOT COMINGLED WITH ANY OF THE PARENT ASSETS.

**PART V, LINE 4:**

UNITED WAY OF SOUTH HAMPTON ROADS MAINTAINS MULTIPLE ENDOWMENT FUNDS SEVERAL OF WHICH ARE FIELD OF INTEREST. THE GENERAL FUND IS FOR UNRESTRICTED USE FOR UNITED WAY OF SOUTH HAMPTON ROADS, THE FACILITY AND MAINTENANCE FUND SUPPORTS ON-GOING MAINTENANCE EXPENSE AND EQUIPMENT REPLACEMENT, WOMEN'S LEADERSHIP IS DESIGNED TO SUPPORT AREAS OF NEED WITH A LINK TO WOMEN, BERTHA SNYDER SUPPORT CAMP SCHOLARSHIP FOR FAMILIES IN

**Part XIII** Supplemental Information (continued)

NEED. THE DISASTER RECOVERY FUND IS FOR SUPPORT OF THE COMMUNITY DURING PERIODS OF STRESS RESULTING FROM A NATURAL OR MAN-MADE DISASTER. ISLE OF WIGHT READY RESPONSE IS TO SUPPORT THE ISLE OF WIGHT COMMUNITY DURING PERIODS OF STRESS RESULTING FROM A NATURAL OR MAN-MADE DISASTER. THE AFRICAN AMERICAN LEADERSHIP SOCIETY ENDOWMENT FUND IS DESIGNED TO SUPPORT AREAS OF NEED WITH A LINK TO THE AFRICAN AMERICA POPULATION.

PART X, LINE 2:

FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION'S MANAGEMENT HAS EVALUATED THE IMPACT OF THIS GUIDANCE TO ITS CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION IS NOT AWARE OF ANY MATERIAL UNCERTAIN TAX POSITIONS, AND HAS NOT ACCRUED THE EFFECT OF ANY UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2016. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2012. THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES INCURRED, IF ANY, RELATED TO INCOME TAX POSITIONS AS INTEREST AND PENALTIES EXPENSE, RESPECTIVELY.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization **UNITED WAY OF SOUTH HAMPTON ROADS** Employer identification number **54-0506322**

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS 3309 GRANBY STREET NORFOLK, VA 23504	58-1545157	501(C)(3)	34,641.	0.			DESIGNATIONS
ACCESS COLLEGE FOUNDATION 7300 NEWPORT AVE, STE 500 NORFOLK, VA 23505-3357	54-1440734	501(C)(3)	21,202.	0.			DESIGNATIONS
AID FOR AFRICA PO BOX 8734 TOPEKA, KS 66608-0734	06-1703295	501(C)(3)	12,261.	0.			DESIGNATIONS
ALBEMARLE AREA UNITED WAY PO BOX 293 ELIZABETH CITY, NC 27909	23-7123601	501(C)(3)	23,682.	0.			DESIGNATIONS
ALZHEIMERS ASSOC. SOUTHEASTERN VA 6350 CENTER DR, STE 102 NORFOLK, VA 23502	54-1204329	501(C)(3)	5,674.	0.			DESIGNATIONS
AMERICAN CANCER SOCIETY 4416 EXPRESSWAY DRIVE VIRGINIA BEACH, VA 23452	58-0659875	501(C)(3)	81,251.	0.			DESIGNATIONS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 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) (2015)

**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
AMERICAN HEART ASSOCIATION 500 E PLUME ST, STE 110 NORFOLK, VA 23510	13-5613797	501(C)(3)	27,511.	0.			DESIGNATIONS
AMERICAN RED CROSS NATIONAL PO BOX 73857 CHICAGO, IL 60673	53-0196605	501(C)(3)	25,942.	0.			DESIGNATIONS
AMERICAN RED CROSS, SE VA CHAPTER 611 W BRAMBLETON AVE NORFOLK, VA 23510	54-0505864	501(C)(3)	338,679.	0.			DESIGNATIONS
AMERICA'S CHARITIES 14150 NEWBROOK DR. #110 CHANTILLY, VA 20151	54-1517707	501(C)(3)	51,244.	0.			DESIGNATIONS
AN ACHIEVABLE DREAM INC. 10858 WARWICK BLVD NEWPORT NEWS, VA 21275-5153	54-1621932	501(C)(3)	20,585.	0.			DESIGNATIONS
ANIMAL CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3193389	501(C)(3)	114,064.	0.			DESIGNATIONS
ARMED SERVICES YMCA OF SHR 1465 LAKESIDE RD VIRGINIA BEACH, VA 23455	54-0525308	501(C)(3)	111,933.	0.			DESIGNATIONS
BEACH HEALTH CLINIC 3396 HOLLAND RD, STE 102 VIRGINIA BEACH, VA 23452	54-1366960	501(C)(3)	45,482.	0.			DESIGNATIONS
BON SECOURS FOUNDATION 150 KINGSLEY LANE NORFOLK, VA 23505	54-1201346	501(C)(3)	30,573.	0.			DESIGNATIONS

Schedule I (Form 990)



