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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 04-01-2009 and ending 03-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
UNITED WAY OF THE CAPITAL REGION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2235 Millennium Way

City or town, state or country, and ZIP + 4
Enola, PA 17025

D Employer identification number
23-1352095

E Telephone number
(717) 732-0700

G Gross receipts $ 11,728,365

F Name and address of principal officer
Joseph M Capita
2235 Millennium Way
Enola, PA 17025

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www uwcr org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1921

M State of legal domicile PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To change lives by identifying needs, finding solutions, & reporting results of community impact

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5	Total number of employees (Part V, line 2a)	5	26
6	Total number of volunteers (estimate if necessary)	6	4,050
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	10,319,322	11,189,439
9	Program service revenue (Part VIII, line 2g)	0	47,870
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	773,280	491,056
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,291	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,148,893	11,728,365
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,631,879	9,198,557
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,481,310	1,529,034
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 986,298		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	590,215	624,735
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,703,404	11,352,326
19	Revenue less expenses Subtract line 18 from line 12	445,489	376,039

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	22,498,472	26,384,634
21	Total liabilities (Part X, line 26)	4,487,745	4,938,692
22	Net assets or fund balances Subtract line 21 from line 20	18,010,727	21,445,942

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2010-10-15

▶ Deborah L Brady Vice President of Finance
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

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

To change lives by identifying needs, finding solutions, & reporting results of community impact

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 4,246,511 including grants of $ 4,246,511) (Revenue $ 4,246,511)

Fundraising and distribution of funds to donor designated 501c3 agencies

4b (Code) (Expenses $ 5,239,023 including grants of $ 4,708,893) (Revenue $ 7,221,991)

UWCR works year-round to change lives in Dauphin, Cumberland & Perry counties by identifying long-term emerging needs Five panels of business and community leaders, government officials, experts, and stakeholders are charged with helping our efforts to resolve health and human service problems in our community in the areas of children and youth, families and seniors, emergency food and shelter, disease and disability, and strong and safe communities

4c (Code) (Expenses $ 325,878 including grants of $ 243,153) (Revenue $ 309,200)

The Volunteer Center promotes volunteerism in Dauphin, Cumberland & Perry counties and serves as a clearinghouse for volunteer opportunities and needs

4d Other program services (Describe in Schedule O)

(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses** ▶ $ 9,811,412

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	● 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? *If "Yes," complete Schedule D, Part VIII*			
	● 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? *If "Yes," complete Schedule D, Part IX*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	● 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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
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? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U S Information Returns Enter -0-* if not applicable	1a	11		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	26		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 31		
b	Enter the number of voting members that are independent . .	1b 31		
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?	2		No
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? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No

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?	10a		No
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?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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?	16a		No
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 ▶ PA

18 Section 6104 requires an organization to make its Form 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

☐ Own website ☐ Another's website ☑ 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

United Way of the Capital Region
2235 Millennium Way
Enola, PA 17025
(717) 732-0700

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, and **current** key employees 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, or 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 or former officer, director, trustee or key employee

(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			
See add'l data										

1b Total . . . . . ▶	154,952	0	28,775

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 **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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*	**4**	Yes	
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*	**5**		No

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

(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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	659,885				
	b	Membership dues	4,110				
	c	Fundraising events	0				
	d	Related organizations	0				
	e	Government grants (contributions)	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	10,525,444				
	g	Noncash contributions included in lines 1a-1f $ 259,863					
	h	**Total.** Add lines 1a-1f		11,189,439			
Program Service Revenue			Business Code				
	2a	Designation Fees Income	900,099	16,499	16,499	0	0
	b						
	c						
	d						
	e						
	f	All other program service revenue		31,371	31,371	0	0
	g	**Total.** Add lines 2a–2f		47,870			
	3	Investment income (including dividends, interest and other similar amounts)		491,056	0	0	491,056
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	0	0			
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	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				
	11a						
	b						
	c						
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d		0			
	12	**Total revenue.** See Instructions		11,728,365	47,870	0	491,056

