

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

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>RAPPAHANNOCK UNITED WAY, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3310 SHANNON PARK DRIVE</b> City or town, state or country, and ZIP + 4 <b>FREDERICKSBURG, VA 22408</b>	<b>D</b> Employer identification number <b>54-6042936</b>
		<b>E</b> Telephone number <b>540-373-0041</b>	<b>G</b> Gross receipts \$ <b>3,981,074.</b>
		<b>F</b> Name and address of principal officer: <b>JANEL S. DONOHUE</b> <b>SAME AS C ABOVE</b>	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
		<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
		<b>J</b> Website: ▶ <b>WWW.RAPPAHANNOCKUNITEDWAY.ORG</b>	
		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>1939</b> <b>M</b> State of legal domicile: <b>VA</b>

Part I Summary				
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>RUW WORKS TO ADVANCE THE COMMON GOOD BY FOCUSING ON EDUCATION, INCOME AND HEALTH. RUW UNITES PEOPLE</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	<b>17</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1886</b>
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 3,461,408.	<b>Current Year</b> 3,962,906.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	7,390.	1,719.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,922.	12,024.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,003.	-19,824.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,518,723.	3,956,825.
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,546,298.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	607,548.	679,162.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>376,827.</b>		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	267,725.	425,267.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,421,571.	3,821,479.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	97,152.	135,346.	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 3,991,410.	<b>End of Year</b> 4,386,449.
	<b>21</b>	Total liabilities (Part X, line 26)	2,724,256.	2,983,949.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	1,267,154.	1,402,500.

<b>Part II Signature Block</b>				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
<b>Sign Here</b>	Signature of officer <b>JANEL S. DONOHUE, PRESIDENT</b> Type or print name and title	Date		
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 <b>PBGH, LLP</b> <b>725 JACKSON STREET, SUITE 210</b> <b>FREDERICKSBURG, VA 22401</b>	Date <b>02/11/11</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)  EIN ▶ Phone no. ▶ <b>540-371-3566</b>

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: IMPROVING LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY.

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 No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

4a (Code: ) (Expenses \$ 2,717,050. including grants of \$ 2,717,050. ) (Revenue \$ )
RAPPAHANNOCK UNITED WAY CONDUCTS ANNUAL FUNDRAISING CAMPAIGNS, WORKING WITH OVER 250 ORGANIZATIONS WHICH RUN WORKPLACE GIVING CAMPAIGNS.

RUW SERVES THE CITY OF FREDERICKSBURG, AND THE COUNTIES OF CAROLINE, KING GEORGE, SPOTSYLVANIA AND STAFFORD.

4b (Code: ) (Expenses \$ 493,725. including grants of \$ ) (Revenue \$ 6,144. )
RUW PROGRAMS INCLUDE: TECHNICAL ASSISTANCE FOR NON-PROFITS, SMART BEGINNINGS RAPPAHANNOCK AREA, INFORMATION SERVICES, VOLUNTEER SERVICES,

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

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

4e Total program service expenses \$ 3,210,775.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 12		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 17		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>4a</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	<b>7e</b>		
	<b>7f</b>		
	<b>7g</b>		
	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9a</b>		
	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			21
b	Enter the number of voting members that are independent		
1b			21
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		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	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c			
13	Does the organization have a written whistleblower policy?	X	
14	Does 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	
15a			
b	Other officers or key employees of the organization	X	
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed	VA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	BARBARA E. TOMAYKO, DIRECTOR OF FINANCE & ADMINISTRATION - 540-373-0041 3310 SHANNON PARK DRIVE, FREDERICKSBURG, VA 22408

