

WALL
EINHORN &
CHERNITZER
— CPAs & ADVISORS —

United Way of South Hampton Roads
2515 Walmer Avenue
Norfolk, VA 23513

United Way of South Hampton Roads:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2024.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

WALL, EINHORN & CHERNITZER, P.C.

John M. Waters
Shareholder

CONFIDENCE | COLLABORATION | COMMITMENT

P: 757.625.4700 F: 757.625.0527 www.wec-cpa.com
150 West Main Street, Suite 1200 Norfolk, Virginia 23510

Filing Instructions

Prepared for:

United Way of South Hampton Roads
2515 Walmer Avenue
Norfolk, VA 23513

Prepared by:

Wall, Einhorn & Chernitzer, P.C.
150 W. Main St., Suite 1200
Norfolk, VA 23510

2022 FORM 990

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2024

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2022

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
JANE AND FRANK BATTEN	9,795,000.	6,785,185.
JOAN BROCK	8,311,700.	5,301,885.
Total Excess Contributions to Schedule A, Part II, Line 5		12,087,070.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

UNITED WAY OF SOUTH HAMPTON ROADS

EIN or SSN

54-0506322

Name and title of officer or person subject to tax

**RONALD M. UREN
PRESIDENT & CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>16,664,046.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize WALL, EINHORN & CHERNITZER, P.C. to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

54729154321

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 03/18/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

FILEABLE FORMS

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF SOUTH HAMPTON ROADS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2515 WALMER AVENUE City or town, state or province, country, and ZIP or foreign postal code NORFOLK, VA 23513 F Name and address of principal officer: RONALD M. UREN SAME AS C ABOVE	D Employer identification number 54-0506322 E Telephone number 757-853-8500 G Gross receipts \$ 16,664,046. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.UNITEDWAYSHR.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1923 M State of legal domicile: VA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: UWSHR CONDUCTS FUNDRAISING CAMPAIGNS, ACTS AS AN ADMINISTRATIVE AGENT, AND DISTRIBUTES FUNDS TO		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	31
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	61
	6	Total number of volunteers (estimate if necessary)	6	2362
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	27,352,376.	15,572,758.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	330,585.	418,639.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	995,363.	672,649.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
12			28,678,324.	16,664,046.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,818,443.	4,709,973.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,752,157.	3,363,393.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	16a		1,659,530.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,662,215.	11,039,528.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,232,815.	19,112,894.
	19	Revenue less expenses. Subtract line 18 from line 12	-3,554,491.	-2,448,848.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	66,003,873.	66,583,795.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,954,780.	2,947,987.
	22		63,049,093.	63,635,808.

Part II Signature Block

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

Sign Here	Signature of officer RONALD M. UREN, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JOHN M. WATERS	Preparer's signature JOHN M. WATERS
	Firm's name WALL, EINHORN & CHERNITZER, P.C.	Date 03/18/24
	Firm's address 150 W. MAIN ST., SUITE 1200 NORFOLK, VA 23510	Check if self-employed <input type="checkbox"/> PTIN P01334859
		Firm's EIN 54-1517420 Phone no. 757-625-4700

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: UWSHR'S MISSION IS TO BRING PEOPLE AND RESOURCES TOGETHER TO SOLVE PROBLEMS TOO BIG FOR ANYONE TO SOLVE ALONE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 15,928,087. including grants of \$ 4,709,973.) (Revenue \$ 418,639.) UWSHR CONDUCTS FUNDRAISING CAMPAIGNS, ACTS AS AN ADMINISTRATIVE AGENT, AND DISTRIBUTES FUNDS TO PARTICIPATING AREA ORGANIZATIONS ACCORDING TO DONOR DESIGNATIONS AND FUND DISTRIBUTION COMMITTEE RECOMMENDATIONS.

PROGRAM SERVICES - COMMUNITY INVESTMENTS:

UWSHR ENVISIONS A COMMUNITY WHERE ALL INDIVIDUALS AND FAMILIES THRIVE AND REACH THEIR FULL POTENTIAL. TO FULLY REALIZE THIS VISION, WE MUST SUPPORT THOSE LIVING IN OR ON THE VERGE OF POVERTY OR CRISIS WITH NAVIGATING A PATH TO SELF-SUFFICIENCY. FACTORS THAT PREVENT CHILDREN AND FAMILIES FROM EXPERIENCING SAFE, STABLE AND SUCCESSFUL LIVES ARE COMPLEX AND MUST BE ADDRESSED HOLISTICALLY.