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	9,198,557	9,198,557		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	512,043	163,603	162,083	186,357
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	692,088	180,729	177,467	333,892
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	87,910	28,949	23,230	35,731
9 Other employee benefits	138,937	57,738	27,266	53,933
10 Payroll taxes	98,056	29,903	26,991	41,162
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	3,915	0	3,915	0
c Accounting	21,198	0	17,688	3,510
d Lobbying	0	0	0	0
e Professional fundraising *See Part IV, line 17*	0			0
f Investment management fees	0	0	0	0
g Other	38,732	14,568	3,869	20,295
12 Advertising and promotion	108,124	6,492	2,255	99,377
13 Office expenses	67,174	17,366	22,885	26,923
14 Information technology	0	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	58,961	18,266	16,092	24,603
17 Travel	26,539	10,052	2,466	14,021
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	17,269	8,473	3,346	5,450
20 Interest	0	0	0	0
21 Payments to affiliates	111,238	34,543	30,279	46,416
22 Depreciation, depletion, and amortization	72,521	22,482	19,762	30,277
23 Insurance	0	0	0	0
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 Telephone	13,378	4,110	3,750	5,518
b Postage	21,147	5,975	6,744	8,428
c Dues and Subscriptions	6,476	1,553	3,612	1,311
d Awards and Raffle Prizes	43,188	175	34	42,979
e Program Expenses and Miscellaneous	14,875	7,878	882	6,115
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	11,352,326	9,811,412	554,616	986,298
26 **Joint costs.** Check here ▶ ☐ 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
Assets	1	Cash—non-interest-bearing		1,448,238	1	1,021,290
	2	Savings and temporary cash investments		5,036,725	2	5,912,630
	3	Pledges and grants receivable, net		5,766,655	3	6,155,118
	4	Accounts receivable, net		99,432	4	169,106
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	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			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,091,542			
	b	Less accumulated depreciation	10b 544,496	1,597,297	10c	1,547,046
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	0
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		8,550,125	15	11,579,444
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		22,498,472	16	26,384,634
Liabilities	17	Accounts payable and accrued expenses		154,566	17	177,320
	18	Grants payable		4,333,179	18	4,761,372
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	0
	26	**Total liabilities.** Add lines 17 through 25		4,487,745	26	4,938,692
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,385,738	27	3,461,898
	28	Temporarily restricted net assets		6,074,864	28	6,404,600
	29	Permanently restricted net assets		8,550,125	29	11,579,444
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		18,010,727	33	21,445,942
	34	Total liabilities and net assets/fund balances		22,498,472	34	26,384,634

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
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 separated 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?	3a		No
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	3b		

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SCHEDULE A (Form 990 or 990EZ)

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
UNITED WAY OF THE CAPITAL REGION

Employer identification number
23-1352095

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 **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 331/3% 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 331/3% 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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II Support Schedule for Organizations Described in IRC 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,988,034	9,149,649	9,574,181	10,319,322	11,189,439	49,220,625
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 **Total.** Add lines 1 through 3	8,988,034	9,149,649	9,574,181	10,319,322	11,189,439	49,220,625
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						49,220,625

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	8,988,034	223,690	9,574,181	10,319,322	11,189,439	49,220,625
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	136,394	223,690	234,532	158,562	140,413	893,591
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	584,522	598,892	643,538	671,009	398,516	2,896,477
11 **Total support** (Add lines 7 through 10)						53,010,693

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	**14**	92 850 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	**15**	92 186 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

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 ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
Perpetual Trust and Miscellaneous Income

Additional Data

Software ID:
Software Version:
EIN: 23-1352095
Name: UNITED WAY OF THE CAPITAL REGION

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Karen Snider Board Member	1	X						0	0	0
Edwin Nieves Board Member	1	X						0	0	0
Michael Breslin Board Member	1	X						0	0	0
Roger Longenderfer Board Member	1	X						0	0	0
Linda Bigos Board Member	1	X						0	0	0
Jewel Cooper Board Member	1	X						0	0	0
Nancy Derring Martin Board Member	1	X						0	0	0
Zachary Scott Board Member	1	X						0	0	0
Maryann Chiavetta Board Member	1	X						0	0	0
Gregory Bowers Board Member	1	X						0	0	0
Robert S Jones Board Member	1	X						0	0	0
James Nulton Board Member	1	X						0	0	0
Gerald Vinci Board Member	1	X						0	0	0
Peter Speaks Board Member	1	X						0	0	0
Kerry Zettlemoyer Board Member	1	X						0	0	0
Darryl Brown Board Member	1	X						0	0	0
Brian Jackson Board Member	1	X						0	0	0
Kanti Patel Board Member	1	X						0	0	0
W Gregory Rothman Board Member	1	X						0	0	0
Linda Hicks Board Member	1	X						0	0	0
Kelly Lieblein Board Member	1	X						0	0	0
Richard Kelly Board Member	1	X						0	0	0
Jonathan Vipond Board Member	1	X						0	0	0
Kenneth Black Board Member	1	X						0	0	0
Kenneth Hugendubler Board Member	1	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
John Kirkpatrick Board Member	1	X						0	0	0
Jessica Meyers Board Member	1	X						0	0	0
Barbara Cross Board Member	1	X						0	0	0
Christine Sears Chair	2			X				0	0	0
Jeannine Peterson Chair Elect	2			X				0	0	0
Randy Fackler Treasurer	2			X				0	0	0
Joseph M Capita Exec Director/CEO	50			X		X		154,952	0	28,775