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

**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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JACK ROWLEY EX-OFFICIO	1.00	X		X				0.	0.	0.
RICHARD HURLEY CHAIRMAN	1.00	X		X				0.	0.	0.
THERESA LIVELSBERGER SECRETARY	1.00	X		X				0.	0.	0.
EDWARD ALLISON DIRECTOR	1.00	X						0.	0.	0.
RONALD BRANSCOME TREASURER	1.00	X		X				0.	0.	0.
CARRIE O'MALLEY DIRECTOR	1.00	X						0.	0.	0.
ANA CHICHESTER DIRECTOR	1.00	X						0.	0.	0.
CATHY DAVIS DIRECTOR	1.00	X						0.	0.	0.
MARIA FRANKLIN DIRECTOR	1.00	X						0.	0.	0.
JOSEPH GRZEIKA DIRECTOR	1.00	X						0.	0.	0.
AL SMITH DIRECTOR	1.00	X						0.	0.	0.
CRAIG LEWIS DIRECTOR	1.00	X						0.	0.	0.
SHAWN SLOAN DIRECTOR	1.00	X						0.	0.	0.
AMANDA TALBERT DIRECTOR	1.00	X						0.	0.	0.
LAURIE WIDEMAN DIRECTOR	1.00	X						0.	0.	0.
WILLIAM YOUNG DIRECTOR	1.00	X						0.	0.	0.
JARVIS BAILEY DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN COOLEY DIRECTOR	1.00	X					0.	0.	0.	
GLENN KINARD DIRECTOR	1.00	X					0.	0.	0.	
FRED RANKIN DIRECTOR	1.00	X					0.	0.	0.	
LINDA WORRELL DIRECTOR	1.00	X					0.	0.	0.	
BARBARA TOMAYKO DIRECTOR OF FINANCE AND	40.00			X			54,836.	0.	0.	
JANEL S. DONOHUE PRESIDENT	40.00			X			55,751.	0.	453.	
STEPHEN BATSCHE FORMER PRESIDENT	40.00			X			111,424.	0.	0.	
<b>1b Total</b>							222,011.	0.	453.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	456,113.				
	b	Membership dues	1b					
	c	Fundraising events	1c	158,024.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	126,623.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,222,146.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		▶	3,962,906.			
	Program Service Revenue	2 a	VOL MGMT TRAINING	Business Code	611710	1,719.	1,719.	
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		▶	1,719.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		▶	12,024.		12,024.	
	4	Income from investment of tax-exempt bond proceeds		▶				
	5	Royalties		▶				
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)			▶		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			▶		
	8 a	Gross income from fundraising events (not including \$ 158,024. of contributions reported on line 1c). See Part IV, line 18	a		0.			
		b	Less: direct expenses	b	24,249.			
		c	Net income or (loss) from fundraising events			▶	-24,249.	-24,249.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities			▶			
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory			▶			
Miscellaneous Revenue		Business Code						
11 a	MISCELLANEOUS		900099	4,425.	4,425.			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		▶	4,425.				
12	Total revenue. See instructions.		▶	3,956,825.	6,144.	0.	-12,225.	