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

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

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

4e Total program service expenses 15,928,087.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' answers.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, 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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 31		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed VA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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
THE ORGANIZATION - 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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MICHELE ANDERSON FORMER PRESIDENT & CEO	37.00 3.00	X		X				211,398.	0.	0.
(2) JAMES SPORE PAST CHAIR	1.00 1.00	X		X				0.	0.	0.
(3) LEWIS W. WEBB, ESQ CHAIR	1.00 1.00	X		X				0.	0.	0.
(4) THOMAS HASTY, III DIRECTOR	1.00 1.00	X						0.	0.	0.
(5) CARLA STONER TREASURER	1.00 0.00	X		X				0.	0.	0.
(6) DAVID BERND DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) DON BLANKINSHIP DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) SUSAN COLPITTS DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) MARK JOHNSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) BRENT HADEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) ANDREA BRADLEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) ROBERT BROERMANN DIRECTOR	1.00 1.00	X						0.	0.	0.
(13) DR. JARED COTTON DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) WILLIAM CROW DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) DENYS DIAZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) PATRICK DUHANEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) DR. LARRY FILER DIRECTOR	1.00 0.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) STEVEN FREDRICKSON DIRECTOR	1.00 1.00	X						0.	0.	0.
(19) CHRIS GRAVES DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) KURT HOFELICH DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) AKHIL JAIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) MILES LEON DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) ANTONIA MCLAREN DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) JONATHAN MOTLEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) GARY PHILBIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) BETH ROBERTS DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								211,398.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								211,398.	0.	0.

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 1

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

Section B. Independent Contractors

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

(A) Name and business address	(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)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for ERIN RUANE, JANE SHORT, DR. AARON SPENCE, BRYAN STEPHENS, and RYAN YOUNG.

Total to Part VII, Section A, line 1c

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
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,600,258.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	12,972,500.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		15,572,758.			
Program Service Revenue	2 a	PROGRAM ADMIN AND CONTRACT FEES	Business Code	900099	297,595.	297,595.	
	b	OTHER PROGRAM FEES	Business Code	900099	121,044.	121,044.	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			418,639.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			672,649.		672,649.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions			16,664,046.	418,639.	0.	672,649.

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,709,973.	4,709,973.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	140,512.	94,693.	23,532.	22,287.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,580,151.	1,435,597.	483,246.	661,308.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	513,335.	324,647.	60,017.	128,671.
10 Payroll taxes	129,395.	54,862.	22,713.	51,820.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	126,335.		126,335.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	521,415.	61,088.	430,886.	29,441.
12 Advertising and promotion	215,157.			215,157.
13 Office expenses	246,884.	70,193.	44,111.	132,580.
14 Information technology	21,608.	11,738.	3,580.	6,290.
15 Royalties				
16 Occupancy	58,639.	21,499.	20,543.	16,597.
17 Travel	15,208.	5,201.	2,083.	7,924.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	284,096.	29,587.	35,898.	218,611.
20 Interest	1,502.		1,502.	
21 Payments to affiliates	195,226.	195,226.		
22 Depreciation, depletion, and amortization	189,709.	26,780.	89,268.	73,661.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COMMUNITY IMPACT PROGRA	5,474,531.	5,474,531.		
b DONOR DESIGNATIONS	2,997,361.	2,997,361.		
c EQUIPMENT RENTAL AND MA	565,950.	378,985.	114,277.	72,688.
d MISCELLANEOUS	98,719.	36,126.	62,397.	196.
e All other expenses _____	27,188.		4,889.	22,299.
25 Total functional expenses. Add lines 1 through 24e	19,112,894.	15,928,087.	1,525,277.	1,659,530.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,820,543.	1	1,711,108.
	2 Savings and temporary cash investments	7,361,275.	2	4,171,134.
	3 Pledges and grants receivable, net	5,936,569.	3	4,944,517.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	264,904.	9	273,223.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,892,525.		
	b Less: accumulated depreciation	10b 1,140,904.		
	11 Investments - publicly traded securities	1,733,330.	10c	1,751,621.
	12 Investments - other securities. See Part IV, line 11	46,696,628.	11	51,747,834.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	2,190,624.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	66,003,873.	15	1,984,358.	
		16	66,583,795.	
Liabilities	17 Accounts payable and accrued expenses	177,091.	17	476,935.
	18 Grants payable	1,827,868.	18	1,530,664.
	19 Deferred revenue	928,681.	19	920,848.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	21,140.	25	19,540.
	26 Total liabilities. Add lines 17 through 25	2,954,780.	26	2,947,987.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	17,531,014.	27	18,938,122.
	28 Net assets with donor restrictions	45,518,079.	28	44,697,686.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	63,049,093.	32	63,635,808.
	33 Total liabilities and net assets/fund balances	66,003,873.	33	66,583,795.

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	16,664,046.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,112,894.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,448,848.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	63,049,093.
5	Net unrealized gains (losses) on investments	5	3,035,563.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	63,635,808.