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Telephone	13,378	4,110	3,750	5,518
Postage	21,147	5,975	6,744	8,428
Dues and Subscriptions	6,476	1,553	3,612	1,311
Awards and Raffle Prizes	43,188	175	34	42,979
Program Expenses and Miscellaneous	14,875	7,878	882	6,115

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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
UNITED WAY OF THE CAPITAL REGION

Employer identification number
23-1352095

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ 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)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 taxable 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 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 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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	8,550,125	13,554,107			
b Contributions	0	39,351			
c Investment earnings or losses	3,029,319	-5,043,333			
d Grants or scholarships	0	0			
e Other expenditures for facilities and programs	0	0			
f Administrative expenses	0	0			
g End of year balance	11,579,444	8,550,125			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 %
- c Term endowment ▶ 0 %

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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	0	134,000		134,000
b Buildings	0	1,646,289	328,650	1,317,639
c Leasehold improvements	0	0	0	0
d Equipment	0	311,253	215,846	95,407
e Other	0	0	0	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c))* ▶				1,547,046

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	0	
Closely-held equity interests	0	
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	0	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Beneficial Interests Held by Third Parties	11,579,444
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* . . . . . ▶	11,579,444

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	0

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,728,365
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,352,326
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	376,039
4	Net unrealized gains (losses) on investments	4	3,766,979
5	Donated services and use of facilities	5	5,599
6	Investment expenses	6	-5,000
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	30,050
9	Total adjustments (net) Add lines 4 - 8	9	3,797,628
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,173,667

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	11,372,508
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	3,766,979		
b	Donated services and use of facilities	2b	93,625		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV)	2d	30,050		
e	Add lines **2a** through **2d**			2e	3,890,654
3	Subtract line **2e** from line **1**			3	7,481,854
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	0		
b	Other (Describe in Part XIV)	4b	4,246,511		
c	Add lines **4a** and **4b**			4c	4,246,511
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	11,728,365

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

1	Total expenses and losses per audited financial statements			1	7,198,841
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	88,026		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIV)	2d	5,000		
e	Add lines **2a** through **2d**			2e	93,026
3	Subtract line **2e** from line **1**			3	7,105,815
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	0		
b	Other (Describe in Part XIV)	4b	4,246,511		
c	Add lines **4a** and **4b**			4c	4,246,511
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	11,352,326

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, 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

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Support and supplement the United Way of the Capital Region annual campaign, allocation and grantmaking, and administratvie costs
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	United Way Foundation contributions and investment income
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	United Way Foundation contributions and investment income
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Designated contributions
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	United Way Foundation Investment Management Expense
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Designated contributions

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF THE CAPITAL REGION

Employer identification number
23-1352095

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 . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 160

3 Enter total number of other organizations . . . ▶ 0

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 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.

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Charitable non profits submit applications for funds along with required documents Panels of community volunteers review documents, tour agencies, and listen to agency presentation before deciding on amounts to award each agency Amounts are distributed to agencies monthly and panels monitor agencies throughout the year Designations are distributed quarterly as collected in accordance with the donor's instructions as long as eligibility requirements (501c3 and Patriot Act) are met