**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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21 .....	2,717,050.	2,717,050.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	190,207.	73,802.	58,626.	57,779.
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 .....	420,800.	182,861.	90,379.	147,560.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	24,445.	9,456.	2,480.	12,509.
10 Payroll taxes .....	43,710.	17,968.	11,715.	14,027.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	20,700.	5,469.	4,216.	11,015.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	32,457.	27,940.	4,517.	
12 Advertising and promotion .....	4,147.	1,937.		2,210.
13 Office expenses .....	34,845.	11,434.	6,567.	16,844.
14 Information technology .....	794.	246.	190.	358.
15 Royalties .....				
16 Occupancy .....	21,584.	6,700.	5,171.	9,713.
17 Travel .....	22,073.	14,232.	971.	6,870.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	4,173.	1,539.	135.	2,499.
20 Interest .....	30,267.		30,267.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	50,943.	32,559.	5,172.	13,212.
23 Insurance .....	2,915.	905.	698.	1,312.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>SUPPLIES</b> .....	121,312.	74,020.	0.	47,292.
b <b>DUES AND SUBSCRIPTIONS</b> .....	26,984.	8,426.	5,856.	12,702.
c <b>MISCELLANEOUS</b> .....	21,942.	10,260.	3,158.	8,524.
d <b>TRAINING</b> .....	15,444.	9,862.	1,035.	4,547.
e <b>REPAIRS AND MAINTENANCE</b> .....	14,687.	4,109.	2,724.	7,854.
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	3,821,479.	3,210,775.	233,877.	376,827.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	654,832.	<b>1</b>	590,596.	
	<b>2</b> Savings and temporary cash investments .....	755,091.	<b>2</b>	769,886.	
	<b>3</b> Pledges and grants receivable, net .....	1,598,007.	<b>3</b>	1,709,192.	
	<b>4</b> Accounts receivable, net .....	25,125.	<b>4</b>	43,177.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....				<b>5</b>
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....				<b>6</b>
	<b>7</b> Notes and loans receivable, net .....				<b>7</b>
	<b>8</b> Inventories for sale or use .....				<b>8</b>
	<b>9</b> Prepaid expenses and deferred charges .....	5,979.	<b>9</b>	8,423.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,368,386.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 121,778.	180,003.	<b>10c</b>	1,246,608.
	<b>11</b> Investments - publicly traded securities .....				<b>11</b>
	<b>12</b> Investments - other securities. See Part IV, line 11 .....				<b>12</b>
	<b>13</b> Investments - program-related. See Part IV, line 11 .....				<b>13</b>
	<b>14</b> Intangible assets .....				<b>14</b>
	<b>15</b> Other assets. See Part IV, line 11 .....	772,373.	<b>15</b>	18,567.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	3,991,410.	<b>16</b>	4,386,449.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	74,416.	<b>17</b>	76,505.	
	<b>18</b> Grants payable .....	2,011,186.	<b>18</b>	2,164,910.	
	<b>19</b> Deferred revenue .....				<b>19</b>
	<b>20</b> Tax-exempt bond liabilities .....				<b>20</b>
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....				<b>21</b>
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....				<b>22</b>
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	638,654.	<b>23</b>	742,534.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....				<b>24</b>
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....				<b>25</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,724,256.	<b>26</b>	2,983,949.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	1,195,580.	<b>27</b>	1,222,983.	
	<b>28</b> Temporarily restricted net assets .....	71,574.	<b>28</b>	179,517.	
	<b>29</b> Permanently restricted net assets .....				<b>29</b>
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....				<b>30</b>
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....				<b>31</b>
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....				<b>32</b>
	<b>33</b> Total net assets or fund balances .....	1,267,154.	<b>33</b>	1,402,500.	
<b>34</b> Total liabilities and net assets/fund balances .....	3,991,410.	<b>34</b>	4,386,449.		

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **RAPPAHANNOCK UNITED WAY, INC.** Employer identification number **54-6042936**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2976075.	3420816.	3333567.	3461408.	3962906.	17154772.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2976075.	3420816.	3333567.	3461408.	3962906.	17154772.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4.						17154772.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	2976075.	3420816.	3333567.	3461408.	3962906.	17154772.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,312.	35,533.	30,121.	34,922.	12,024.	128,912.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						17283684.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	64,903.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.25	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	98.81	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** 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

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

RAPPAHANNOCK UNITED WAY, INC.

Employer identification number

54-6042936

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 .....
- (ii) Assets included in Form 990, Part X .....
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 .....
- b Assets included in Form 990, Part X .....

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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 organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 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                                                           | <b>3a(i)</b>  |    |
| (ii) related organizations                                                            | <b>3a(ii)</b> |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		82,161.		82,161.
b Buildings		1,156,309.	77,520.	1,078,789.
c Leasehold improvements				
d Equipment		129,916.	44,258.	85,658.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>1,246,608.</b>



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,956,825.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,821,479.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	135,346.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	135,346.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,093,938.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	119,558.
e	Add lines 2a through 2d	2e	119,558.
3	Subtract line 2e from line 1	3	1,974,380.
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 XIV.)	4b	1,982,445.
c	Add lines 4a and 4b	4c	1,982,445.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,956,825.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,958,592.
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 XIV.)	2d	119,558.
e	Add lines 2a through 2d	2e	119,558.
3	Subtract line 2e from line 1	3	1,839,034.
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 XIV.)	4b	1,982,445.
c	Add lines 4a and 4b	4c	1,982,445.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,821,479.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X: THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE**

**ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC); THEREFORE, NO PROVISION HAS BEEN MADE FOR INCOME TAX EXPENSE. EFFECTIVE JULY 1, 2009, THE ORGANIZATION ADOPTED THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS AS REQUIRED BY THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION; HOWEVER, MANAGEMENT DOES NOT BELIEVE IT IS EXPOSED TO ANY SUCH POSITIONS AS THEY ARE DEFINED IN**

**Part XIV** Supplemental Information (continued)

THIS GUIDANCE. THE ORGANIZATION FILES FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, ANNUALLY WITH THE UNITED STATES DEPARTMENT OF THE TREASURY. SUCH RETURNS FOR THE TAX YEARS ENDED JUNE 30, 2007 THROUGH 2010 REMAIN OPEN TO POTENTIAL EXAMINATION BY TAXING AUTHORITIES.

PART XII: AUDITED FINANCIAL STATEMENTS DO NOT INCLUDE DONOR DESIGNATED FUNDS COLLECTED ON BEHALF OF OTHERS, WHICH ARE ADDED BACK ON LINE 4B. AUDITED FINANCIAL STATEMENTS INCLUDE SERVICE FEE REVENUE IN INCOME AND THEY ARE REMOVED FROM REVENUE ON LINE 2D FOR TAX PURPOSES.

PART XIII: AUDITED FINANCIAL STATEMENTS INCLUDE SERVICE FEES IN EXPENSES, WHICH ARE REMOVED FROM EXPENSES ON LINE 2D FOR TAX PURPOSES. AUDITED FINANCIAL STATEMENT EXPENSES DO NOT INCLUDE ALLOCATIONS OF FUNDS REMITTED ON BEHALF OF OTHERS, WHICH ARE ADDED TO EXPENSES ON LINE 4B FOR TAX PURPOSES.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		KICK OFF (event type)	BCT EMERG FUND (event type)	5 (total number)		
Revenue	1	Gross receipts	8,505.	122,688.	26,831.	158,024.
	2	Less: Charitable contributions	8,505.	122,688.	26,831.	158,024.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	2,179.			2,179.
	7	Food and beverages	4,765.		7,119.	11,884.
	8	Entertainment			750.	750.
	9	Other direct expenses	4,123.		5,313.	9,436.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 24,249 )
	11	Net income summary. Combine line 3, column (d), and line 10				-24,249.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
8	Net gaming income summary. Combine line 1, column (d), and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility ..... 

<b>13a</b>		%
<b>13b</b>		%
- b** An outside facility ..... 

<b>13b</b>		%
------------	--	---

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ..... **17a**

- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**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.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**RAPPAHANNOCK UNITED WAY, INC.**

**Employer identification number  
54-6042936**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS 4836 SOUTHPOINT PARKWAY FREDERICKSBURG, VA 22407	53-0196605	501C3	92,345.	0.			GENERAL SUPPORT TO IMPROVE LIVES
BOY SCOUTS OF AMERICA, NATIONAL CAPITAL AREA - 9190 ROCKVILLE PIKE - BETHESDA, MD 20814	53-0204610	501C3	36,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
BOYS & GIRLS CLUB OF FREDERICKSBURG - P. O. BOX 3481 - FREDERICKSBURG, VA 22401	53-0236759	501C3	66,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
CATHOLIC CHARITIES OF ARLINGTON DIOCESE - 305 HANSON AVENUE, SUITE #180 - FREDERICKSBURG, VA 22401	54-0515706	501C3	132,843.	0.			GENERAL SUPPORT TO IMPROVE LIVES
CHILDREN'S HOME SOCIETY OF VIRGINIA - 2300 FALL HILL AVENUE, SUITE 238 - FREDERICKSBURG, VA 22401	54-0505884	501C3	20,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
DISABILITY RESOURCE CENTER 409 PROGRESS ST. FREDERICKSBURG, VA 22401	54-1687677	501C3	13,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES

- 2** Enter total number of section 501(c)(3) and government organizations ..... ▶ **68.**
- 3** Enter total number of other organizations ..... ▶ **0.**