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 on 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			
2b	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			
2c	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 on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2022)

SCHEDULE A
(Form 990)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 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).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26244463.	23396446.	54985949.	27352376.	15572758.	147551992
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	26244463.	23396446.	54985949.	27352376.	15572758.	147551992
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12087070.
6 Public support. Subtract line 5 from line 4.						135464922

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	26244463.	23396446.	54985949.	27352376.	15572758.	147551992
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	314,675.	459,212.	496,852.	995,363.	672,649.	2938751.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						150490743
12 Gross receipts from related activities, etc. (see instructions)					12	2,809,256.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	90.02	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	90.60	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization UNITED WAY OF SOUTH HAMPTON ROADS	Employer identification number 54-0506322
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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	CITY OF VIRGINIA BEACH 2401 COURTHOUSE DR, BUILDING1, 3RD FLOOR VIRGINIA BEACH, VA 23456	\$ 2,600,258.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	USAA MID-ATLANTIC REGION 520 INDEPENDENCE PKWY CHESAPEAKE, VA 23320	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JANE BATTEN 8104 OCEAN FRONT AVE. VIRGINIA BEACH, VA 23451	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WALMART FOUNDATION 702 SW 8TH ST BENTONVILLE, AR 72716	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	DOLLAR TREE, INC. 500 VOLVO PKWY CHESAPEAKE, VA 23320	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THOMAS BRILL 6295 GREENWOOD PLAZA BLVD GREENWOOD VILLAGE, CO 80111	\$ 1,377,029.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF SOUTH HAMPTON ROADS	Employer identification number 54-0506322
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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 UNITED WAY OF SOUTH HAMPTON ROADS	Employer identification number 54-0506322
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
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.

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

OMB No. 1545-0047

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting of art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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 make 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 program
 - 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	41,069,547.	40,015,850.	29,273,371.	23,489,974.	9,750,680.
b Contributions	495,074.	9,207,515.	5,344,170.	6,177,038.	13,251,365.
c Net investment earnings, gains, and losses	3,669,656.	-6,486,665.	5,937,102.	-46,025.	815,046.
d Grants or scholarships					
e Other expenditures for facilities and programs	84,662.	1,667,153.	538,793.	347,616.	327,117.
f Administrative expenses					
g End of year balance	45,149,615.	41,069,547.	40,015,850.	29,273,371.	23,489,974.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 17.0000 %
 - b Permanent endowment 83.0000 %
 - c Term endowment .0000 %
- 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:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | X | |
- 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		2,265,075.	979,686.	1,285,389.
c Leasehold improvements				
d Equipment		405,400.	125,168.	280,232.
e Other		36,050.	36,050.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,751,621.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" 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) FINANCE LEASE LIABILITIES	19,540.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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 FASB 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.

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

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.

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

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 V, LINE 4:

UNITED WAY OF SOUTH HAMPTON ROADS MAINTAINS MULTIPLE ENDOWMENT FUNDS INCLUDING: WOMEN UNITED, AFRICAN AMERICAN LEADERSHIP SOCIETY, AND UNITED FOR FUTURE.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. INTERNAL REVENUE CODE SECTION 513(A) DEFINES AN UNRELATED TRADE OR BUSINESS OF AN EXEMPT ORGANIZATION AS ANY TRADE OR BUSINESS WHICH IS NOT SUBSTANTIALLY RELATED TO THE EXERCISE OR PERFORMANCE OF ITS EXEMPT PURPOSE. CURRENTLY THE ORGANIZATION HAS NO

Part XIII Supplemental Information (continued)

OBLIGATION FOR ANY UNRELATED BUSINESS INCOME TAX. THE ORGANIZATION
 BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS
 SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE
 CONSOLIDATED FINANCIAL STATEMENTS; HOWEVER, ANY PENALTIES AND INTEREST
 INCURRED AS A RESULT OF UNCERTAIN TAX POSITIONS WOULD BE RECORDED IN
 MISCELLANEOUS EXPENSES ON THE CONSOLIDATED STATEMENT OF FUNCTIONAL
 EXPENSES.

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

OMB No. 1545-0047

2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AN ACHIEVABLE DREAM INC. - VIRGINIA BEACH - 10858 WARWICK BLVD STE A - NEWPORT NEWS, VA 23601-3741	54-1621932	501(C)(3)	72,500.	0.			GRANTS AWARDED
ARMED SERVICES YMCA OF HAMPTON RDS 1465 LAKESIDE RD VIRGINIA BEACH, VA 23455-4100	54-0525308	501(C)(3)	76,000.	0.			GRANTS AWARDED
BIG BROTHERS BIG SISTERS GREATER HAMPTON ROADS - 1707 SUMMIT AVE, STE 200 - RICHMOND, VA 23230-4500	54-0702502	501(C)(3)	15,500.	0.			GRANTS AWARDED
BLACK BRAND 66 ELM AVENUE PORTSMOUTH, VA 23704	81-3953180	501(C)(3)	115,000.	0.			GRANTS AWARDED
BOY SCOUTS OF AMERICA TIDEWATER COUNCIL - 1032 HEATHERWOOD DR - VIRGINIA BEACH, VA 23455-6675	54-1707488	501(C)(3)	38,000.	0.			GRANTS AWARDED
BOYS & GIRLS CLUBS OF SE VA 1300 DIAMOND SPRINGS RD STE 300 VIRGINIA BEACH, VA 23455-3645	54-0515764	501(C)(3)	401,749.	0.			GRANTS AWARDED