Additional Data Return to Form

Software ID: 09000073
Software Version: v1.00
EIN: 23-1352095
Name: UNITED WAY OF THE CAPITAL REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Mennonite Central Committee 21 South 12th Street Akron,PA 17501	23-6002702	501c3	5,052				Designation
United Way of Adams County 123 Buford Avenue Gettysburg,PA 17325	23-1663379	501c3	5,185				Designation
Catholic Relief Services228 West Lexington Street Baltimore,MD 21201	13-5563422	501c3	5,260				Designation
Planned Parenthood Central PA728 South Beaver Street York,PA 17403	23-1580959	501c3	5,354				Designation
American Red Cross Middletown Area Chapter60 West Emaus Street Middletown,PA 17057	53-0196605	501c3	5,405				Designation
Good Shepherd School3400 Market Street Camp Hill,PA 17011	23-1494791	501c3	5,405				Designation
New Hope Ministries Mechanicsburg5228 East Trindle Road Mechanicsburg,PA 17055	23-2223120	501c3	5,416				Designation
Gettysburg FoundationPO Box 4629 Gettysburg,PA 17325	23-2567247	501c3	5,510				Designation
Leadership Harrisburg Area 3211 North Front Street Harrisburg,PA 17110	25-1583596	501c3	5,750				Designation
Dragonfly Forest1100 East Hector St Suite 333 Conshohocken,PA 19428	23-3094506	501c3	5,850				Designation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Saint Joan of Arc School329 West Areba Avenue Hershey, PA 17033	23-1494791	501c3	5,902				Designation
York Health Foundation25 Monument Road Suite 194 York, PA 17403	23-3050192	501c3	5,949				Designation
Jewish Family & Children's Service Of Monmouth County 705 Summerfield Avenue Asbury Park, NJ 07712	22-2158627	501c3	6,000				Designation
Lycoming College700 College Place Williamsport, PA 17701	24-0795965	501c3	6,000				Designation
Gaudenzia1910 North Second Street Harrisburg, PA 17102	23-1706895	501c3	6,003				Designation
AIDS Community Alliance 100 N Cameron Street Ste 301 East Harrisburg, PA 17101	23-2485020	501c3	6,183				Designation
Juvenile Diabetes Research Foundation Central PA Chapter717 Market Street Suite 108 Lemoyne, PA 17043	23-1907729	501c3	6,440				Designation
Water Street Ministries210 Prince Street Lancaster, PA 17604	23-6004676	501c3	6,460				Designation
Bread of Life Food Outreach 253 North Sixth Street Newport, PA 17074	23-1988339	501c3	6,461				Designation
Hindu American Religious Institute301 Steigerwalt Hollow Road New Cumberland, PA 17070	23-1966089	501c3	6,500				Designation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
The Episcopal Academy1785 Bishop White Drive Newtown Square,PA 19073	23-1370500	501c3	6,785				Designation
Saint Margaret Mary Church 2848 Herr Street Harrisburg,PA 17103	23-1494791	501c3	6,808				Designation
Trinity United Methodist Church415 Bridge Street New Cumberland,PA 17070	23-1365307	501c3	6,960				Designation
Harrisburg Area Community College Foundation1 HACC Drive Harrisburg,PA 17110	23-2353614	501c3	7,100				Designation
United Methodist Home for Children Residential Care 5120 Simpson Ferry Road Mechanicsburg,PA 17055	23-2939369	501c3	7,282				Designation
Visiting Nurse Association of Central Pennsylvania3315 Derry Street Harrisburg,PA 17111	23-1352571	501c3	7,313				Designation
Family Support of Central PA 3700 Vartan Way Harrisburg,PA 17110	23-2140849	501c3	7,481				Designation
Hershey Christian School AssociationPO Box 378 Hershey,PA 17033	25-1743988	501c3	7,612				Designation
American Lung Association in the Mid-Atlantic3001 Old Gettysburg Road Camp Hill,PA 17011	23-1352273	501c3	7,695				Designation
Saint Joseph's School420 East Simpson Street Mechanicsburg,PA 17055	23-1494791	501c3	7,769				Designation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Lupus Foundation of Pennsylvania218A West Governor Road Hershey,PA 17033	25-1770710	501c3	7,816				Designation
The PROGRAM Its About Change1515 Derry Street Harrisburg,PA 17104	25-1580223	501c3	7,853				Designation
Goodwill Keystone Area1150 Goodwill Drive Harrisburg,PA 17101	23-1365338	501c3	7,875				Designation
Whitaker Center for Science & the Arts225 Market Street 2nd Floor Harrisburg,PA 17101	25-1724566	501c3	7,905				Designation
Jewish Federation of Greater Harrisburg3301 North Front Street Harrisburg,PA 17110	23-1352338	501c3	8,000				Allocation
Centre County United Way 2790 West College Avenue Suite 7 State College,PA 16801	25-1215290	501c3	8,374				Designation
Pressley Ridge121 Locust Street Harrisburg,PA 17101	25-0965460	501c3	8,990				Designation
The Arc of Cumberland and Perry Counties71 Ashland Avenue Carlisle,PA 17013	23-1489837	501c3	9,271				Designation
Arthritis Foundation Central PA Chapter3544 N Progress Avenue Suite 204 Harrisburg,PA 17110	23-6420363	501c3	9,351				Designation
Joshua Group1442 Market Street Harrisburg,PA 17103	31-1672530	501c3	9,958				Designation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
West Chester Friends School 415 North High Street West Chester, PA 19380	23-1609347	501c3	10,000				Designation
Dauphin County Pretrial Services Agency100 Chestnut Street Harrisburg, PA 17101	23-7217390	501c3	10,000				Allocation
Saint Stephens Episcopal Cathedral221 North Front Street Harrisburg, PA 17101	23-2107935	501c3	10,248				Designation
United Negro College Fund-Central PA CampaignPO Box 10442 Harrisburg, PA 17105	13-1624241	501c3	10,252				Designation
Jewish Community Foundation of Central PA 3301 North Front Street Harrisburg, PA 17110	23-1352587	501c3	10,400				Designation
Church of the Good Shepherd 3435 Trindle Road Camp Hill, PA 17011	23-1494791	501c3	10,610				Designation
Cultural Enrichment FundPO Box 12084 Harrisburg, PA 17108	23-2327546	501c3	10,851				Designation
Winterstown United Methodist Church12184 Winterstown Rd Felton, PA 17322	23-2049298	501c3	11,250				Designation
Penn State Harrisburg777 West Harrisburg Pike Middletown, PA 17057	24-6000376	501c3	11,293				Designation
Vista School1249 Cocoa Avenue Hershey, PA 17033	25-1565368	501c3	11,943				Designation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Harrisburg Symphony Association800 Corporate Circle Suite 101 Harrisburg, PA 17110	23-1355180	501c3	12,000				Designation
Jewish Family Service of Greater Harrisburg3333 North Front Street Harrisburg, PA 17110	23-2894802	501c3	12,095				Designation
Upper Dauphin Human Services Center20 Clearfield Street Elizabethville, PA 17023	23-2058911	501c3	12,171				Designation
YWCA of Greater Harrisburg 1101 Market Street Harrisburg, PA 17103	23-1370514	501c3	12,500				Community Response Grant
Shalom HousePO Box 3893 Harrisburg, PA 17105	23-2447254	501c3	12,611				Designation
WITF Incorporated4801 Lindle Road Harrisburg, PA 17111	23-1629016	501c3	12,745				Designation
Silence Of Mary Home20 Erford Road Suite 302 Lemoyne, PA 17043	25-1867023	501c3	12,986				Designation
Jewish Federation of Greater Harrisburg3301 North Front Street Harrisburg, PA 17110	23-1352338	501c3	13,144				Designation
Bethesda Mission of Harrisburg2101 North Front Street Bldg 1-301 Harrisburg, PA 17110	23-1389397	501c3	13,266				Designation
Hamilton Health Center1821 Fulton Street Harrisburg, PA 17110	23-1858363	501c3	13,500				Community Response Grant