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

Schedule I (Form 990) 2009

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: CITIZEN REVIEW IS THE INTERNAL PROCESS TO  
 EVALUATE AND REVIEW AGENCY PROGRAMS AND ALLOCATE RUW GRANTS FROM THE  
 COMMUNITY CARE FUND. MORE THAN 60 COMMUNITY VOLUNTEERS ARE RECRUITED AND  
 TRAINED EVERY YEAR TO ASSESS THE PROGRAM RESULTS AND FISCAL HEALTH OF  
 PARTNER AGENCIES. AT THE END OF THE PROCESS FORMAL FUNDING RECOMMENDATIONS  
 ARE PRESENTED TO THE RUW BOARD OF DIRECTORS FOR FINAL APPROVAL.

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**RAPPAHANNOCK UNITED WAY, INC.**

Employer identification number

**54-6042936**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREDERICKSBURG AREA FOOD BANK P.O. BOX 1006 FREDERICKSBURG, VA 22402	54-1255013	501C3	190,153.	0.			GENERAL SUPPORT TO IMPROVE LIVES
FREDERICKSBURG AREA HIV/AIDS 415 ELM STREET FREDERICKSBURG, VA 22401	54-1644116	501C3	21,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
FREDERICKSBURG COUNSELING SERVICES RIVERSIDE BUSINESS CENTER, 305 HANSON AVENUE #140 - FREDERICKSBURG, VA 22401	54-0844464	501C3	62,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
GIRL SCOUTS COMMONWEALTH COUNCIL OF VIRGINIA, INC. - P.O. BOX 548 - MECHANICSVILLE, VA 23111	54-0534506	501C3	39,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
HEALTHY FAMILIES 15 HOPE ROAD STAFFORD, VA 22554	54-2029476	501C3	34,008.	0.			GENERAL SUPPORT TO IMPROVE LIVES
HOSPICE SUPPORT CARE 1701 FALL HILL AVENUE, SUITE 109 FREDERICKSBURG, VA 22401	52-1203673	501C3	49,998.	0.			GENERAL SUPPORT TO IMPROVE LIVES
LLOYD F. MOSS FREE CLINIC 1301 SAM PERRY BLVD., SUITE 100 FREDERICKSBURG, VA 22401	54-1677934	501C3	70,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
MENTAL HEALTH AMERICA OF FREDERICKSBURG - 2217 PRINCESS ANNE ST, SUITE 219-1 - FREDERICKSBURG, VA 22401	54-0678704	501C3	41,900.	0.			GENERAL SUPPORT TO IMPROVE LIVES

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**RAPPAHANNOCK UNITED WAY, INC.**

Employer identification number

**54-6042936**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAPP. ADULT ACTIVITIES, INC. 600 JACKSON STREET FREDERICKSBURG, VA 22401	51-0246333	501C3	63,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
RAPP. AREA AGENCY ON AGING 171 WARRENTON RD FREDERICKSBURG, VA 22405	54-1027651	501C3	31,934.	0.			GENERAL SUPPORT TO IMPROVE LIVES
RAPP. AREA COUNCIL FOR CHILDREN AND PARENTS - P.O. BOX 7402 - FREDERICKSBURG, VA 22404	62-1462030	501C3	24,675.	0.			GENERAL SUPPORT TO IMPROVE LIVES
RAPP. AREA COURT APPOINTED SPECIAL ADVOCATES - 10401 COURTHOUSE ROAD, SUITE C - SPOTSYLVANIA, VA 22553	54-1600702	501C3	26,500.	0.			GENERAL SUPPORT TO IMPROVE LIVES
RAPP. AREA KIDS ON THE BLOCK 600 JACKSON ST. FREDERICKSBURG, VA 22401	54-1593013	501C3	5,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
RAPP. AREA YMCA 212 BUTLER RD FREDERICKSBURG, VA 22405	54-0965826	501C3	60,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
RAPP. BIG BROTHERS/SISTERS 325A WALLACE ST FREDERICKSBURG, VA 22401	54-0848850	501C3	51,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
RAPP. COUNCIL AGAINST SEXUAL ASSAULT - 2601 PRINCESS ANNE ST., STE 102 - FREDERICKSBURG, VA 22401	54-1443112	501C3	39,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▶ Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**RAPPAHANNOCK UNITED WAY, INC.**