**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
BOY SCOUTS OF AMER, TIDEWATER COUNCIL - 1032 HEATHERWOOD DR - VIRGINIA BEACH, VA 23455	54-0505875	501(C)(3)	141,491.	0.			DESIGNATIONS
BOYS & GIRLS CLUBS OF SE VA 3415 AZALEA GARDEN RD NORFOLK, VA 23513	54-0515764	501(C)(3)	520,772.	0.			DESIGNATIONS
CANCER CARE FOUNDATION OF TIDE PO BOX 12693 NORFOLK, VA 23541-0693	71-0864277	501(C)(3)	7,102.	0.			DESIGNATIONS
CANCERCURE PO BOX 45754 SAN FRANCISCO, CA 94145	81-0648432	501(C)(3)	90,106.	0.			DESIGNATIONS
CATHOLIC CHARITIES OF E VIRGINIA 5361A VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 23462	54-0505879	501(C)(3)	239,130.	0.			DESIGNATIONS
CATHOLIC SERVICE ORGAN OF AMER 1100 LARKSPUR LANDING CIR, STE 340 LARKSPUR, CA 94939	45-1679647	501(C)(3)	25,924.	0.			DESIGNATIONS
CEREBRAL PALSY OF VIRGINIA 5825 ARROWHEAD DR, STE 201 VIRGINIA BEACH, VA 23462	54-1310168	501(C)(3)	59,493.	0.			DESIGNATIONS
CHARITIES UNDER 1% OVERHEAD 110 LARKSPUR LANDING CT STE 340 LARKSPUR, CA 94939	27-3132554	501(C)(3)	28,879.	0.			DESIGNATIONS
CHARITIES UNITED 5% OVERHEAD PO BOX 45754 SAN FRANCISCO, CA 94145	27-3132492	501(C)(3)	11,417.	0.			DESIGNATIONS

Schedule I (Form 990)

**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
CHARITIES WITHOUT BORDERS PO BOX 45754 SAN FRANCISCO, CA 94145	94-3148590	501(C)(3)	23,118.	0.			DESIGNATIONS
CHESAPEAKE BAY FOUNDATION 3663 MARLIN BAY DR VIRGINIA BEACH, VA 23455	52-6065757	501(C)(3)	5,209.	0.			DESIGNATIONS
CHESAPEAKE CARE FREE CLINIC 2145 S MILITARY HIGHWAY CHESAPEAKE, VA 23320	54-1642754	501(C)(3)	22,467.	0.			DESIGNATIONS
CHESAPEAKE PUBLIC SCHOOLS EDU FNDD 312 CEDAR ROAD CHESAPEAKE, VA 23322	20-3655412	501(C)(3)	15,741.	0.			DESIGNATIONS
CHILD AID INTERNATIONAL 10 CHESTNUT ST SALEM, MA 01970	20-1358458	501(C)(3)	6,839.	0.			DESIGNATIONS
CHILD AID USA 125 WASHINGTON ST STE 201 SALEM, MA 01970	26-3061082	501(C)(3)	12,672.	0.			DESIGNATIONS
CHILDREN & YOUTH SERVICES 125 WASHINGTON ST STE 201 SALEM, MA 01970	72-1403555	501(C)(3)	8,199.	0.			DESIGNATIONS
CHILDREN FIRST - AMERICA'S CHARITIES - 14150 NEWBROOK DR. #110 - CHANTILLY, VA 20151	30-0186795	501(C)(3)	56,421.	0.			DESIGNATIONS
CHILDREN'S CENTER, THE 300 EXECUTIVE CT SUFFOLK, VA 23434	52-1317062	501(C)(3)	55,786.	0.			DESIGNATIONS

Schedule I (Form 990)

**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
CHILDREN'S CHARITIES OF AMER PO BOX 45754 SAN FRANCISCO, CA 94145	94-3148588	501(C)(3)	74,017.	0.			DESIGNATIONS
CHILDREN'S HARBOR 702 LONDON ST PORTSMOUTH, VA 23704	54-0506468	501(C)(3)	455,831.	0.			DESIGNATIONS
CHILDREN'S HOSPITAL OF THE KINGS DAUGHTERS - 601 CHILDREN'S LN - NORFOLK, VA 23507	54-0506321	501(C)(3)	70,941.	0.			DESIGNATIONS
CHILDREN'S MEDICAL CHARITIES FEDERATION - PO BOX 45754 - SAN FRANCISCO, CA 94145	27-0093393	501(C)(3)	50,930.	0.			DESIGNATIONS
CHRISTIAN CHARITIES USA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3255961	501(C)(3)	22,711.	0.			DESIGNATIONS
CHRISTIAN AID USA 125 WASHINGTON ST STE 201 SALEM, MA 01970	26-3070569	501(C)(3)	5,173.	0.			DESIGNATIONS
CHRISTIAN CHILDREN'S CHARITIES PO BOX 45754 SAN FRANCISCO, CA 94145-0754	45-2919697	501(C)(3)	11,586.	0.			DESIGNATIONS
CHRISTIAN OUTREACH ISLE OF WIGHT PO BOX 253 SMITHFIELD, VA 23431	54-1638727	501(C)(3)	26,710.	0.			DESIGNATIONS
CHRISTIAN SERVICE CHARITIES PO BOX 79704 BALTIMORE, MD 21279	94-3193374	501(C)(3)	70,032.	0.			DESIGNATIONS

Schedule I (Form 990)