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **58.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES EASTERN VA 5361-A VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 23462-1897	54-0505879	501(C)(3)	130,500.	0.			GRANTS AWARDED
CHESAPEAKE CARE FREE CLINIC 2145 S MILITARY HWY CHESAPEAKE, VA 23320-4426	54-1642754	501(C)(3)	17,500.	0.			GRANTS AWARDED
CHILDREN'S HARBOR 1900 LLEWELLYN AVE FL 2 NORFOLK, VA 23517-2233	54-0506468	501(C)(3)	353,500.	0.			GRANTS AWARDED
CHIP-CHILDREN'S HEALTH INVESTMENT PROGRAM - 1302 JEFFERSON ST - CHESAPEAKE, VA 23324-2214	54-1893166	501(C)(3)	103,000.	0.			GRANTS AWARDED
COMMUNITIES IN SCHOOLS OF HAMPTON ROADS - 200 HIGH STREET, SUITE 305 - PORTSMOUTH, VA 23704	26-2504678	501(C)(3)	50,000.	0.			GRANTS AWARDED
D&D MOBILE HOME MOVING 1262 TURNPIKE RD ELIZABETH CITY, NC 27909	APPLIED FOR	501(C)(3)	26,000.	0.			GRANTS AWARDED
EGGLESTON SERVICES 5145 VIRGINIA BEACH BLVD NORFOLK, VA 23502-3418	54-0602238	501(C)(3)	39,000.	0.			GRANTS AWARDED
ENVISION LEAD GROW INC 1215 N MILITARY HIGH NORFOLK, VA 23520-2228	81-4671522	501(C)(3)	15,000.	0.			GRANTS AWARDED
FOOD BANK OF SOUTHEASTERN VIRGINIA PO BOX 1940 NORFOLK, VA 23501-1940	52-1219783	501(C)(3)	19,500.	0.			GRANTS AWARDED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORKIDS PO BOX 6044 NORFOLK, VA 23508-0044	54-1477799	501(C)(3)	117,500.	0.			GRANTS AWARDED
GENIEVE SHELTER, SMITHFIELD 157 N MAIN ST STE B SUFFOLK, VA 23439-1585	54-6043915	501(C)(3)	38,000.	0.			GRANTS AWARDED
GIRL SCOUT COUNCIL OF COLONIAL COAST - 912 CEDAR RD - CHESAPEAKE, VA 23322-7002	54-1158412	501(C)(3)	60,000.	0.			GRANTS AWARDED
GIRLS ON THE RUN OF SOUTH HAMPTON ROADS - 921 FIRST COLONIAL RD STE 1707 - VIRGINIA BEACH, VA 23454-3167	38-3777474	501(C)(3)	55,000.	0.			GRANTS AWARDED
HABITAT FOR HUMANITY SOUTH HAMPTON ROADS - 900 TIDEWATER DR - NORFOLK, VA 23504-3328	54-1476409	501(C)(3)	70,000.	0.			GRANTS AWARDED
HEB FOUNDATION 962 QUASH ST HAMPTON, VA 23669	83-2484992	501(C)(3)	196,739.	0.			GRANTS AWARDED
HELP AND EMERGENCY RESPONSE PO BOX 2187 PORTSMOUTH, VA 23702-0187	52-1349827	501(C)(3)	85,000.	0.			GRANTS AWARDED
HORIZONS HAMPTON ROADS 7336 GRANBY ST NORFOLK, VA 23505-3405	54-1946180	501(C)(3)	36,000.	0.			GRANTS AWARDED
ISLE OF WIGHT CHRISTIAN OUTREACH P.O. BOX 253 SMITHFIELD, VA 23430-0253	54-1638727	501(C)(3)	15,500.	0.			GRANTS AWARDED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICE OF TIDEWATER 5000 CORPORATE WOODS DR STE 400 VIRGINIA BEACH, VA 23462	54-0854002	501(C)(3)	82,750.	0.			GRANTS AWARDED
JOY MINISTRIES EVANGELISTIC ASSN PO BOX 65036 VIRGINIA BEACH, VA 23467-5036	54-1514185	501(C)(3)	10,000.	0.			GRANTS AWARDED
JUDEO-CHRISTIAN OUTREACH CENTER 1053 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 23451-5641	54-1417126	501(C)(3)	35,087.	0.			GRANTS AWARDED
LEGAL AID SOCIETY OF EASTERN VA 125 ST PAUL'S BLVD SUITE 400 NORFOLK, VA 23510-2708	54-0848499	501(C)(3)	25,000.	0.			GRANTS AWARDED
MEALS ON WHEELS FOR CHESAPEAKE PO BOX 15343 CHESAPEAKE, VA 23328-5343	54-1080366	501(C)(3)	33,534.	0.			GRANTS AWARDED
MICRO-NONPROFIT NETWORK INC 1712 ROKEBY AVE CHESAPEAKE, VA 23320-2228	81-1444632	501(C)(3)	95,883.	0.			GRANTS AWARDED
MILE HIGH KIDS & COMMUNITY DEVELOPMENT - 2712 SOUTHERN BLVD - VIRGINIA BEACH, VA 23452-7429	45-2848752	501(C)(3)	17,000.	0.			GRANTS AWARDED