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Derry Presbyterian Church 248 East Derry Road Hershey, PA 17033	23-1971692	501c3	13,800				Designation
Kidney Foundation Of Central PA4813 Jonestown Road Suite 101 Harrisburg, PA 17109	23-2113424	501c3	13,881				Designation
MidPenn Legal Services213-A North Front Street Harrisburg, PA 17101	23-7101191	501c3	14,295				Designation
International Service Center 21 South River Street Harrisburg, PA 17101	23-2052374	501c3	14,400				Allocation
Cystic Fibrosis Foundation Central PA Chapter55 South Progress Avenue Harrisburg, PA 17109	23-1683126	501c3	14,553				Designation
American Heart Association Capital Region Division1019 Mumma Road Wormleysburg, PA 17043	13-5613797	501c3	14,668				Designation
Capital Area Therapuetic Riding AssociationPO Box 339 Grantville, PA 17028	23-2381558	501c3	14,782				Designation
Christian Churches United of the Tri-County Area413 South 19th Street Harrisburg, PA 17106	23-2085603	501c3	15,136				Designation
Channels Food Rescue3305 North 6th Street Harrisburg, PA 17110	23-2574867	501c3	16,902				Designation
Penn State Milton S Hershey Medical Center500 University Drive Hershey, PA 17033	25-1854772	501c3	16,961				Designation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Arc of Dauphin and Lebanon Counties2569 Walnut Street Harrisburg, PA 17103	23-1508343	501c3	17,031				Designation
Joshua Group1442 Market Street Harrisburg, PA 17103	31-1672530	501c3	17,284				Allocation
Perry Human Services8391 Spring Road New Bloomfield, PA 17068	23-1953159	501c3	17,480				Designation
Christian Churches United of the Tri-County Area413 South 19th Street Harrisburg, PA 17106	23-2085603	501c3	17,500				Community Response Grant
Dauphin County Victim Witness Assistance Program Dauphin Cty Courthouse Front St Harrisburg, PA 17101	22-2602101	501c3	17,500				Community Response Grant
United Way of Carlisle & Cumberland County145 South Hanover Street Carlisle, PA 17013	23-1552261	501c3	17,728				Designation
Pine Street Presbyterian Church310 North Third Street Harrisburg, PA 17101	23-1433867	501c3	18,400				Designation
Boys & Girls Club of Central Pennsylvania1227 Berryhill Street Harrisburg, PA 17104	23-1352043	501c3	19,029				Designation
Girl Scouts in the Heart of Pennsylvania350 Hale Avenue Harrisburg, PA 17104	24-0795960	501c3	19,140				Designation
Domestic Violence Services of Cumberland & Perry CountiesPO Box 1039 Carlisle, PA 17013	25-1629910	501c3	19,181				Designation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Salvation Army Harrisburg Service Department1122 Green Street Harrisburg, PA 17106	13-5562351	501c3	19,800				Allocation
NHS Human Services The Stevens Center33 State Avenue Carlisle, PA 17013	23-1401568	501c3	20,000				Allocation
Central Pennsylvania Food Bank3908 Corey Road Harrisburg, PA 17109	23-2202250	501c3	20,000				Community Response Grant
Health Share Community Partnership205 Grandview Ave Suite 210 Camp Hill, PA 17011	25-1865142	501c3	20,000				Community Response Grant
Neighborhood Center of the United Methodist Church 1801 North 3rd Street Harrisburg, PA 17102	23-1381402	501c3	20,815				Designation
Leukemia & Lymphoma Society Central PA Chapter 800 Corporate Circle Suite 100 Harrisburg, PA 17110	23-7094067	501c3	20,830				Designation
Diakon Lutheran Social Ministries960 Century Drive Mechanicsburg, PA 17055	23-1857015	501c3	21,000				Community Response Grant
Tri County Association for the Blind1130 South 19th Street Harrisburg, PA 17104	23-1352259	501c3	21,992				Designation
Project Forward Leap Foundation Lancaster8 South George Street Millersville, PA 17551	23-2537550	501c3	22,359				Designation
Hope Within Community Health Center4748 East Harrisburg Pike Elizabethtown, PA 17022	16-1643004	501c3	22,683				Community Response Grant