**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
COMMUNITY HEALTH CHARITIES (NAT'L) PO BOX 75153 BALTIMORE, MD 21275-5153	13-6167225	501(C)(3)	277,501.	0.			DESIGNATIONS
COMMUNITY HEALTH CHARITIES OF VA 813 DILIGENCE DR, #121-A NEWPORT NEWS, VA 23606	54-1876027	501(C)(3)	243,468.	0.			DESIGNATIONS
CONSERVATION & PRESERVATION CHARITIES - PO BOX 45754 - SAN FRANCISCO, CA 94145	94-3217738	501(C)(3)	34,973.	0.			DESIGNATIONS
CRISIS PREGANCY CENTER OF TDW PO BOX 119 NORFOLK, VA 23501	54-1267311	501(C)(3)	19,033.	0.			DESIGNATIONS
DIABETES CENTER FOUNDATION PO BOX 5 NORFOLK, VA 23501-0005	32-1569682	501(C)(3)	8,440.	0.			DESIGNATIONS
DIABETES CHARITIES OF AMERICA 12 MORNING ST, STE 3 PORTLAND, ME 04101	46-4471474	501(C)(3)	7,576.	0.			DESIGNATIONS
DOWN SYNDROME ASSN OF HR 6300 E VIRGINIA BEACH BLVD NORFOLK, VA 23502-2827	52-1601957	501(C)(3)	5,809.	0.			DESIGNATIONS
DUCKS UNLIMITED 1 WATERFOWL WAY MEMPHIS, TN 38120	13-5643799	501(C)(3)	5,398.	0.			DESIGNATIONS
EARTH SHARE DEPT DEPT 4011 CAMPAIGN WASHINGTON, DC 20042	52-1601960	501(C)(3)	38,027.	0.			DESIGNATIONS

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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.)

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EASTERN VIRGINIA MEDICAL SCHOOL 825 FAIRFAX AVE NORFOLK, VA 23501	54-6055378	501(C)(3)	114,811.	0.			DESIGNATIONS
EDMARC HOSPICE FOR CHILDREN 516 LONDON ST PORTSMOUTH, VA 23704	54-1092904	501(C)(3)	135,911.	0.			DESIGNATIONS
EDUCATE AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3193387	501(C)(3)	13,330.	0.			DESIGNATIONS
EGGLESTON SERVICES 1161 INGLESIDE RD NORFOLK, VA 23502	54-0602238	501(C)(3)	81,477.	0.			DESIGNATIONS
ELIZABETH RIVER PROJECT 475 WATER ST, STE 103A PORTSMOUTH, VA 23704	54-1663058	501(C)(3)	5,080.	0.			DESIGNATIONS
EQUI-KIDS THERAPEUTIC RIDING PROGRAM - 2626 HERITAGE PARK DR - VIRGINIA BEACH, VA 23456	54-1693046	501(C)(3)	34,692.	0.			DESIGNATIONS
FISHER HOUSE PORTSMOUTH 853 FISHER ROAD PORTSMOUTH, VA 23708	43-2069136	501(C)(3)	12,237.	0.			DESIGNATIONS
FOODBANK OF SE VIRGINIA 800 TIDEWATER DR NORFOLK, VA 23501	52-1219783	501(C)(3)	289,192.	0.			DESIGNATIONS
FORKIDS 4200 A COLLEY AVE, STE 300 NORFOLK, VA 23508	54-1477799	501(C)(3)	245,353.	0.			DESIGNATIONS

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FRIENDS OF THE NORFOLK ANIMAL CARE CENTER - 5585 SABRE ROAD - NORFOLK, VA 23502	35-2262336	501(C)(3)	12,080.	0.			DESIGNATIONS
FRIENDS OF THE PORTSMOUTH JUVENILE PO BOX 638 PORTSMOUTH, VA 23705	54-1695844	501(C)(3)	7,629.	0.			DESIGNATIONS
GENIEVE SHELTER PO BOX 1585 SUFFOLK, VA 23439	54-1463053	501(C)(3)	53,431.	0.			DESIGNATIONS
GIRL SCOUTS OF COLONIAL COAST 912 CEDAR ROAD CHESAPEAKE, VA 23322	54-1158412	501(C)(3)	165,798.	0.			DESIGNATIONS
GIVING HAND FOUNDATION 1341-B WESTGATE DR WINSTON-SALEM, NC 27103	58-1488239	501(C)(3)	6,000.	0.			DESIGNATIONS
GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384	52-1273585	501(C)(3)	56,425.	0.			DESIGNATIONS
HABITAT FOR HUMANITY 900 TIDEWATER DR NORFOLK, VA 23704	54-1476409	501(C)(3)	24,075.	0.			DESIGNATIONS
HEALTH & MEDICAL RESEARCH PO BOX 45754 SAN FRANCISCO, CA 94145	94-3217739	501(C)(3)	121,689.	0.			DESIGNATIONS
HEALTH FIRST - AMERICA'S CHARITIES 14150 NEWBROOK DR. #110 CHANTILLY, VA 20151	30-0186796	501(C)(3)	34,974.	0.			DESIGNATIONS

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HELP & EMERGENCY RESPONSE PO BOX 2187 PORTSMOUTH, VA 23702	54-1726702	501(C)(3)	156,482.	0.			DESIGNATIONS
HISPANIC & LATINO CHARITIES OF PO BOX 45754 SAN FRANCISCO, CA 94145	68-0455509	501(C)(3)	8,180.	0.			DESIGNATIONS
HOPE HOUSE FOUNDATION 801 BOUSH ST, STE 302 NORFOLK, VA 23510	54-0804383	501(C)(3)	44,671.	0.			DESIGNATIONS
HORIZONS HAMPTON ROADS 7336 GRANBY STREET NOFOLK, VA 23505	54-1946180	501(C)(3)	11,553.	0.			DESIGNATIONS
HUMAN & CIVIL RIGHTS 125 WASHINGTON ST STE 201 SALEM, MA 01970	94-3193388	501(C)(3)	14,111.	0.			DESIGNATIONS
HUMAN SERVICE CHARITIES PO BOX 79704 BALTIMORE, MD 21279	94-3240353	501(C)(3)	11,056.	0.			DESIGNATIONS
IDA BARBOUR EARLY LEARNING CENTER 1400 CAMDEN AVE PORTSMOUTH, VA 23704	54-0534104	501(C)(3)	117,900.	0.			DESIGNATIONS
JEWISH FAMILY SERVICE OF TIDEWATER 260 GRAYSON ROAD VIRGINIA BEACH, VA 23462	54-0854002	501(C)(3)	138,612.	0.			DESIGNATIONS
JUDEO-CHRISTIAN OUTREACH CTR 1053 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 23451	54-1417126	501(C)(3)	68,896.	0.			DESIGNATIONS