NEIGHBORHOOD - CHESAPEAKE PO BOX 5731 CHESAPEAKE, VA 23324-0928	82-3268779	501(C)(3)	30,000.	0.			GRANTS AWARDED
NORFOLK FESTEVENETS 120 MAIN STREET NORFOLK, VA 23510	54-1118356	501(C)(3)	20,000.	0.			GRANTS AWARDED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENINSULA METROPOLITAN YMCA 41 OLD OYSTER POINT RD, STE C NEWPORT NEWS, VA 23602	54-0524905	501(C)(3)	12,500.	0.			GRANTS AWARDED
PRIMEPLUS 7300 NEWPORT AVE #100 NORFOLK, VA 23505-3356	54-1118218	501(C)(3)	21,000.	0.			GRANTS AWARDED
QUALITY OF LIFE COUNSELING CENTER 1 ENTERPRISE PKWY HAMPTON, VA 23666	81-3330208	501(C)(3)	99,750.	0.			GRANTS AWARDED
REACH, INC 809 BRANDON AVE STE 208 NORFOLK, VA 23517-1676	54-1918686	501(C)(3)	20,000.	0.			GRANTS AWARDED
SALVATION ARMY HAMPTON ROADS AREA PO BOX 388 NORFOLK, VA 23501-0388	58-0660607	501(C)(3)	116,129.	0.			GRANTS AWARDED
SALVATION ARMY PORTSMOUTH CORPS 2306 AIRLINE BLVD PORTSMOUTH, VA 23701-0098	58-0660607	501(C)(3)	45,000.	0.			GRANTS AWARDED
SAMARITAN HOUSE VIRGINIA BEACH ECUMENICAL HOUSING VIRGINIA BEACH, VA 23452-7414	54-1291021	501(C)(3)	64,000.	0.			GRANTS AWARDED
SENIOR SERVICES OF SOUTHEASTERN VA 5 INTERSTATE CORPORATE CENTER NORFOLK, VA 23502-4107	54-6069786	501(C)(3)	26,000.	0.			GRANTS AWARDED
SETON YOUTH SHELTERS 101 N LYNNHAVEN RD STE 101 VIRGINIA BEACH, VA 23452-7523	54-1250483	501(C)(3)	21,500.	0.			GRANTS AWARDED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHSIDE BOYS AND GIRLS CLUB 701 E BERKLEY AVE EXT NORFOLK, VA 23523-1509	54-0839152	501(C)(3)	188,250.	0.			GRANTS AWARDED
SURVIVOR VENTURES 259 GRANBY ST NORFOLK, VA 23510-1833	83-2401527	501(C)(3)	45,000.	0.			GRANTS AWARDED
SYLVER STRATEGIES INC 821 REDLEAFE CIR CHESAPEAKE, VA 23320	13-4148824	501(C)(3)	106,500.	0.			GRANTS AWARDED
TEAM LAMB INC 5121 MIDDLEBROOK CT VIRGINIA BEACH, VA 23464	88-3294032	501(C)(3)	15,000.	0.			GRANTS AWARDED
TEENS WITH A PURPOSE 700 E OLNEY RD NORFOLK, VA 23504-3312	33-1207585	501(C)(3)	75,000.	0.			GRANTS AWARDED
THE CHILDREN'S CENTER 700 CAMPBELL AVE FRANKLIN, VA 23851-1872	52-1317062	501(C)(3)	47,500.	0.			GRANTS AWARDED
THE UP CENTER 150 BOUSH ST STE 800 NORFOLK, VA 23510-1637	54-0674774	501(C)(3)	624,602.	0.			GRANTS AWARDED
TOGETHER WE CAN FOUNDATION 5101 CLEVELAND ST VIRGINIA BEACH, VA 23462	26-3015863	501(C)(3)	22,750.	0.			GRANTS AWARDED
URBAN LEAGUE OF HAMPTON ROADS 120 COLLEGE PL NORFOLK, VA 23501-2176	54-1083985	501(C)(3)	25,000.	0.			GRANTS AWARDED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA LEGAL AID SOCIETY PO BOX 6200 LYNCHBURG, VA 24505	51-0226448	501(C)(3)	55,250.	0.			GRANTS AWARDED
VIRGINIA SUPPORTIVE HOUSING PO BOX 8585 RICHMOND, VA 23226-0585	54-1444564	501(C)(3)	12,500.	0.			GRANTS AWARDED
VOLUNTEER HAMPTON ROADS PO BOX 41217 NORFOLK, VA 23541-1217	54-1072533	501(C)(3)	20,000.	0.			GRANTS AWARDED
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PKWY SUFFOLK, VA 23434-4259	26-3302837	501(C)(3)	19,500.	0.			GRANTS AWARDED
YESUSA TRANSFORMATION CITIES P.O. BOX 64356 VIRGINIA BEACH, VA 23467	85-2673704	501(C)(3)	20,000.	0.			GRANTS AWARDED
YMCA OF SOUTH HAMPTON ROADS 920 CORPORATE LN CHESAPEAKE, VA 23320-3406	54-0445205	501(C)(3)	225,000.	0.			GRANTS AWARDED
YWCA OF SOUTH HAMPTON ROADS 500 E PLUME ST STE 700 NORFOLK, VA 23510-2311	54-0506491	501(C)(3)	286,500.	0.			GRANTS AWARDED