Employer identification number

**54-6042936**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAPP. COUNCIL ON DOMESTIC VIOLENCE P. O. BOX 1007 FREDERICKSBURG, VA 22402	52-1142547	501C3	66,150.	0.			GENERAL SUPPORT TO IMPROVE LIVES
RAPP. EMERGENCY MEDICAL SERVICES COUNCIL - 435 HUNTER STREET - FREDERICKSBURG, VA 22401	54-1038962	501C3	12,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
RAPP. GOODWILL INDUSTRIES P.O. BOX 905 FREDERICKSBURG, VA 22401	54-0808744	501C3	50,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
RAPP. LEGAL SERVICES 618 KENMORE AVENUE, SUITE 1-A FREDERICKSBURG, VA 22401	23-7362601	501C3	44,912.	0.			GENERAL SUPPORT TO IMPROVE LIVES
RAPP. REFUGE - HOPE HOUSE 902 LAFAYETTER BLVD. FREDERICKSBURG, VA 22401	52-1419314	501C3	60,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
SERVE P.O. BOX 1357 STAFFORD, VA 22554	54-1289683	501C3	30,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
THE ARC OF RAPPAHANNOCK, INC. 1640-B LAFAYETTE BLVD FREDERICKSBURG, VA 22401	54-6046070	501C3	40,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
THE SALVATION ARMY OF FREDERICKSBURG - P.O. BOX 179 - FREDERICKSBURG, VA 22401	58-0660607	501C3	100,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES

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**SCHEDULE I-1  
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Department of the Treasury  
Internal Revenue Service

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THURMAN BRISBEN CENTER P.O BOX 1295 FREDERICKSBURG, VA 22402	54-1647219	501C3	55,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
VOLUNTEER EMERGENCY FAMILIES FOR CHILDREN - P.O. BOX 35074 - RICHMOND, VA 23235	54-1144174	501C3	8,000.	0.			GENERAL SUPPORT TO IMPROVE LIVES
HUMAN SERVICE CHARITIES OF AMERICA 7620 LITTLE RIVER TURNPIKE, SUITE 6 ANNANDALE, VA 22003	94-3240353	501C3	5,380.	0.			GENERAL SUPPORT TO IMPROVE LIVES
HEALTH FIRST - AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY, VA 20151	30-0186796	501C3	5,474.	0.			GENERAL SUPPORT TO IMPROVE LIVES
MARY WASHINGTON HOSPICE 5012 SOUTHPOINT PARKWAY FREDERICKSBURG, VA 22407	54-1240646	501C3	5,705.	0.			GENERAL SUPPORT TO IMPROVE LIVES
WAMU 44000 BRANDYWINE ST. NW WASHINGTON, DC 20016	53-0196549	501C3	5,779.	0.			GENERAL SUPPORT TO IMPROVE LIVES
PIEDMONT UNITED WAY P.O. BOX 398 CULPEPER, VA 22701	54-0852967	501C3	6,510.	0.			GENERAL SUPPORT TO IMPROVE LIVES
UNITED WAY OF CHARLES COUNTY 10250 LA PLATA ROAD LA PLATA, MD 20646	52-1356960	501C3	7,245.	0.			GENERAL SUPPORT TO IMPROVE LIVES