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Nativity School of Harrisburg 2135 North Sixth Street Harrisburg, PA 17110	25-1886666	501c3	23,605				Designation
UCP Central PA925 Linda Lane Camp Hill, PA 17011	23-1433882	501c3	24,050				Designation
United Way of York County 800 East King Street York, PA 17403	23-1352588	501c3	24,958				Designation
Join Hands Ministry25 East McClure St Room 6 New Bloomfield, PA 17068	77-0686796	501c3	25,000				Community Response Grant
The Second Mile South Central Office3607 Rosemont Avenue Suite 501 Camp Hill, PA 17011	23-2061185	501c3	25,783				Designation
Harrisburg Food Ministry 1201 Slate Hill Road Camp Hill, PA 17011	23-2390643	501c3	26,000				Community Response Grant
Saint Theresa of the Infant Jesus Church School1200 Bridge Street New Cumberland, PA 17070	23-1494791	501c3	29,163				Designation
Catholic Charities of the Diocese of Harrisburg939 East Park Drive Suite 101 Harrisburg, PA 17111	23-1494791	501c3	30,000				Community Response Grant
Pennsylvania Association of Latino OrganizationsPO Box 675 Harrisburg, PA 17108	23-2951745	501c3	30,000				Community Response Grant
Mechanicsburg Learning Center606 East Simpson Street Rear Mechanicsburg, PA 17055	23-1982624	501c3	30,450				Allocation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Alzheimers Association Greater Pennsylvania Chapter3544 N Progress Ave Suite 205 Harrisburg,PA 17110	25-1510692	501c3	31,518				Designation
National Multiple Sclerosis Society Central PA Chapter 2040 Linglestown Road Suite 104 Harrisburg,PA 17110	23-1583611	501c3	31,888				Designation
Family Support of Central PA 3700 Vartan Way Harrisburg,PA 17110	23-2140849	501c3	32,000				Allocation
Harrisburg Area YMCA123 Forster Street Harrisburg,PA 17102	23-1665437	501c3	32,591				Designation
Central Pennsylvania Food Bank3908 Corey Road Harrisburg,PA 17109	23-2202250	501c3	33,000				Allocation
Wildcat Foundation500 South Broad Street Mechanicsburg,PA 17055	23-2975211	501c3	33,262				Designation
Neighborhood Center of the United Methodist Church 1801 North 3rd Street Harrisburg,PA 17102	23-1381402	501c3	34,000	7,758	Donor provided value	Household goods	Allocation
American Diabetes Association Harrisburg3544 N Progress Avenue Suite 103 Harrisburg,PA 17110	13-1623888	501c3	34,565				Designation
The Fair Housing Council of the Capital Region2100 North Sixth Street Harrisburg,PA 17110	23-1946920	501c3	35,050				Allocation
Keystone Children & Family Services3700 Vartan Way Harrisburg,PA 17110	23-1915567	501c3	37,426				Designation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Harrisburg University Of Science And Technology326 Market Street Harrisburg, PA 17101	25-1900793	501c3	38,093				Designation
Shalom HousePO Box 3893 Harrisburg, PA 17105	23-2447254	501c3	39,500				Allocation
Hospice of Central Pennsylvania1320 Linglestown Road Harrisburg, PA 17110	23-2106895	501c3	40,500				Allocation
Big Brothers Big Sisters of the Capital Region1500 N Second St Suite H 3rd Floor Harrisburg, PA 17102	23-2260248	501c3	41,000				Allocation
United Way of Lancaster County630 Janet Avenue Lancaster, PA 17601	23-1352093	501c3	43,087				Designation
Big Brothers Big Sisters of the Capital Region1500 N Second St Suite H 3rd Floor Harrisburg, PA 17102	23-2260248	501c3	43,887				Designation
Pennsylvania State University MainOffice of Annual Giving 1 Old Main University Park, PA 16802	24-6000376	501c3	44,061				Designation
Trinity High School General Development Fund3601 Simpson Ferry Road Camp Hill, PA 17011	23-1494791	501c3	44,186				Designation
Community Check-Up Center of South Harrisburg38 C Hall Manor Harrisburg, PA 17104	25-1724315	501c3	44,347				Community Response Grant
United Way of Lebanon County801 Cumberland Street Lebanon, PA 17042	23-1465632	501c3	44,567				Designation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
YWCA Carlisle301 G Street Carlisle, PA 17013	23-1429866	501c3	44,741				Allocation
Bishop McDevitt High School 2200 Market Street Harrisburg, PA 17103	23-1424025	501c3	44,991				Designation
New Hope Ministries Dillsburg211 South Baltimore Street Dillsburg, PA 17019	23-2223120	501c3	45,000	35,077	Donor provided value	Household goods	Community Response Grant
Foundation for Enhancing Communities200 N Third St 8th Floor Harrisburg, PA 17108	23-6294219	501c3	45,561				Designation
Salvation Army Harrisburg Capital City Region2328 Locust Lane Harrisburg, PA 17109	13-5562351	501c3	46,890				Designation
CONTACT HelplinePO Box 90035 Harrisburg, PA 17109	23-7083169	501c3	47,000				Allocation
RSVP of the Capital Region 5301 Jonestown Road Harrisburg, PA 17112	23-7242872	501c3	49,212				Allocation
Jewish Family Service of Greater Harrisburg3333 North Front Street Harrisburg, PA 17110	23-2894802	501c3	51,000				Allocation
Ronald McDonald House Charities of Central PA745 West Governor Road Hershey, PA 17033	23-2204761	501c3	51,296				Designation