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

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

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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED WAY OF SOUTH HAMPTON ROADS

Employer identification number

54-0506322

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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?	4a	<input checked="" type="checkbox"/>
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>
c Participate in or receive payment from an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>
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?	5a	<input checked="" type="checkbox"/>
b Any related organization?	5b	<input checked="" type="checkbox"/>
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	<input checked="" type="checkbox"/>
b Any related organization?	6b	<input checked="" type="checkbox"/>
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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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) MICHELE ANDERSON FORMER PRESIDENT & CEO	(i)	209,777.	0.	1,621.	0.	0.	211,398.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

COMPENSATION OF THE ORGANIZATION'S FORMER CEO WAS VOTED ON BY THE BOARD OF DIRECTORS.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED WAY OF SOUTH HAMPTON ROADS

Employer identification number

54-0506322

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

PARTICIPATING AREA ORGANIZATIONS ACCORDING TO DONOR DESIGNATIONS AND
FUND DISTRIBUTION COMMITTEE RECOMMENDATIONS. UWSHR'S MISSION IS TO
BRING PEOPLE AND RESOURCES TOGETHER TO SOLVE PROBLEMS TOO BIG FOR
ANYONE TO SOLVE ALONE.

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

UWSHR IS FOCUSED ON PARTNERING WITH VULNERABLE POPULATIONS IN THE SOUTH
HAMPTON ROADS COMMUNITIES. THIS INCLUDES THOSE BELOW THE FEDERAL
POVERTY LEVEL AS WELL AS THOSE STRUGGLING TO MAKE ENDS MEET, WHO WE
CALL ALICE .

ALICE IS AN ACRONYM COINED BY A COLLABORATING GROUP OF UNITED WAYS THAT
STANDS FOR ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED. THE ALICE
POPULATION REPRESENTS A GROWING NUMBER OF HOUSEHOLDS IN OUR COMMUNITY
WHO WORK HARD AND EARN MORE THAN THE OFFICIAL FEDERAL POVERTY LEVEL,
BUT LESS THAN THE BASIC COST OF LIVING. ALICE MAKES TOO MUCH TO QUALIFY
FOR MOST GOVERNMENT ASSISTANCE YET STRUGGLES TO AFFORD LIFE'S
ESSENTIALS. TYPICALLY, ALICE IS ONE LIFE CHANGING EVENT FROM FALLING
INTO POVERTY.

TO BEST SERVE THESE POPULATIONS AND PROVIDE CUTTING-EDGE, BIG-PICTURE
SOLUTIONS, WE WORK WITH A NETWORK OF PARTNERS AND A SET OF TOOLS THAT
HELP US DELIVER RESULTS EFFECTIVELY AND EFFICIENTLY: MOBILITY MENTORING
IS A MODEL DEVELOPED BY ECONOMIC MOBILITY PATHWAYS THAT WE ADOPTED IN
2016. WE BELIEVE THAT THE METHODS, PRINCIPLES AND RESEARCH OF MOBILITY
MENTORING CAN BE APPLIED AT VARYING DEGREES IN DIVERSE SETTINGS ACROSS

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

Schedule O (Form 990) 2022

Name of the organization UNITED WAY OF SOUTH HAMPTON ROADS	Employer identification number 54-0506322
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HEALTH AND HUMAN SERVICES. GHRCONNECTS, THE COMMUNITY INDICATORS DASHBOARD, TRACKS MEANINGFUL, ACCURATE AND STANDARDIZED DATA OVER TIME. IT GIVES A CLEAR PICTURE OF HOW OUR REGION IS PERFORMING IN A VARIETY OF CRITICAL AREAS AND DRIVES DATA-DRIVEN DECISIONS TO HELP US TURN THE CURVE AND IMPROVE QUALITY OF LIFE. GHRCONNECTS ALSO DOCUMENTS AND PROMOTES BEST PRACTICES AND SERVES AS A SPACE FOR COMMUNITY COLLABORATIVES TO COMMUNICATE THE IMPACT OF THEIR WORK. UNITE US IS A COLLABORATIVE SOFTWARE THAT ALLOWS US TO SEAMLESSLY CONNECT PEOPLE WITH THE SERVICES THEY NEED IN REAL TIME. IT SHIFTS OUR WORK FROM FRAGMENTED SERVICES TO COORDINATED CARE NETWORKS.