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
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WOMEN, CHILDREN, AND FAMILY SERVICE CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	94-3193386	501C3	7,407.	0.			GENERAL SUPPORT TO IMPROVE LIVES
ACTION IN COMMUNITY THROUGH SERVICE OF PRINCE WILLIAM, INC. - P.O. BOX 74 - DUMFRIES, VA 22026	54-0897679	501C3	7,798.	0.			GENERAL SUPPORT TO IMPROVE LIVES
DO UNTO OTHERS: AMERICA'S EMERGENCY RELIEF, DEVELOPMENT, AND HUMANITARIAN - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 -	94-3148590	501C3	8,148.	0.			GENERAL SUPPORT TO IMPROVE LIVES
KING GEORGE ANIMAL RESCUE LEAGUE P.O. BOX 1003 DAHLGREN, VA 22448	54-1976265	501C3	8,285.	0.			GENERAL SUPPORT TO IMPROVE LIVES
ANIMAL WELFARE FUND, INC. 10 CHESTNUT STREET SALEM, MA 01970	26-0610986	501C3	9,014.	0.			GENERAL SUPPORT TO IMPROVE LIVES
CHILD AID INTERNATIONAL 10 CHESTNUT STREET SALEM, MA 01970	20-1358458	501C3	9,295.	0.			GENERAL SUPPORT TO IMPROVE LIVES
WOUNDED WARRIORS FAMILY SUPPORT, INC. - 920 S. 107TH AVENUE, SUITE 250 - OMAHA, NE 68114	20-1407520	501C3	9,507.	0.			GENERAL SUPPORT TO IMPROVE LIVES
LOCAL INDEPENDENT CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	94-3042430	501C3	9,584.	0.			GENERAL SUPPORT TO IMPROVE LIVES

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
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OMB No. 1545-0047

**2009**

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**54-6042936**

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HUMAN CARE CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	94-3067804	501C3	11,084.	0.			GENERAL SUPPORT TO IMPROVE LIVES
CHILDRENS MEDICAL CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	27-0093393	501C3	12,139.	0.			GENERAL SUPPORT TO IMPROVE LIVES
CONSERVATION & PRESERVATION CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	94-3217738	501C3	12,197.	0.			GENERAL SUPPORT TO IMPROVE LIVES
USO, INC. 2111 WILSON BLVD. SUITE 1200 ARLINGTON, VA 22201	13-1610451	501C3	12,523.	0.			GENERAL SUPPORT TO IMPROVE LIVES
KING GEORGE FIRE AND RESCUE, INC. P.O. BOX 466 KING GEORGE, VA 22485	54-1981999	501C3	14,524.	0.			GENERAL SUPPORT TO IMPROVE LIVES
CHILDREN FIRST - AMERICA'S CHARITIES - 14150 NEWBROOK DRIVE, SUITE 110 - CHANTILLY, VA 20151	30-0186795	501C3	14,924.	0.			GENERAL SUPPORT TO IMPROVE LIVES
EARTH SHARE 7735 OLD GEORGETOWN ROAD, SUITE 900 BETHESDA, MD 20814	52-1601960	501C3	16,129.	0.			GENERAL SUPPORT TO IMPROVE LIVES
SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS OF FREDERICKSBURG - 10819 COURTHOUSE ROAD - FREDERICKSBURG, VA 22408	54-0648185	501C3	16,520.	0.			GENERAL SUPPORT TO IMPROVE LIVES

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
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OMB No. 1545-0047

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL RESEARCH CHARITIES 10 CHESTNUT STREET SALEM, MA 01970	94-3148591	501C3	23,179.	0.			GENERAL SUPPORT TO IMPROVE LIVES
CANCERCURE OF AMERICA: CARE, UNDERSTAND, RESEARCH & END - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	81-0648432	501C3	23,858.	0.			GENERAL SUPPORT TO IMPROVE LIVES
AMERICAN RED CROSS 431 18TH STREET NW, 3RD FLOOR WASHINGTON, DC 20006	53-0196605	501C3	26,658.	0.			GENERAL SUPPORT TO IMPROVE LIVES
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY, VA 20151	54-1517707	501C3	28,801.	0.			GENERAL SUPPORT TO IMPROVE LIVES
ANIMAL CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	94-3193389	501C3	28,807.	0.			GENERAL SUPPORT TO IMPROVE LIVES
COMMUNITY HEALTH CHARITIES OF VIRGINIA - 813 DILIGENCE DRIVE, SUITE 121-A - NEWPORT NEWS, VA 23606	54-1876027	501C3	29,249.	0.			GENERAL SUPPORT TO IMPROVE LIVES
WOUNDED WARRIOR PROJECT 7020 AC SKINNER PKWY, SUITE 100 JACKSONVILLE, FL 32256	20-2370934	501C3	29,567.	0.			GENERAL SUPPORT TO IMPROVE LIVES
CHILDREN'S CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	94-3148588	501C3	30,683.	0.			GENERAL SUPPORT TO IMPROVE LIVES