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JUNIOR ACHIEVEMENT OF GREATER HR 6385 N CENTER DR, STE 120 NORFOLK, VA 23502	54-0799839	501(C)(3)	6,258.	0.			DESIGNATIONS
KEMPSVILLE VOLUNTEER RESCUE SQUAD 5145 RURITAN CT VIRGINIA BEACH, VA 23462	52-1356226	501(C)(3)	6,721.	0.			DESIGNATIONS
KW BROWN MINISTRIES, INC 215 LOS GAVIOTAS BLVD CHESAPEAKE, VA 23322-7067	54-1990674	501(C)(3)	16,697.	0.			DESIGNATIONS
LEE'S FRIENDS 7400 HAMPTON BLVD NORFOLK, VA 23505	54-1533488	501(C)(3)	12,784.	0.			DESIGNATIONS
LEGAL AID SOCIETY OF E VA 125 ST. PAUL'S BLVD, STE 400 NORFOLK, VA 23510	54-0848499	501(C)(3)	19,403.	0.			DESIGNATIONS
LIFE ENRICHMENT CENTER 230 W BUTE ST NORFOLK, VA 23510	04-3751345	501(C)(3)	13,543.	0.			DESIGNATIONS
LOCAL INDEPENDENT CHAR OF AMER PO BOX 45754 SAN FRANCISCO, CA 94145	94-3042430	501(C)(3)	11,878.	0.			DESIGNATIONS
LUPUS RESEARCH INSTITUTE, INC 330 SEVENTH AVE, STE 1701 NEW YORK, NY 10001	06-1565950	501(C)(3)	5,969.	0.			DESIGNATIONS
MARILYN & MARVIN SIMON JEWISH COMM CTR - 5000 CORPORATE WOODS DR, STE 100 - VIRGINIA BEACH, VA 23462	54-0616479	501(C)(3)	129,812.	0.			DESIGNATIONS

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MEALS ON WHEELS OF CHESAPEAKE 736 BATTLEFIELD BLVD N CHESAPEAKE, VA 23320	54-1080366	501(C)(3)	42,472.	0.			DESIGNATIONS
MEALS ON WHEELS OF PORTSMOUTH 4201 GREENWOOD DR PORTSMOUTH, VA 23701	54-1100185	501(C)(3)	13,658.	0.			DESIGNATIONS
MEDICAL RESEARCH CHARITIES PO BOX 79704 BALTIMORE, MD 21279	94-3148591	501(C)(3)	38,202.	0.			DESIGNATIONS
MENTAL HEALTH & ADDICTION NETW 125 WASHINGTON ST STE 201 SALEM, MA 01970-3536	20-1358397	501(C)(3)	11,471.	0.			DESIGNATIONS
MILITARY SUPPORT GROUPS OF AMER PO BOX 45754 SAN FRANCISCO, CA 94145	27-2242752	501(C)(3)	41,256.	0.			DESIGNATIONS
MILITARY, FAMILY & VETS SERVICE ORGANIZATION - PO BOX 45754 - SAN FRANCISCO, CA 94145	94-3193418	501(C)(3)	130,610.	0.			DESIGNATIONS
NANSEMOND RIVER PRESERVATION ALLIAN - 8881 ECLIPSE DR - SUFFOLK, VA 23433	27-2941030	501(C)(3)	24,750.	0.			DESIGNATIONS
NATIONAL PUBLIC RADIO PO BOX 79540 BALTIMORE, MD 21279	52-0907625	501(C)(3)	5,197.	0.			DESIGNATIONS
NATIONAL UNITED BLACK FEDERATION 40 CLINTON STREET, 5TH FLOOR NEWARK, NJ 07102	52-1764913	501(C)(3)	6,142.	0.			DESIGNATIONS

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NORFOLK ACADEMY (BREAK THROUGH) 1585 WESLELYAN DR NORFOLK, VA 23502	54-0551901	501(C)(3)	11,314.	0.			DESIGNATIONS
NORFOLK EDUCATION FOUNDATION 800 E CITY HALL AVE, RM 1203 NORFOLK, VA 23510	11-3789355	501(C)(3)	5,474.	0.			DESIGNATIONS
NORFOLK PUBLIC SCHOOLS 800 E CITY HALL AVE, RM 1203 NORFOLK, VA 23510	APPLIED FOR	501(C)(3)	394,211.	0.			DESIGNATIONS
NORFOLK SENIOR CENTER (PRIME PLUS) 7300 NEWPORT AVE, STE 100 NORFOLK, VA 23505	54-1118218	501(C)(3)	48,554.	0.			DESIGNATIONS
NORFOLK SHERIFF FOUNDATION PO BOX 3905 NORFOLK, VA 23514	54-1828339	501(C)(3)	8,662.	0.			DESIGNATIONS
NRA CIVIL RIGHTS DEFENSE FUND 11250 WAPLES MILL ROAD FAIRFAX, VA 22030	52-1136665	501(C)(3)	5,950.	0.			DESIGNATIONS
OASIS COMMISSION ON SOCIAL 1020 HIGH STREET PORTSMOUTH, VA 23704	54-0908355	501(C)(3)	14,801.	0.			DESIGNATIONS
OPERATION SMILE 3641 FACULTY BLVD VIRGINIA BEACH, VA 23453	54-1460147	501(C)(3)	7,171.	0.			DESIGNATIONS
PARK PLACE HEALTH & DENTAL CLINIC 606 W 29TH STREET NORFOLK, VA 23508	45-3086608	501(C)(3)	12,480.	0.			DESIGNATIONS