RESULTS-BASED ACCOUNTABILITY (RBA) IS AN APPROACH THAT ENCOMPASSES POPULATION AND PERFORMANCE ACCOUNTABILITY. RBA PROVIDES A SIMPLE, STRUCTURED APPROACH FOR MEASURING PERFORMANCE OF PROGRAMS AND SERVICES. RBA HAS THREE TYPES OF PERFORMANCE MEASURES: HOW MUCH DID YOU DO?, HOW WELL DID YOU DO IT?, AND IS ANYONE BETTER OFF? MEASURES THAT INDICATE WHETHER ANYONE IS BETTER OFF ARE MOST IMPORTANT AND MEANINGFUL YET ARE HARDEST TO CONTROL.

PROGRAM SERVICES - PROGRAM INITIATIVES:

UNITED WAY OF SOUTH HAMPTON ROADS HAS TWO CURRENT INITIATIVES: MISSION UNITED AND UNITED FOR CHILDREN, WHICH ARE LONG-TERM, MULTI-SECTOR EFFORTS THAT FOCUS ON SPECIFIC POPULATIONS AND ADDRESS ENTRENCHED PROBLEMS BY ESTABLISHING A COMMON AGENDA AND ALIGNING RESOURCES AND STRATEGY. MISSION UNITED IS THE FIRST-EVER COORDINATED NETWORK OF COMMUNITY RESOURCES AND SERVICES IN HAMPTON ROADS PROVIDING RELIEF AND SUPPORT TO VETERANS, ACTIVE DUTY MILITARY MEMBERS, AND THEIR FAMILIES. UTILIZING UNITE US TECHNOLOGY, WE SEAMLESSLY CONNECT MILITARY-CONNECTED

Name of the organization UNITED WAY OF SOUTH HAMPTON ROADS	Employer identification number 54-0506322
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INDIVIDUALS AND FAMILIES TO SERVICES SUCH AS AFFORDABLE HOUSING, JOB TRAINING AND HEALTHCARE. UNITED FOR CHILDREN EXISTS TO GIVE EVERY CHILD IN SOUTH HAMPTON ROADS THE SUPPORT NEEDED TO ACHIEVE THEIR DREAMS. THROUGH CROSS-SECTOR PARTNERSHIPS WITH NONPROFITS, FAITH-BASED PARTNERS, CITY GOVERNMENTS, SCHOOL DISTRICTS AND COMMUNITY STAKEHOLDERS, WE HAVE BUILT PROMISING SOLUTIONS BY CARRYING THE VOICE OF OUR COMMUNITY ON THE ISSUES THAT MATTER MOST FOR CHILDREN.

PROGRAM SERVICES - OTHER PROGRAM:

THE UNITED WAY OF SOUTH HAMPTON ROADS ALSO PROVIDES OUR CERTIFIED AGENCIES WITH THE OPPORTUNITY TO JOIN OUR HEALTH INSURANCE PROGRAM. IT HELPS ALLEVIATE SOME OF THE FINANCIAL BURDEN OF HEALTH INSURANCE COSTS FOR SMALLER NONPROFIT ORGANIZATIONS IF THEY WERE TO OBTAIN THEIR OWN PLAN

SUPPORTING SERVICES - FUNDRAISING:

THIS SUPPORTING SERVICE CATEGORY INCLUDES EXPENDITURES WHICH PROVIDE THE STRUCTURE NECESSARY TO ENCOURAGE AND SECURE FINANCIAL SUPPORT FOR UWSHR'S TO FULFIL ITS MISSION. THE MAJORITY OF UWSHR'S FINANCIAL SUPPORT IS OBTAINED VIA THE FOLLOWING CAMPAIGNS:

UNITED WAY OF SOUTH HAMPTON ROADS WORKPLACE CAMPAIGN - THIS IS AN ANNUAL CAMPAIGN CONDUCTED IN THE WORK PLACES OF OUR CORPORATE PARTNERS TO RAISE FUNDING FOR UNITED WAY, OUR PROGRAMS AND OUR CERTIFIED AGENCIES. PLEDGES ARE REPORTED IN THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION AND ALLOWANCES ARE PROVIDED FOR AMOUNTS ESTIMATED TO BE UNCOLLECTIBLE. ALL CONTRIBUTIONS ARE CONSIDERED AVAILABLE FOR UNRESTRICTED USE UNLESS SPECIFICALLY RESTRICTED BY THE DONOR. WHEN A

Name of the organization UNITED WAY OF SOUTH HAMPTON ROADS	Employer identification number 54-0506322
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DONOR RESTRICTION IS ACCOMPLISHED, NET ASSETS WITH DONOR RESTRICTIONS ARE RECLASSIFIED TO NET ASSETS WITHOUT DONOR RESTRICTIONS AND REPORTED IN THE CONSOLIDATED STATEMENT OF ACTIVITIES AS NET ASSETS RELEASED FROM RESTRICTIONS.