Domestic Violence Services Cumberland Perry Counties PO Box 1039 Carlisle, PA 17013	25-1629910	501c3	55,000	11,044	Donor provided value	Household goods	Allocation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Pinnacle Health Foundation PO Box 8700 Harrisburg, PA 17105	22-2691718	501c3	57,800				Designation
Upper Dauphin Human Services Center20 Clearfield Street Elizabethville, PA 17023	23-2058911	501c3	62,350				Allocation
YWCA of Greater Harrisburg 1101 Market Street Harrisburg, PA 17103	23-1370514	501c3	63,462				Designation
Keystone Children & Family Services3700 Vartan Way Harrisburg, PA 17110	23-1915567	501c3	64,000	8,607	Donor provided value	Household goods	Allocation
Visiting Nurse Association of Central Pennsylvania3315 Derry Street Harrisburg, PA 17111	23-1352571	501c3	65,000				Allocation
Boy Scouts of America New Birth Freedom CouncilOne Baden Powell Lane Mechanicsburg, PA 17050	23-1365193	501c3	68,102				Designation
American Red Cross of the Susquehanna Valley1804 North Sixth Street Harrisburg, PA 17110	53-0196605	501c3	72,449				Designation
The Arc of Cumberland and Perry Counties71 Ashland Avenue Carlisle, PA 17013	23-1489837	501c3	75,492				Allocation
Tri County Association for the Blind1130 South 19th Street Harrisburg, PA 17104	23-1352259	501c3	79,000				Allocation
Boy Scouts of America New Birth Freedom CouncilOne Baden Powell Lane Mechanicsburg, PA 17050	23-1365193	501c3	80,000				Allocation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Perry Human Services8391 Spring Road New Bloomfield, PA 17068	23-1953159	501c3	85,235				Allocation
Goodwill Keystone Area1150 Goodwill Drive Harrisburg, PA 17101	23-1365338	501c3	90,000				Allocation
Salvation Army Harrisburg Capital City Region2328 Locust Lane Harrisburg, PA 17109	13-5562351	501c3	90,000				Allocation
Arc of Dauphin and Lebanon Counties2569 Walnut Street Harrisburg, PA 17103	23-1508343	501c3	95,000				Allocation
The PROGRAM Its About Change1515 Derry Street Harrisburg, PA 17104	25-1580223	501c3	96,450				Allocation
MidPenn Legal Services213-A North Front Street Harrisburg, PA 17101	23-7101191	501c3	101,500				Allocation
Humane Society of Harrisburg7790 Grayson Road Harrisburg, PA 17111	23-1365361	501c3	103,718				Designation
American Cancer Society Capital Area Unit3211 North Front Street Suite 100 Harrisburg, PA 17110	25-1798733	501c3	103,877				Designation
Girl Scouts in the Heart of Pennsylvania350 Hale Avenue Harrisburg, PA 17104	24-0795960	501c3	116,835				Allocation
Christian Churches United Tri County Area413 South 19th Street Harrisburg, PA 17106	23-2085603	501c3	118,280				Allocation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Catholic Charities of the Diocese of Harrisburg939 East Park Drive Suite 101 Harrisburg, PA 17111	23-1494791	501c3	122,594				Designation
UCP Central PA925 Linda Lane Camp Hill, PA 17011	23-1433882	501c3	127,000				Allocation
Catholic Charities of the Diocese of Harrisburg939 East Park Drive Suite 101 Harrisburg, PA 17111	23-1494791	501c3	132,497	58,742	Donor provided value	Household goods	Allocation
Hospice of Central Pennsylvania1320 Linglestown Road Harrisburg, PA 17110	23-2106895	501c3	168,974				Designation
Central Pennsylvania Food Bank3908 Corey Road Harrisburg, PA 17109	23-2202250	501c3	197,774				Designation
Harrisburg Area YMCA123 Forster Street Harrisburg, PA 17102	23-1665437	501c3	260,000				Allocation
Boys & Girls Club of Central Pennsylvania1227 Berryhill Street Harrisburg, PA 17104	23-1352043	501c3	378,881				Allocation
Pressley Ridge121 Locust Street Harrisburg, PA 17101	25-0965460	501c3	442,449				Allocation
YWCA of Greater Harrisburg 1101 Market Street Harrisburg, PA 17103	23-1370514	501c3	544,487				Allocation
American Red Cross of the Susquehanna Valley1804 North Sixth Street Harrisburg, PA 17110	53-0196605	501c3	544,878				Allocation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
Capital Area Head Start3700 Vartan Way Harrisburg,PA 17110	23-1915567	501c3		7,800	Donor provided value	Household goods	Allocation
Christian Recovery Aftercare Ministry509 Division Street Harrisburg,PA 17110	04-3588449	501c3		7,863	Donor provided value	Household goods	Allocation
Perry Housing Partnership42 West Main Street New Bloomfield,PA 17068	25-1758844	501c3		18,867	Donor provided value	Household goods	Allocation
Totton Peters Communications4611 Clarendon Street Harrisburg,PA 17109	23-2912475	501c3		16,766	Donor provided value	Household goods	Allocation
Tri County Opportunities Industrialization Center500 Maclay Street Harrisburg,PA 17110	23-1667266	501c3		13,219	Donor provided value	Household goods	Allocation
Volunteers of America of Pennsylvania2112 Walnut Street Harrisburg,PA 17103	23-1932916	501c3		13,351	Donor provided value	Household goods	Allocation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF THE CAPITAL REGION