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PENINSULA METROPOLITAN YMCA 259 JAMES STREET SMITHFIELD, VA 23430-1115	54-0524905	501(C)(3)	15,585.	0.			DESIGNATIONS
PLANNED PARENTHOOD OF SE VA 403 YALE DR HAMPTON, VA 23666	54-0929058	501(C)(3)	29,136.	0.			DESIGNATIONS
PLANNING COUNCIL, THE 130 W PLUME STREET NORFOLK, VA 23510	54-0505998	501(C)(3)	81,470.	0.			DESIGNATIONS
PLAZA VOLUNTEER FIRE COMPANY PO BOX 2128 VIRGINIA BEACH, VA 23450	54-1597461	501(C)(3)	5,672.	0.			DESIGNATIONS
PORTSMOUTH AREA RESOURCES COALITION - PO BOX 1183 - PORTSMOUTH, VA 23705	52-1299765	501(C)(3)	41,536.	0.			DESIGNATIONS
PORTSMOUTH SCHOOLS FOUNDATION 801 CRAWFORD STREET PORTSMOUTH, VA 23705	54-1564539	501(C)(3)	15,626.	0.			DESIGNATIONS
REACH, INC. 809 BRANDON AVE NORFOLK, VA 23517	54-1918686	501(C)(3)	14,790.	0.			DESIGNATIONS
SAINT MARY'S HOME FOR DISABLED 6171 KEMPSVILLE CIR NORFOLK, VA 23502	54-0505952	501(C)(3)	143,309.	0.			DESIGNATIONS
SALVATION ARMY, PORTSMOUTH CORPS PO BOX 3098 PORTSMOUTH, VA 23701	58-0660607	501(C)(3)	62,299.	0.			DESIGNATIONS

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SALVATION ARMY, SUFFOLK CORPS PO BOX 1000 SUFFOLK, VA 23439	58-0660607	501(C)(3)	35,718.	0.			DESIGNATIONS
SALVATION ARMY, TIDEWATER CORPS PO BOX 388 NORFOLK, VA 23501	58-0660607	501(C)(3)	288,995.	0.			DESIGNATIONS
SAMARITAN HOUSE PO BOX 2400 VIRGINIA BEACH, VA 23450	54-1291021	501(C)(3)	133,565.	0.			DESIGNATIONS
SENIOR SERVICES OF SE VA BUILDING 5, STE 101 NORFOLK, VA 23502	54-6069786	501(C)(3)	53,234.	0.			DESIGNATIONS
SENTARA HEALTHCARE FOUNDATION 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	52-1271901	501(C)(3)	16,967.	0.			DESIGNATIONS
SETON YOUTH SHELTERS 3333-28 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 23452	54-1250483	501(C)(3)	45,584.	0.			DESIGNATIONS
SICKLE CELL ASSOCIATION PO BOX 12227 NORFOLK, VA 23541	54-0947046	501(C)(3)	5,044.	0.			DESIGNATIONS
SOUTHSIDE BOYS & GIRLS CLUB PO BOX 4562 NORFOLK, VA 23523	54-0839152	501(C)(3)	281,354.	0.			DESIGNATIONS
SPCA OF NE N CAROLINA PO BOX 1772 ELIZABETH CITY, NC 27906	58-1674663	501(C)(3)	12,491.	0.			DESIGNATIONS

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SPCA OF NORFOLK 916 BALLENTINE BLVD NORFOLK, VA 23504	54-0515759	501(C)(3)	31,680.	0.			DESIGNATIONS
SPORTS CHARITIES PO BOX 45754 SAN FRANCISCO, CA 94145	47-0863988	501(C)(3)	18,227.	0.			DESIGNATIONS
ST FRANCIS OF ASST SERVICE DOG FND 8232 ENON DR ROANOKE, VA 24019	54-1806879	501(C)(3)	9,750.	0.			DESIGNATIONS
SUFFOLK PUBLIC SCHOOLS 100 N MAIN STREET SUFFOLK, VA 23434	54-1643533	501(C)(3)	147,645.	0.			DESIGNATIONS
SUGAR PLUM BAKERY 1353 LASKIN RD VIRGINIA BEACH, VA 23451	54-1330916	501(C)(3)	8,361.	0.			DESIGNATIONS
THE UP CENTER 222 W 19TH ST NORFOLK, VA 23517	54-0674774	501(C)(3)	892,562.	0.			DESIGNATIONS
UNION MISSION 130 W BROOKE AVE NORFOLK, VA 23514	54-0506427	501(C)(3)	32,765.	0.			DESIGNATIONS
UNIQUE AND NOTEWORTHY CHARITIE 1100 LARKSPUR LANDING CIR, STE 340 LARKSPUR, CA 94939	46-3016556	501(C)(3)	16,462.	0.			DESIGNATIONS
UNITED JEWISH FEDERATION 5000 CORPORATE WOODS DRIVE VIRGINIA BEACH, VA 23462	54-0535603	501(C)(3)	117,632.	0.			DESIGNATIONS