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**54-6042936**

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

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CHRISTIAN CHARITIES USA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	94-3255961	501C3	31,467.	0.			GENERAL SUPPORT TO IMPROVE LIVES
GLOBAL IMPACT 66 CANAL CENTER PLAZA, SUITE 310 ALEXANDRIA, VA 22314	52-1273585	501C3	33,688.	0.			GENERAL SUPPORT TO IMPROVE LIVES
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	94-3217739	501C3	35,469.	0.			GENERAL SUPPORT TO IMPROVE LIVES
CHRISTIAN SERVICE CHARITIES 7620 LITTLE RIVER TURNPIKE, SUITE 6 ANNANDALE, VA 22003	94-3193374	501C3	81,559.	0.			GENERAL SUPPORT TO IMPROVE LIVES
COMMUNITY HEALTH CHARITIES 200 NORTH GLEBE ROAD, SUITE 801 ARLINGTON, VA 22203	13-6167225	501C3	110,245.	0.			GENERAL SUPPORT TO IMPROVE LIVES
MILITARY, VETERANS, & PATRIOTIC SERVICE ORGANIZATIONS OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	94-3193418	501C3	137,860.	0.			GENERAL SUPPORT TO IMPROVE LIVES

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

RAPPAHANNOCK UNITED WAY, INC.

Employer identification number

54-6042936

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

OF DIVERSE BACKGROUNDS AND INTERESTS THROUGH EFFECTIVE PARTNERSHIPS  
WITH BUSINESS, GOVERNMENT AND NON-PROFIT ORGANIZATIONS TO CREATIVELY  
SOLVE OUR COMMUNITY ISSUES.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE REVIEWS THE  
990 AND THEN IT IS PRESENTED TO AND REVIEWED BY THE BOARD OF DIRECTORS  
BEFORE FILING WITH IRS.

FORM 990, PART VI, SECTION B, LINE 12C: DISCLOSE PROMPTLY ALL KNOWN OR  
POTENTIAL CONFLICTS IN MATTERS BEFORE THE BOARD OF DIRECTORS OR BEFORE ANY  
RUW STANDING OR AD HOC COMMITTEE, AND ABSTAIN FROM VOTING ON SUCH MATTERS.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE  
BOARD OF DIRECTORS MEETS AT A MINIMUM ANNUALLY TO REVIEW THE PERFORMANCE OF  
THE PRESIDENT. THE COMMITTEE USES DATA OBTAINED FROM OUTSIDE SOURCES  
REGARDING COMPENSATION FOR THE PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, ANNUAL REPORT,  
990 AND FINANCIALS ARE AVAILABLE UPON REQUEST AND/OR ON THE WEBSITE.

FORM 990, PART XI, LINE 2

THERE IS AN AUDIT COMMITTEE THAT OVERSEES THE AUDIT AND SELECTION OF  
INDEPENDENT ACCOUNTANTS. THE COMMITTEE HAS A CHAIR AND TWO ADDITIONAL  
MEMBERS. THE COMMITTEE MEETS WITH THE AUDITORS BEFORE AND AGAIN AFTER  
THE AUDIT IS FINISHED TO REVIEW THE AUDITED STATEMENTS AND ANY COMMENTS

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

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Inspection

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Employer identification number

54-6042936

PRESENTED BY THE AUDITORS.

FORM 990, PART XI, LINE 2C

NO CHANGES TO AUDIT COMMITTEE FROM PRIOR YEAR.

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning JUL 1, 2009, and ending JUN 30, 2010

**2009**

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization

Employer identification number

**RAPPAHANNOCK UNITED WAY, INC.**

**54-6042936**

Name and title of officer

**JANEL S DONOHUE  
PRESIDENT**

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

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

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>3956825</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize PBGH, LLP to enter my PIN 12345  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 54448112345  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 02/11/11

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