UNITED WAY AND COMBINED CHARITIES CAMPAIGN (UW/CCC) -THIS IS AN ANNUAL FUNDRAISING CAMPAIGN FOR SOLICITING CONTRIBUTIONS FROM CITY AND SCHOOL EMPLOYEES FROM THE CITIES OF CHESAPEAKE, NORFOLK, PORTSMOUTH, SUFFOLK, AND VIRGINIA BEACH. UNITED WAY OF SOUTH HAMPTON ROADS IS THE FISCAL AGENT FOR THE CAMPAIGN. ALL PLEDGES RECEIVED ARE RECORDED IN SEPARATE ACCOUNTS UNTIL DISTRIBUTED TO THE PARTICIPATING AGENCIES.

THE ORGANIZATION CONDUCTS THE FOLLOWING ENDOWMENT CAMPAIGNS:

UNITED FOR THE FUTURE CAMPAIGN ENDOWMENT - UNITED FOR THE FUTURE IS A CAMPAIGN TO RAISE \$35 MILLION TO CHANGE THE ODDS FOR CHILDREN, FAMILIES AND VETERANS IN HAMPTON ROADS INTO PERPETUITY. FUNDS RAISED THROUGH THIS CAMPAIGN WILL BOLSTER DAY-TO-DAY SERVICES THROUGH DIRECT INVESTMENT IN PROGRAM EXPANSION AND FUND AN ENDOWMENT TO ENSURE SUSTAINABILITY FAR INTO THE FUTURE. THE CORPUS OF THIS FUND IS INVESTED INTO PERPETUITY.

WOMEN UNITED ENDOWMENT -WOMEN UNITED IS A DIVERSE, PASSIONATE MEMBERSHIP DEDICATED TO ELIMINATING BARRIERS WOMEN AND CHILDREN FACE IN THEIR JOURNEY TO ESCAPE POVERTY AND ACHIEVE PERMANENT SELF-SUFFICIENCY. SINCE 2002, WOMEN UNITED HAS BEEN LEADING THE CHARGE IN THE COMMUNITY AND IMPLEMENTING BREAKTHROUGH INITIATIVES FOR LASTING CHANGE. THE CORPUS OF THIS FUND IS INVESTED INTO PERPETUITY.

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AFRICAN AMERICAN LEADERSHIP SOCIETY ENDOWMENT - UNITED WAY'S AFRICAN AMERICAN LEADERSHIP SOCIETY MEMBERS ARE LEADING THE WAY TO A BRIGHTER FUTURE FOR SOUTH HAMPTON ROADS. AALS DONORS SHARE AFFINITIES FOR PHILANTHROPY, LEADERSHIP AND SERVICE, AND ARE STRIVING TO POSITIVELY IMPACT OUR COMMUNITY BY INCREASING THE NUMBER OF AFRICAN AMERICAN PHILANTHROPISTS MAKING GOOD THINGS HAPPEN IN SOUTH HAMPTON ROADS. THE CORPUS OF THIS FUND IS INVESTED INTO PERPETUITY.

SUPPORTING SERVICES - MANAGEMENT AND GENERAL:

THIS SUPPORTING SERVICE CATEGORY INCLUDES THE FUNCTIONS NECESSARY TO SUPPORT BOTH PROGRAMS AND ITS FUNDRAISING EFFORTS. SUCH FUNCTIONS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: SECURE A FUNCTIONING GOVERNING BOARD, MAINTAIN AN ADEQUATE WORKING ENVIRONMENT, AND MANAGE THE FINANCIAL RESPONSIBILITIES OF UWSHR.

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

A COPY OF THE 990 IS PROVIDED TO THE MEMBERS OF THE BOARD BEFORE FILING.

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 15:

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

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EXECUTIVE COMPENSATION AND REVIEW COMMITTEE.

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

GOVERNING DOCUMENTS ARE AVAILABLE FOR INSPECTION, FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C

NO CHANGES HAVE BEEN MADE TO THE ORGANIZATION'S OVERSIGHT PROCESS.

**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.

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

OMB No. 1545-0047

2022

**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	-2,014.	5,668.	UNITED WAY OF SOUTH HAMPTON ROADS

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 OF SOUTH HAMPTON ROADS FOUNDATION - 54-1929483, 2515 WALMER AVENUE, NORFOLK, VA 23513	INVESTING AND DISTRIBUTING DONOR ADVISED FUNDS	VIRGINIA	501(C)(3)	LINE 12A, I	UNITED WAY OF SOUTH HAMPTON ROADS		X

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

Schedule R (Form 990) 2022

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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 VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.