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UNITED NEGRO COLLEGE FUND 8260 WILLO OAKS CORPORATE DR FAIRFAX, VA 22031	13-1624241	501(C)(3)	15,434.	0.			DESIGNATIONS
UNITED SERVICE ORGANIZAION 2111 WILSON BLVD., SUITE 120 ARLINGTON, VA 22201	13-1610451	501(C)(3)	18,684.	0.			DESIGNATIONS
UNITED SERVICE ORGANIZATION OF HR 60 INGALLS ROAD BLDG 82, RM 142 HAMPTON, VA 23666	54-1305517	501(C)(3)	32,089.	0.			DESIGNATIONS
UNITED WAY CENTRAL & NE CONN 30 LAUREL ST HARTFORD, CT 06106-1374	06-0646653	501(C)(3)	5,052.	0.			DESIGNATIONS
UNITED WAY OF GREATER TRIANGLE 2400 PERIMETER PARK DR, STE 150 MORRISVILLE, NC 27560	56-1949103	501(C)(3)	27,830.	0.			DESIGNATIONS
UNITED WAY OF CENTRAL VIRGINIA PO BOX 10008 LYNCHBURG, VA 24506	54-0505923	501(C)(3)	6,873.	0.			DESIGNATIONS
UNITED WAY OF GREATER RICHMOND PO BOX 11807 RICHMOND, VA 23230	23-7375346	501(C)(3)	40,914.	0.			DESIGNATIONS
UNITED WAY OF GREATER WILLIAMSBURG 312 WALLER MILL RD, STE 100 WILLIAMSBURG, VA 23185	54-0844073	501(C)(3)	88,497.	0.			DESIGNATIONS
UNITED WAY OF HARRISONBURG AND 420 CHESAPEAKE AVE HARRISONBURG, VA 22801	54-0632716	501(C)(3)	30,365.	0.			DESIGNATIONS

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UNITED WAY OF MONTGOMERY, RADFORD 111 W MAIN ST CHRISTIANBURG, VA 24073	54-0739250	501(C)(3)	7,212.	0.			DESIGNATIONS
UNITED WAY OF NORTHEAST FLORIDA PO BOX 41428 JACKSONVILLE, FL 32203	59-0637825	501(C)(3)	5,343.	0.			DESIGNATIONS
UNITED WAY OF RENO COUNTY PO BOX 2230 HUTCHINSON, KS 67501	48-0833061	501(C)(3)	36,577.	0.			DESIGNATIONS
UNITED WAY OF ROANOKE VALLEY 325 CAMPBELL AVE, SW ROANOKE, VA 24016-3631	54-0535302	501(C)(3)	10,052.	0.			DESIGNATIONS
UNITED WAY OF THE NATIONAL CAPITAL AREA - 8391 OLD COURTHOUSE ROAD - VIENNA, VA 22182	53-0234290	501(C)(3)	45,494.	0.			DESIGNATIONS
UNITED WAY OF THE VIRGINIA PENINSULA - 739 THIMBLE SHOALS BLVD, STE 400 - NEWPORT NEWS, VA 23606	54-0535602	501(C)(3)	196,807.	0.			DESIGNATIONS
UNITED WAY OF WEST TENNESSEE PO BOX 2086 JACKSON, TN 38302	62-0590257	501(C)(3)	35,025.	0.			DESIGNATIONS
UNITED WAY THOMAS JEFFERSON 806 E HIGH ST CHARLOTTESVILLE, VA 22902-5126	54-0505882	501(C)(3)	25,121.	0.			DESIGNATIONS
URBAN DISCOVERY MINISTRIES PO BOX 6381 NORFOLK, VA 23508	54-1556498	501(C)(3)	30,107.	0.			DESIGNATIONS

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URBAN LEAGUE OF HAMPTON ROADS 3225 HIGH STREET PORTSMOUTH, VA 23707	54-1083985	501(C)(3)	153,256.	0.			DESIGNATIONS
VAW/VRC MEMORIAL SCHOLARSHIP 964 OLD CUTLER ROAD VIRGINIA BEACH, VA 23454	54-1673670	501(C)(3)	5,409.	0.			DESIGNATIONS
VIGILANT WATCH, INC. 756 OLIVIERI LANE VIRGINIA BEACH, VA 23455-5757	30-0604147	501(C)(3)	10,671.	0.			DESIGNATIONS
VIRGINIA BEACH PUBLIC SCHOOLS 2512 GEORGE MASON DRIVE VIRGINIA BEACH, VA 23456	54-1637620	501(C)(3)	18,534.	0.			DESIGNATIONS
VIRGINIA BEACH POLICE FOUNDATION PO BOX 56385 VIRGINIA BEACH, VA 23456	26-2175051	501(C)(3)	5,052.	0.			DESIGNATIONS
VIRGINIA BEACH SHERIFF'S COMMU PO BOX 6098 VIRGINIA BEACH, VA 23456	54-1636463	501(C)(3)	8,820.	0.			DESIGNATIONS
VIRGINIA BEACH SPCA 3040 HOLLAND ROAD VIRGINIA BEACH, VA 23456	54-6061532	501(C)(3)	78,892.	0.			DESIGNATIONS
VIRGINIA BEACH VOL RESCUE SQUAD PO BOX 945 VIRGINIA BEACH, VA 23451	54-6047133	501(C)(3)	9,580.	0.			DESIGNATIONS
VIRGINIA SUPPORTIVE HOUSING 2400 COLLEY AVE NORFOLK, VA 23517	54-1444564	501(C)(3)	17,663.	0.			DESIGNATIONS