Employer identification number
23-1352095

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Joseph M Capita	(i)	136,794	18,158	0	0	28,775	183,727	0
	(ii)	0	0	0	0	0	0	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SchJ_P01_S00_L05	Schedule J, Part I, Line 5	Additional incentive compensation available based on acheiving campaign revenue goals set by Executive Committee

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF THE CAPITAL REGION

Employer identification number
23-1352095

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		224,008	Donor provided value
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Computers and related equipment)	X	3	18,995	Donor provided value
26	Other ▶ (Gift cards and certificates)	X	9	16,860	FMV
27	Other ▶( )				
28	Other ▶ ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	1

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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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
UNITED WAY OF THE CAPITAL REGION

Employer identification number
23-1352095

Identifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	Form 990 and Audited Financial statements distributed prior to the September 2010 Board meetings and a general review of the main schedules is presented along with an explanation of the calculation of the overhead rate of the organization as calculated from the Form 990 per United Way Worldwide Membership Standards
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Annually the policy is reviewed at a Board meeting and Board members are required to submit a signed form about any conflicts of interest This is also required for any new Board members
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Annually the Human Resources Committee reviews all staff compensation levels which are contrasted and compared for reasonableness to salary levels at other United Ways and non profits of similar size and within similar geographic regions The Executive Committee also reviews and approves annually the compensation level of the CEO in comparison to other United Ways and non profits of similar size
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Governing documents and conflict of interest policy are periodically reviewed with the Board of Directors, are available to all staff, and can be made available to others upon request The financial statements are reviewed by the Finance Committee and Board of Directors, are posted on our website and annual report, and can be provided upon request

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF THE CAPITAL REGION

Employer identification number
23-1352095

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
United Way Foundation of the Capital Region 2235 Millennium Way Enola, PA 17025 25-1733405	Support United Way of the Capital Region	PA	501c3	509a3 Type 1	N/A

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**	
d	Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**	
n	Sharing of paid employees	**1n**		**No**
o	Reimbursement paid to other organization for expenses	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**		**No**
q	Other transfer of cash or property to other organization(s)	**1q**	**Yes**	
r	Other transfer of cash or property from other organization(s)	**1r**		**No**

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	United Way Foundation of the Capital Region	c	25,000
(2)	United Way Foundation of the Capital Region	c	14,100
(3)	United Way Foundation of the Capital Region	q	13,654
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No