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VOLUNTEER HAMPTON ROADS 400 W OLNEY ROAD, STE B NORFOLK, VA 23507	54-1072533	501(C)(3)	26,037.	0.			DESIGNATIONS
VOLUNTEERS OF AMERICA, CHESAPEAKE 825 18TH STREET VIRGINIA BEACH, VA 23451	52-0610547	501(C)(3)	17,869.	0.			DESIGNATIONS
WESLEY COMMUNITY SERVICE CTR 442 JAMESTOWN AVE PORTSMOUTH, VA 23705	54-0805728	501(C)(3)	37,804.	0.			DESIGNATIONS
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	26-3302837	501(C)(3)	36,231.	0.			DESIGNATIONS
WHRO 5200 HAMPTON BLVD NORFOLK, VA 23508	54-0843118	501(C)(3)	17,261.	0.			DESIGNATIONS
WILD ANIMALS WORLDWIDE 100 LARKSPUR LANDING CT STE 340 LARKSPUR, CA 94939	20-8774272	501(C)(3)	21,036.	0.			DESIGNATIONS
WOMEN, CHILDREN & FAMILY PO BOX 45754 SAN FRANCISCO, CA 94145	94-3193386	501(C)(3)	27,786.	0.			DESIGNATIONS
WOUNDED WARRIOR PROJECT 4899 BELFORT RD STE 300 JACKSONVILLE, FL 32256-6033	20-2370934	501(C)(3)	117,627.	0.			DESIGNATIONS
WOUNDED WARRIORS FAMILY SUPPORT 920 S 107TH AVE, STE 520 OMAHA, NE 68114	20-1407520	501(C)(3)	6,360.	0.			DESIGNATIONS

Schedule I (Form 990)

**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
YMCA OF PORTSMOUTH 4900 HIGH ST WEST PORTSMOUTH, VA 23703	54-0534407	501(C)(3)	32,191.	0.			DESIGNATIONS
YMCA OF SO HAMPTON ROADS 250 W BRAMBLETON AVE, STE 100 NORFOLK, VA 23510	54-0445205	501(C)(3)	280,364.	0.			DESIGNATIONS
YMCA, WILLIAM HUNTON 1139 E CHARLOTTE STREET NORFOLK, VA 23504	54-0663046	501(C)(3)	177,820.	0.			DESIGNATIONS
YOUNG LIFE CHESAPEAKE PO BOX 520 COLORADO SPRINGS, CO 80901	84-0385934	501(C)(3)	6,208.	0.			DESIGNATIONS
YOUNG LIFE TIDEWATER INDEPENDENT SCHOOLS - 1364 LONDON BRIDGE ROAD - VIRGINIA BEACH, VA 23453	84-0385934	501(C)(3)	14,604.	0.			DESIGNATIONS
YOUNG LIFE VIRGINIA BEACH 1364 LONDON BRIDGE ROAD VIRGINIA BEACH, VA 23453	84-0385934	501(C)(3)	16,453.	0.			DESIGNATIONS
YWCA OF SO HAMPTON ROADS 5215 COLLEY AVE NORFOLK, VA 23508	54-0506491	501(C)(3)	295,890.	0.			DESIGNATIONS

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

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

CERTIFIED AGENCIES ARE REQUIRED TO SUBMIT CERTIFICATION DOCUMENTS  
SUPPORTING THEIR ACTIVITIES.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

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](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF SOUTH HAMPTON ROADS

Employer identification number

54-0506322

**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 on 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 type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

**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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CAROL MCCORMACK PRESIDENT & CEO	(i)	178,207.	0.	0.	12,571.	7,158.	197,936.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

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](http://www.irs.gov/form990).

Name of the organization **UNITED WAY OF SOUTH HAMPTON ROADS** Employer identification number **54-0506322**

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	35	456,727.	FAIR MARKET VALUE
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) (2015)

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

SCHEDULE M, LINE 32B:

MERRILL LYNCH FACILITATES THE SALE OF DONATED STOCKS AND DEPOSITS

PROCEEDS TO OUR ACCOUNTS



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF SOUTH HAMPTON ROADS

Employer identification number

54-0506322

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

FOR ALL. OUR FOCUS IS ON EDUCATION, FINANCIAL STABILITY, AND HEALTH-  
BUILDING BLOCKS FOR A GOOD QUALITY OF LIFE. WE RECRUIT THE PEOPLE AND  
ORGANIZATIONS FROM THE COMMUNITY WHO BRING THE PASSION, EXPERTISE AND  
RESOURCES NECESSARY TO GET THINGS DONE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN 2015, WE LAUNCHED MISSION UNITED IN ORDER TO SERVE OUR ACTIVE  
MILITARY AS WELL AS VETERANS IN NAVIGATING THE RESOURCES AVAILABLE TO  
THEM. WE ALSO LAUNCHED A COMMUNITY DATA PORTAL THAT WILL BE USED BY  
VARIOUS ORGANIZATIONS IN THE COMMUNITY TO GATHER AND ANALYZE  
STATISTICAL DATA FOR THEMSELVES AS WELL AS FOR REPORTING TO GOVERNING  
ORGANIZATIONS.

FORM 990, PART V, Q 7G AND 7H

QUESTIONS 7G AND 7H DO NOT APPLY TO THE ORGANIZATION BECAUSE THE  
ORGANIZATION DID NOT HAVE CONTRIBUTIONS OF QUALIFIED INTELLECTUAL  
PROPERTY OR CONTRIBUTIONS OF CARS, BOATS, AIRPLANES OR OTHER VEHICLES  
DURING THE YEAR.

FORM 990, PART VI, SECTION A, LINE 4:

UNITED WAY OF SOUTH HAMPTON ROADS BYLAWS WERE REVISED ON JANUARY 19, 2016  
TO REFLECT THE COMPENSATION COMMITTEE AS AN ANNUALLY APPOINTED GROUP THAT  
ADDRESSES ORGANIZATIONAL COMPENSATION.

Name of the organization UNITED WAY OF SOUTH HAMPTON ROADS	Employer identification number 54-0506322
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FORM 990, PART VI, SECTION B, LINE 11:

A COPY OF THE 990 WAS PROVIDED TO THE MEMBERS OF THE BOARD AT A RECENT BOARD MEETING.

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

THE CONFLICT OF INTEREST POLICY IS PRESENTED AND DISCUSSED TO THE BOARD AND STAFF MEMBERS AT ANNUAL MEETINGS.

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

THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS. THE COMPENSATION IS GIVEN A RANGE BASED ON OTHER UNITED WAYS OF SIMILAR SIZE AND STRUCTURE. THE INFORMATION ON OTHER CEO SALARIES IS PUBLISHED BY THE ORGANIZATION'S TRADE ASSOCIATION. THE SALARY IS REVIEWED ANNUALLY BY AN EXECUTIVE COMPENSATION AND REVIEW COMMITTEE.

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

GOVERNING DOCUMENTS ARE AVAILABLE FOR INSPECTION, FINANCIAL STATEMENTS ARE AVAILABLE ON OWN WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LESS: AMOUNTS DESIGNATED BY DONORS FOR SPECIFIC ORGANIZATIONS	
	-6,405,796.
LESS: ALLOCATIONS FUNDED THROUGH DONOR DESIGNATIONS	6,188,901.
TOTAL TO FORM 990, PART XI, LINE 9	-216,895.

FORM 990, PART XI, LINE 2B

THE AUDIT FOR THE UNITED WAY OF SOUTH HAMPTON ROADS WAS A PART OF A CONSOLIDATED AUDIT FOR THE UNITED WAY OF SOUTH HAMPTON ROADS

Name of the organization UNITED WAY OF SOUTH HAMPTON ROADS	Employer identification number 54-0506322
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FOUNDATION.

FORM 990, PART XI, LINE 2C

THE COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR THE SELECTION OF THE  
AUDITOR IS THE FINANCE COMMITTEE. EVERY 3 YEARS THE COMMITTEE SENDS OUT  
AN RFP TO AUDIT FIRMS. THE RFP IS REVIEWED BY STAFF AND A  
RECOMMENDATION IS MADE TO THE COMMITTEE. IF THE RECOMMENDATION IS  
APPROVED, THE FINANCE COMMITTEE RECOMMENDS TO THE BOARD OF DIRECTORS,  
AND THE FIRM IS APPROVED BY THE BOARD.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization **UNITED WAY OF SOUTH HAMPTON ROADS** Employer identification number **54-0506322**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHARITABLE PLEDGE PROCESSING, LLC 2515 WALMER AVENUE NORFOLK, VA 23513	CHARITABLE GIFT PROCESSING AND DISTRIBUTION TO SUPPORT JWSHR	VIRGINIA	107,269.	9,126.	JWSHR

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNITED WAY SOUTH HAMPTON ROADS FOUNDATION - 54-1929483, 2515 WALMER AVENUE, NORFOLK, VA 23513	INVESTING AND DISTRIBUTING DONOR ADVISED AND ENDOWMENT FUNDS	VIRGINIA	501(C)(3)	11	JWSHR		X

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.



2015 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
5	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	15.00		16	275,810.				275,810.	233,454.		20,021.	253,475.
7	UNITED WAY FACILITY	VARIOUS	SL	39.00	MM	16	1,223,844.				1,223,844.	606,168.		36,719.	642,887.
	* 990 PAGE 10 TOTAL BUILDINGS						1,499,654.				1,499,654.	839,622.		56,740.	896,362.
	FURNITURE & FIXTURES														
1	OFFICE FURNITURE	VARIOUS	SL	7.00		16	242,417.				242,417.	187,691.		25,287.	212,978.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						242,417.				242,417.	187,691.		25,287.	212,978.
	MACHINERY & EQUIPMENT														
2	DATA PROCESSING EQUIPMENT	VARIOUS	SL	5.00		16	220,183.				220,183.	174,725.		17,324.	192,049.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						220,183.				220,183.	174,725.		17,324.	192,049.
	TRANSPORTATION EQUIPMENT														
4	AUTOMOBILES	VARIOUS	SL	5.00		16	58,315.				58,315.	41,334.		5,740.	47,074.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						58,315.				58,315.	41,334.		5,740.	47,074.
	LAND														
6	LAND	VARIOUS	L				186,000.				186,000.			0.	
	* 990 PAGE 10 TOTAL LAND						186,000.				186,000.	0.		0.	0.
	OTHER														
3	COMPUTER SOFTWARE	VARIOUS	SL	5.00		16	433,791.				433,791.	399,442.		10,247.	409,689.

528111  
04-01-15

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

**2015 DEPRECIATION AND AMORTIZATION REPORT**

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL OTHER						433,791.				433,791.	399,442.		10,247.	409,689.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,640,360.				2,640,360.	1,642,814.		115,338.	1,758,152.

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone