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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
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 04-01-2010 and ending 03-31-2011		
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization UNITED WAY OF THE CAPITAL REGION	D Employer identification number 23-1352095
	Doing Business As	E Telephone number (717) 732-0700
	Number and street (or P O box if mail is not delivered to street address) 2235 Millennium Way	
	Room/suite	
	City or town, state or country, and ZIP + 4 Enola, PA 17025	G Gross receipts \$ 11,903,608
	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) ☐ 501(c) () ◀ (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
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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	29	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29	
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	27	
6 Total number of volunteers (estimate if necessary)	6	3,536	
7a Total 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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 11,189,439	Current Year 11,187,139
	9 Program service revenue (Part VIII, line 2g)	47,870	87,735
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	491,056	628,734
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,728,365	11,903,608
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,198,557	9,396,588
	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)	1,529,034	1,626,720
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶985,680		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	624,735	618,339
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,352,326	11,641,647
	19 Revenue less expenses Subtract line 18 from line 12	376,039	261,961
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	26,384,634	28,220,642
	21 Total liabilities (Part X, line 26)	4,938,692	5,557,970
	22 Net assets or fund balances Subtract line 21 from line 20	21,445,942	22,662,672

Part II	Signature Block
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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		2011-11-11			
			Date			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check if self-employed ☐	PTIN
	Firm's name ▶					Firm's EIN ▶
	Firm's address ▶					Phone no ▶

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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 \$ 4,546,123 including grants of \$ 4,546,123) (Revenue \$ 4,546,123)

Fundraising and distribution of funds to donor designated 501c3 agencies

4b

(Code) (Expenses \$ 5,134,816 including grants of \$ 4,638,668) (Revenue \$ 5,448,388)

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 \$ 301,133 including grants of \$ 211,797) (Revenue \$ 247,336)

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) See also Additional Data for Description

(Expenses \$ 46,237 including grants of \$ 0) (Revenue \$ 48,423)

4e

Total program service expenses

\$ 10,028,309

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 (see instruction)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
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 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. 	12b 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, Parts I and IV	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, Parts II and IV	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, Parts III and IV	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 (see instructions)	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
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☒ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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						
Check if Schedule O contains a response to any question in this Part V ☐						
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	6			
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	27			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b			Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 instructions for 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?	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			No	
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			No	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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?						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the amount of reserves on hand.	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?						
14a						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No	

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.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 29		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 29		
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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

Check if Schedule O contains a response to any question in this Part VII ☐ ☒

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

Form **990** (2010)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	158,106	0	29,155

2 Total number of individuals (including but not limited to those listed in Item 1) who received or accrued 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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	1a	621,335				
	b	Membership dues	1b	4,230				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,561,574				
	g	Noncash contributions included in lines 1a-1f \$		222,997				
	h	Total. Add lines 1a-1f		11,187,139				
	Program Service Revenue			Business Code				
2a		Designation Fees Income	900099	22,387	22,387	0	0	
b		Family Economic Stability Grants	900099	48,423	48,423	0	0	
c								
d								
e								
f		All other program service revenue		16,925	16,925	0	0	
g		Total. Add lines 2a-2f		87,735				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		628,734	0	0	628,734	
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5	Royalties		0	0	0	0	
	6a	Gross Rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)	0	0			
		d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)	0	0			
		d	Net gain or (loss)					
	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							
e	Total. Add lines 11a-11d		0					
12	Total revenue. See Instructions		11,903,608	87,735	0	628,734		

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	9,396,588	9,396,588		
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	518,213	164,745	160,141	193,327
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	724,195	184,912	209,540	329,743
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	100,776	31,965	27,084	41,727
9	Other employee benefits	171,278	65,213	41,010	65,055
10	Payroll taxes	112,258	32,050	33,115	47,093
a	Fees for services (non-employees) Management	0	0	0	0
b	Legal	5,196	0	5,196	0
c	Accounting	25,382	0	20,432	4,950
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	27,316	8,585	7,555	11,176
12	Advertising and promotion	94,607	3,342	6,674	84,591
13	Office expenses	80,227	27,032	24,597	28,598
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	62,766	19,232	17,384	26,150
17	Travel	25,951	9,160	3,044	13,747
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	11,510	2,019	0	9,491
20	Interest	316	98	86	132
21	Payments to affiliates	114,130	35,380	33,098	45,652
22	Depreciation, depletion, and amortization	76,745	21,768	22,885	32,092
23	Insurance	0	0	0	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Telephone and Internet	16,339	4,837	4,323	7,179
b	Postage and Shipping	20,111	3,635	8,008	8,468
c	Dues and Subscriptions	5,528	1,106	2,333	2,089
d	Awards and Raffle prizes	30,750	36	30	30,684
e	Program expenses and miscellaneous	21,465	16,606	1,123	3,736
f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	11,641,647	10,028,309	627,658	985,680
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,021,290	1	1,209,048
	2	Savings and temporary cash investments			5,912,630	2	6,435,990
	3	Pledges and grants receivable, net			6,155,118	3	6,260,165
	4	Accounts receivable, net			169,106	4	206,637
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 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	2,182,099			
	b	Less: accumulated depreciation	10b	618,669	1,547,046	10c	1,563,430
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			0	12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			11,579,444	15	12,545,372
16	Total assets. Add lines 1 through 15 (must equal line 34)			26,384,634	16	28,220,642	
Liabilities	17	Accounts payable and accrued expenses			177,320	17	200,050
	18	Grants payable			4,761,372	18	5,283,348
	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	74,572
	25	Other liabilities. Complete Part X of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			4,938,692	26	5,557,970
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			3,461,898	27	3,678,968
	28	Temporarily restricted net assets			6,404,600	28	6,438,332
	29	Permanently restricted net assets			11,579,444	29	12,545,372
	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			21,445,942	33	22,662,672
34	Total liabilities and net assets/fund balances			26,384,634	34	28,220,642	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,903,608
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,641,647
3	Revenue less expenses Subtract line 2 from line 1	3	261,961
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,445,942
5	Other changes in net assets or fund balances (explain in Schedule O)	5	954,769
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	22,662,672

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated 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?		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		

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

2010

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 described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,149,649	9,574,181	10,319,322	11,189,439	11,187,139	51,419,730
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
4 Total. Add lines 1 through 3	9,149,649	9,574,181	10,319,322	11,189,439	11,187,139	51,419,730
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						51,419,730

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	9,149,649	9,574,181	10,319,322	11,189,439	11,187,139	51,419,730
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	223,690	234,532	158,562	140,413	130,754	887,951
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	598,892	643,538	671,009	398,516	497,980	2,809,935
11 Total support (Add lines 7 through 10)						55,117,616
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 2010 (line 6 column (f) divided by line 11 column (f))	14	93 291 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	92 850 %
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
Perpetual Trust and miscellaneous income

SCHEDULE D
(Form 990)

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

2010

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

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 ▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	11,579,444	8,550,125	13,554,107		
b Contributions	0	0	39,351		
c Investment earnings or losses	965,928	3,029,319	-5,043,333		
d Grants or scholarships	0	0	0		
e Other expenditures for facilities and programs	0	0	0		
f Administrative expenses	0	0	0		
g End of year balance	12,545,372	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 ▶ 1 00 %

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

No

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	1,653,380	370,755	1,282,625
c Leasehold improvements	0	0	0	0
d Equipment	0	394,719	247,914	146,805
e Other	0	0	0	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,563,430

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)	11,903,608
2	Total expenses (Form 990, Part IX, column (A), line 25)	11,641,647
3	Excess or (deficit) for the year Subtract line 2 from line 1	261,961
4	Net unrealized gains (losses) on investments	1,105,239
5	Donated services and use of facilities	0
6	Investment expenses	-6,002
7	Prior period adjustments	0
8	Other (Describe in Part XIV)	92,364
9	Total adjustments (net) Add lines 4 - 8	1,191,601
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1,453,562

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	8,630,226
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	1,105,239
b	Donated services and use of facilities	75,138
c	Recoveries of prior year grants	0
d	Other (Describe in Part XIV)	92,364
e	Add lines 2a through 2d	1,272,741
3	Subtract line 2e from line 1	7,357,485
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	0
b	Other (Describe in Part XIV)	4,546,123
c	Add lines 4a and 4b	4,546,123
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	11,903,608

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	7,176,664
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	75,138
b	Prior year adjustments	0
c	Other losses	0
d	Other (Describe in Part XIV)	6,002
e	Add lines 2a through 2d	81,140
3	Subtract line 2e from line 1	7,095,524
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	0
b	Other (Describe in Part XIV)	4,546,123
c	Add lines 4a and 4b	4,546,123
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	11,641,647

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, allocations and grantmaking, and administrative costs
SchD_P10_S00_L02	Schedule D, Part X, Line 2	The Organization follows Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740, to account for uncertainty in income taxes. The Organization files IRS Form 990 annually. The Organization is currently open to audit under the statute of limitations by the Internal Revenue Service for the years ended March 31, 2008 through 2011.
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 expenses
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Designated contributions

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF THE CAPITAL REGION

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

2010

Open to Public
Inspection

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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (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

187

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 presentations 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.

Software ID: 10000077

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
Pinnacle Health Foundation PO Box 8700 Harrisburg,PA 17105	22-2691718	501c3	15,000				Community Response Grant
Brethren Housing Association219 Hummel Street Harrisburg,PA 17104	25-1636220	501c3	25,000				Community Response Grant
Latino Hispanic American Community Center1319 Derry Street Harrisburg,PA 17104	27-1032748	501c3	96,000				Community Response Grant
Community Action Commission of the Capital Region1514 Derry Street Harrisburg,PA 17104	23-1665590	501c3	50,000				Community Response Grant
New Hope Ministries Dillsburg211 South Baltimore Street Dillsburg,PA 17019	23-2223120	501c3	35,000				Community Response Grant
Christian Recovery Aftercare Ministry509 Division Street Harrisburg,PA 17110	04-3588449	501c3	31,650				Community Response Grant
Perry Housing Partnership42 West Main Street New Bloomfield,PA 17068	25-1758844	501c3	25,000				Community Response Grant
Health Share Community Partnership205 Grandview Ave Ste 210 Camp Hill,PA 17011	25-1865142	501c3	20,000				Community Response Grant
Mission of MercyPO Box 102 Fairfield,PA 17320	86-0704883	501c3	20,000				Community Response Grant
Central Pennsylvania Food Bank3908 Corey Road Harrisburg,PA 17109	23-2202250	501c3	20,000				Community Response Grant
RSVP of the Capital Region 5301 Jonestown Road Harrisburg,PA 17112	23-7242872	501c3	20,587				Community Response Grant
Joshua Group1442 Market Street Harrisburg,PA 17103	31-1672530	501c3	21,512				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
Central Pennsylvania Food Bank3908 Corey Road Harrisburg, PA 17109	23-2202250	501c3	36,750				Allocation
RSVP of the Capital Region5301 Jonestown Road Harrisburg, PA 17112	23-7242872	501c3	56,951				Allocation
YWCA of Greater Harrisburg1101 Market Street Harrisburg, PA 17103	23-1370514	501c3	590,458				Allocation
American Red Cross of the Susquehanna Valley1804 North Sixth Street Harrisburg, PA 17110	53-0196605	501c3	578,008				Allocation
Pressley Ridge121 Locust Street Harrisburg, PA 17101	25-0965460	501c3	468,000				Allocation
Boys & Girls Club of Central Pennsylvania1227 Berryhill Street Harrisburg, PA 17104	23-1352043	501c3	378,881				Allocation
Harrisburg Area YMCA123 Forster Street Harrisburg, PA 17102	23-1665437	501c3	288,922				Allocation
Catholic Charities of the Diocese of Harrisburg PA939 East Park Drive Suite 101 Harrisburg, PA 17111	23-1494791	501c3	175,589				Allocation
UCP Central PA925 Linda Lane Camp Hill, PA 17011	23-1433882	501c3	141,000				Allocation
Girl Scouts in the Heart of Pennsylvania350 Hale Avenue Harrisburg, PA 17104	24-0795960	501c3	135,000				Allocation
Christian Churches United of the TriCounty Area413 South 19th Street Harrisburg, PA 17106	23-2085603	501c3	127,124				Allocation
MidPenn Legal Services213-A North Front Street Harrisburg, PA 17101	23-7101191	501c3	112,000				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
Salvation Army Harrisburg Capital City Region2328 Locust Lane Harrisburg, PA 17109	13-5562351	501c3	106,500				Allocation
Goodwill Keystone Area1150 Goodwill Drive Harrisburg, PA 17101	23-1365338	501c3	98,000				Allocation
Arc of Dauphin County2569 Walnut Street Harrisburg, PA 17103	23-1508343	501c3	98,000				Allocation
The PROGRAM Its About Change1515 Derry Street Harrisburg, PA 17104	25-1580223	501c3	94,646				Allocation
Perry Human Services8391 Spring Road New Bloomfield, PA 17068	23-1953159	501c3	92,235				Allocation
TriCounty Association for the Blind1130 South 19th Street Harrisburg, PA 17104	23-1352259	501c3	88,000				Allocation
Boy Scouts of America New Birth of Freedom CouncilOne Baden Powell Lane Mechanicsburg, PA 17050	23-1365193	501c3	84,871				Allocation
Arc of Cumberland and Perry Counties71 Ashland Avenue Carlisle, PA 17013	23-1489837	501c3	78,543				Allocation
Upper Dauphin Human Services Center20 Clearfield Street Elizabethville, PA 17023	23-2058911	501c3	70,800				Allocation
Visiting Nurse Association of Central Pennsylvania3315 Derry Street Harrisburg, PA 17111	23-1352571	501c3	68,000				Allocation
Keystone Children & Family Services3700 Vartan Way Harrisburg, PA 17110	23-1915567	501c3	67,500				Allocation
Domestic Violence Services of Cumberland & Perry CountiesPO Box 1039 Carlisle, PA 17013	25-1629910	501c3	65,000				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
CONTACT HelplinePO Box 90035 Harrisburg, PA 17109	23-7083169	501c3	50,000				Allocation
Jewish Family Service of Greater Harrisburg3333 North Front Street Harrisburg, PA 17110	23-2894802	501c3	49,000				Allocation
YWCA Carlisle301 G Street Carlisle, PA 17013	23-1429866	501c3	46,530				Allocation
Hospice of Central Pennsylvania1320 Linglestown Road Harrisburg, PA 17110	23-2106895	501c3	45,000				Allocation
Big Brothers Big Sisters of the Capital Region1500 N Second St Suite H 3rd Fl Harrisburg, PA 17102	23-2260248	501c3	44,640				Allocation
Family Support of Central PA3700 Vartan Way Harrisburg, PA 17110	23-2140849	501c3	40,000				Allocation
Shalom HousePO Box 3893 Harrisburg, PA 17105	23-2447254	501c3	39,500				Allocation
Neighborhood Center of the United Methodist Church1801 North 3rd Street Harrisburg, PA 17102	23-1381402	501c3	36,500				Allocation
Mechanicsburg Learning Center606 East Simpson Street Mechanicsburg, PA 17055	23-1982624	501c3	35,000				Allocation
Hope Within Community Health Center4748 East Harrisburg Pike Elizabethtown, PA 17022	16-1643004	501c3	22,683				Allocation
Salvation Army Harrisburg Service Department1122 Green Street Harrisburg, PA 17106	13-5562351	501c3	21,525				Allocation
NHS Human Services The Stevens Center33 State Avenue Carlisle, PA 17013	23-1401568	501c3	20,000				Allocation

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

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New Hope Ministries Mechanicsburg5228 East Trindle Road Mechanicsburg, PA 17055	23-2223120	501c3	15,000				Allocation
International Service Center 21 South River Street Harrisburg, PA 17101	23-2052374	501c3	14,400				Allocation
Jewish Federation of Greater Harrisburg3301 North Front Street Harrisburg, PA 17110	23-1352338	501c3	12,000				Allocation
Catholic Charities of the Diocese of Harrisburg PA939 East Park Drive Suite 101 Harrisburg, PA 17111	23-1494791	501c3		43,617	Donor provided value	Household goods	Allocation
Christian Churches United of the Tri County Area413 South 19th Street Harrisburg, PA 17106	23-2085603	501c3		6,608	Donor provided value	Household goods	Allocation
Christian Recovery Aftercare Ministry509 Division Street Harrisburg, PA 17110	04-3588449	501c3		20,479	Donor provided value	Household goods	Allocation
Domestic Violence Services of Cumberland & Perry CountiesPO Box 1039 Carlisle, PA 17013	25-1629910	501c3		8,609	Donor provided value	Household goods	Allocation
Keystone Children & Family Services3700 Vartan Way Harrisburg, PA 17110	23-1915567	501c3		11,163	Donor provided value	Household goods	Allocation
New Beginning Youth & Adult115 South Fourth Street Harrisburg, PA 17113	26-1105104	501c3		6,000	Donor provided value	Household goods	Allocation
New Hope Ministries Mechanicsburg5228 East Trindle Road Mechanicsburg, PA 17055	23-2223120	501c3		14,171	Donor provided value	Household goods	Allocation
Perry Housing Partnership42 West Main Street New Bloomfield, PA 17068	25-1758844	501c3		27,249	Donor provided value	Household goods	Allocation
Totton Peters Communications4611 Clarendon Street Harrisburg, PA 17109	23-2912475	501c3		16,531	Donor provided value	Household goods	Allocation

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

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Tri County Opportunities Industrialization Center500 Maclay Street Harrisburg, PA 17110	23-1667266	501c3		6,654	Donor provided value	Household goods	Allocation
Volunteers of America of Pennsylvania2112 Walnut Street Harrisburg, PA 17103	23-1932916	501c3		18,566	Donor provided value	Household goods	Allocation
YWCA of Greater Harrisburg1101 Market Street Harrisburg, PA 17103	23-1370514	501c3		7,860	Donor provided value	Household goods	Allocation
Pinnacle Health FoundationPO Box 8700 Harrisburg, PA 17105	22-2691718	501c3	63,375				Designation
Joshua Group1442 Market Street Harrisburg, PA 17103	31-1672530	501c3	15,705				Designation
Nativity School of Harrisburg2135 North Sixth Street Harrisburg, PA 17110	25-1886666	501c3	28,365				Designation
Brethren Housing Association219 Hummel Street Harrisburg, PA 17104	25-1636220	501c3	5,670				Designation
India Heritage Research Foundation603 Bedfordshire Road Louisville, KY 40222	25-1577055	501c3	5,001				Designation
Northwestern Human Services Foundation620 E Germantown Pike Lafayette Hill, PA 19444	23-3005583	501c3	5,006				Designation
Boy Scouts of America PA Dutch Council630 Janet Avenue B114 Lancaster, PA 17601	23-1855082	501c3	5,060				Designation
Junior Achievement Central PA2420 Gehman Lane Suite 100 Lancaster, PA 17602	23-1472517	501c3	5,172				Designation
United Way Worldwide701 North Fairfax Street Alexandria, VA 22314	23-7424837	501c3	5,313				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
PA Coalition Against Rape 125 North Enola Drive Enola, PA 17025	23-2067636	501c3	5,330				Designation
Holy Spirit Health System 503 North 21st Street Camp Hill, PA 17011	25-1865142	501c3	5,331				Designation
Vickies Angel Walk 511 Bridge Street New Cumberland, PA 17070	20-8755452	501c3	5,403				Designation
St Josephs School 420 East Simpson Street Mechanicsburg, PA 17055	23-1494791	501c3	5,425				Designation
CARE 114 Forrest Ave Room 106 Narberth, PA 19072	13-1685039	501c3	5,500				Designation
Good Shepherd School 3400 Market Street Camp Hill, PA 17011	23-1494791	501c3	5,533				Designation
United Methodist Home for Children Residential Care 5120 Simpson Ferry Road Mechanicsburg, PA 17055	23-2939369	501c3	5,587				Designation
Hindu American Religious Institute 301 Steigerwalt Hollow Road New Cumberland, PA 17070	23-1966089	501c3	5,681				Designation
American Heart Association Great Rivers Affiliate PA 5455 North High Street Columbus, OH 43214	13-5613797	501c3	5,830				Designation
Theatre Harrisburg 513 Hurlock Street Harrisburg, PA 17110	23-1465635	501c3	5,864				Designation
Ned Smith Center for Nature & Art 176 Water Company Road Millersburg, PA 17061	25-1735097	501c3	5,998				Designation
First United Methodist Church of Hershey 64 West Chocolate Avenue Hershey, PA 17033	23-1584901	501c3	6,000				Designation

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

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Lycoming College700 College Place Williamsport, PA 17701	24-0795965	501c3	6,000				Designation
ALS Association Greater Philadelphia Chapter321 Norristown Road Suite 260 Ambler, PA 19002	23-2387205	501c3	6,011				Designation
American Red Cross Middletown Area Chapter60 West Emaus Street Middletown, PA 17057	53-0196605	501c3	6,024				Designation
United Way Foundation of the Capital Region2235 Millennium Way Enola, PA 17025	25-1733405	501c3	6,049				Designation
St Margaret Mary Church2848 Herr Street Harrisburg, PA 17103	23-1494791	501c3	6,310				Designation
Forgotten Voices International1345 Williams Grove Road Mechanicsburg, PA 17055	20-4002786	501c3	6,372				Designation
Salvation Army of Greater Philadelphia & Eastern PA701 North Broad Street Philadelphia, PA 19123	13-5562351	501c3	6,797				Designation
American Heart Association Capital Region Division1019 Mumma Road Wormleysburg, PA 17043	13-5613797	501c3	6,952				Designation
St Stephens Episcopal Church of Harrisburg221 North Front Street Harrisburg, PA 17101	23-1381416	501c3	7,000				Designation
St Therasas Catholic Church1300 Bridge Street New Cumberland, PA 17070	24-1494791	501c3	7,176				Designation
The Episcopal Academy1785 Bishop White Drive Newtown Square, PA 19073	23-1370500	501c3	7,500				Designation
Hershey Christian School AssociationPO Box 378 Hershey, PA 17033	25-1743988	501c3	7,567				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
Lupus Foundation of Pennsylvania218A W Governor Road Hershey, PA 17033	25-1770710	501c3	7,707				Designation
Arthritis Foundation Central PA Chapter3544 N Progress Ave Suite 204 Harrisburg, PA 17110	23-6420363	501c3	7,720				Designation
Centre County United Way2790 West College Avenue Suite 7 State College, PA 16801	25-1215290	501c3	7,837				Designation
Celebration Community Church1048 S Mountain Road Dillsburg, PA 17019	20-4472486	501c3	8,000				Designation
Bread of Life Food Outreach253 North Sixth Street Newport, PA 17074	23-1988339	501c3	8,221				Designation
Elizabethtown Church of the Brethren777 S Mt Joy Street Elizabethtown, PA 17022	23-6005480	501c3	8,250				Designation
Hamilton Health Center1821 Fulton Street Harrisburg, PA 17110	23-1858363	501c3	8,414				Designation
Nicholas Ryan Over Foundation176 East South Street Carlisle, PA 17013	01-0727865	501c3	8,928				Designation
Carlisle Alliance Church & Missionary Alliance237 E North Street Carlisle, PA 17013	23-7179757	501c3	9,114				Designation
West Chester Friends School415 North High Street West Chester, PA 19380	23-1609347	501c3	10,000				Designation
Vista School1249 Cocoa Avenue Hershey, PA 17033	25-1565368	501c3	10,052				Designation
Jewish Community Foundation of Central PA3301 North Front Street Harrisburg, PA 17110	23-1352587	501c3	10,400				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
Whitaker Center for Science & the Arts225 Market Street 2nd Floor Harrisburg, PA 17101	25-1724566	501c3	10,445				Designation
Church of the Good Shepherd3435 Trindle Road Camp Hill, PA 17011	23-1494791	501c3	10,616				Designation
United Negro College Fund Central PA CampaignPO Box 10442 Harrisburg, PA 17105	13-1624241	501c3	10,825				Designation
American Lung Association in Pennsylvania3001 Gettysburg Road Camp Hill, PA 17011	23-1352273	501c3	10,938				Designation
Trinity United Methodist Church415 Bridge Street New Cumberland, PA 17070	23-1365307	501c3	11,000				Designation
Winterstown United Methodist Church12184 Winterstown Rd Felton, PA 17322	23-2049298	501c3	11,250				Designation
Lead Forward3 Creek Bank Drive Mechanicsburg, PA 17050	47-0819165	501c3	12,000				Designation
United Way of Carlisle & Cumberland County145 South Hanover Street Carlisle, PA 17013	23-1552261	501c3	12,628				Designation
Cystic Fibrosis Foundation Central PA Chapter55 South Progress Avenue Harrisburg, PA 17109	23-1683126	501c3	12,650				Designation
Channels Food Rescue3305 North 6th Street Harrisburg, PA 17110	23-2574867	501c3	12,860				Designation
Derry Presbyterian Church248 East Derry Road Hershey, PA 17033	23-1971692	501c3	13,150				Designation
Capital Area Therapuetic Riding AssociationPO Box 339 Grantville, PA 17028	23-2381558	501c3	14,286				Designation

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

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Penn State Harrisburg777 West Harrisburg Pike Middletown, PA 17057	24-6000376	501c3	14,308				Designation
Pine Street Presbyterian Church310 North Third Street Harrisburg, PA 17101	23-1433867	501c3	14,400				Designation
Messiah CollegeOne College Avenue Grantham, PA 17027	23-1352661	501c3	14,425				Designation
Harrisburg Area Community College Foundation1 HACC Drive Harrisburg, PA 17110	23-2353614	501c3	15,100				Designation
Neighborhood Center of the United Methodist Church1801 North 3rd Street Harrisburg, PA 17102	23-1381402	501c3	15,343				Designation
Silence Of Mary Home850 State Street Lemoyne, PA 17043	25-1867023	501c3	15,844				Designation
St Joan of Arc School329 West Areba Avenue Hershey, PA 17033	23-1494791	501c3	15,850				Designation
Academy in Manayunk169 Conarroe Drive Philadelphia, PA 19127	01-0849648	501c3	16,000				Designation
WITF Incorporated4801 Lindle Road Harrisburg, PA 17111	23-1629016	501c3	16,717				Designation
Project Forward Leap Foundation Lancaster8 South George Street Millersville, PA 17551	23-2537550	501c3	17,500				Designation
Harrisburg Symphony Association800 Corporate Circle Suite 101 Harrisburg, PA 17110	23-1355180	501c3	17,750				Designation
Pushti Margiya Vaishnav Samaj of North America15 Manor Road Schuylkill Haven, PA 17972	54-1414079	501c3	18,502				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
MS Hershey Medical Center 600 Centerview Drive PO Box 852 Hershey, PA 17033	25-1854772	501c3	20,000				Designation
Sanskriti Foundation 6523 Ashdale Place Charlotte, NC 28215	77-0315501	501c3	20,001				Designation
Kidney Foundation of Central PA 4813 Jonestown Rd Ste 101 Harrisburg, PA 17109	23-2113424	501c3	20,783				Designation
Cultural Enrichment Fund PO Box 12084 Harrisburg, PA 17108	23-2327546	501c3	21,670				Designation
United Way of Lebanon County 801 Cumberland Street Lebanon, PA 17042	23-1465632	501c3	23,330				Designation
Ronald McDonald House Charities of Central PA 745 West Governor Road Hershey, PA 17033	23-2204761	501c3	24,168				Designation
United Way of York County 800 East King Street York, PA 17403	23-1352588	501c3	24,332				Designation
St Theresa of the Infant Jesus Church School 1200 Bridge Street New Cumberland, PA 17070	23-1494791	501c3	24,401				Designation
Wildcat Foundation 500 South Broad Street Mechanicsburg, PA 17055	23-2975211	501c3	28,320				Designation
Leukemia & Lymphoma Society Central PA Chapter 800 Corporate Circle Suite 100 Harrisburg, PA 17110	23-7094067	501c3	29,444				Designation
Penn State Milton S Hershey Medical Center 500 University Drive Hershey, PA 17033	25-1854772	501c3	29,718				Designation
Pennsylvania State University Main Office of Annual Giving 1 Old Main University Park, PA 16802	24-6000376	501c3	32,881				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 Second Mile South Central Office3607 Rosemont Ave Suite 501 Camp Hill, PA 17011	23-2061185	501c3	34,065				Designation
American Diabetes Association Harrisburg3544 N Progress Ave Suite 103 Harrisburg, PA 17110	13-1623888	501c3	35,625				Designation
Bethesda Mission of Harrisburg2101 North Front Street Bldg 1 301 Harrisburg, PA 17110	23-1389397	501c3	35,672				Designation
Alzheimers Association Greater Pennsylvania Chapter3544 N Progress Ave Suite 205 Harrisburg, PA 17110	25-1510692	501c3	39,091				Designation
National Multiple Sclerosis Society Central PA Chapter 2040 Linglestown Road Suite 104 Harrisburg, PA 17110	23-1583611	501c3	39,994				Designation
United Way of Lancaster County630 Janet Avenue Lancaster, PA 17601	23-1352093	501c3	40,599				Designation
Harrisburg University of Science And Technology326 Market Street Harrisburg, PA 17101	25-1900793	501c3	41,250				Designation
Trinity High School3601 Simpson Ferry Road Camp Hill, PA 17011	23-1494791	501c3	43,206				Designation
Bishop McDevitt High School 2200 Market Street Harrisburg, PA 17103	23-1424025	501c3	45,330				Designation
Foundation for Enhancing Communities200 N Third St 8th Floor Harrisburg, PA 17108	23-6294219	501c3	45,895				Designation
American Cancer Society Capital Area Unit3211 North Front Street Suite 100 Harrisburg, PA 17110	25-1798733	501c3	87,968				Designation
Humane Society of Harrisburg7790 Grayson Road Harrisburg, PA 17111	23-1365361	501c3	107,922				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
American Red Cross of the Susquehanna Valley1804 North Sixth Street Harrisburg, PA 17110	53-0196605	501c3	70,343				Designation
Arc of Cumberland and Perry Counties71 Ashland Avenue Carlisle, PA 17013	23-1489837	501c3	12,267				Designation
Arc of Dauphin County2569 Walnut Street Harrisburg, PA 17103	23-1508343	501c3	11,626				Designation
Big Brothers Big Sisters of the Capital Region1500 N Second St Suite H 3rd Floor Harrisburg, PA 17102	23-2260248	501c3	44,627				Designation
Boy Scouts of America New Birth of Freedom CouncilOne Baden Powell Lane Mechanicsburg, PA 17050	23-1365193	501c3	66,598				Designation
Boys & Girls Club of Central Pennsylvania1227 Berryhill Street Harrisburg, PA 17104	23-1352043	501c3	24,312				Designation
Catholic Charities of the Diocese of Harrisburg PA939 East Park Drive Suite 101 Harrisburg, PA 17111	23-1494791	501c3	129,228				Designation
Central Pennsylvania Food Bank3908 Corey Road Harrisburg, PA 17109	23-2202250	501c3	234,653				Designation
Christian Churches United of the TriCounty Area413 South 19th Street Harrisburg, PA 17106	23-2085603	501c3	10,910				Designation
CONTACT HelplinePO Box 90035 Harrisburg, PA 17109	23-7083169	501c3	5,752				Designation
Domestic Violence Services of Cumberland & Perry CountiesPO Box 1039 Carlisle, PA 17013	25-1629910	501c3	31,966				Designation
Family Support of Central PA3700 Vartan Way Harrisburg, PA 17110	23-2140849	501c3	10,584				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
Girl Scouts in the Heart of Pennsylvania350 Hale Avenue Harrisburg, PA 17104	24-0795960	501c3	25,155				Designation
Goodwill Keystone Area1150 Goodwill Drive Harrisburg, PA 17101	23-1365338	501c3	9,929				Designation
Harrisburg Area YMCA123 Forster Street Harrisburg, PA 17102	23-1665437	501c3	35,281				Designation
Hospice of Central Pennsylvania1320 Linglestown Road Harrisburg, PA 17110	23-2106895	501c3	169,683				Designation
Jewish Family Service of Greater Harrisburg3333 North Front Street Harrisburg, PA 17110	23-2894802	501c3	13,242				Designation
Jewish Federation of Greater Harrisburg3301 North Front Street Harrisburg, PA 17110	23-1352338	501c3	18,631				Designation
Keystone Children & Family Services3700 Vartan Way Harrisburg, PA 17110	23-1915567	501c3	23,399				Designation
Mechanicsburg Learning Center606 East Simpson Street Mechanicsburg, PA 17055	23-1982624	501c3	5,832				Designation
MidPenn Legal Services213A North Front Street Harrisburg, PA 17101	23-7101191	501c3	15,540				Designation
Perry Human Services8391 Spring Road New Bloomfield, PA 17068	23-1953159	501c3	15,133				Designation
Salvation Army Harrisburg Capital City Region2328 Locust Lane Harrisburg, PA 17109	13-5562351	501c3	14,225				Designation
Salvation Army Harrisburg Service Department1122 Green Street Harrisburg, PA 17106	13-5562351	501c3	6,818				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
Shalom HousePO Box 3893 Harrisburg, PA 17105	23-2447254	501c3	11,218				Designation
The PROGRAM Its About Change1515 Derry Street Harrisburg, PA 17104	25-1580223	501c3	7,853				Designation
TriCounty Association for the Blind1130 South 19th Street Harrisburg, PA 17104	23-1352259	501c3	32,251				Designation
UCP Central PA925 Linda Lane Camp Hill, PA 17011	23-1433882	501c3	24,819				Designation
Upper Dauphin Human Services Center20 Clearfield Street Elizabethville, PA 17023	23-2058911	501c3	10,671				Designation
Visiting Nurse Association of Central Pennsylvania3315 Derry Street Harrisburg, PA 17111	23-1352571	501c3	11,840				Designation
YWCA of Greater Harrisburg1101 Market Street Harrisburg, PA 17103	23-1370514	501c3	62,687				Designation

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

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 appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ 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)		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
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:		
4a	Receive a severance payment or change-of-control payment from the organization or a related organization?		No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
4c	Participate in, or receive payment from, an equity-based compensation arrangement?		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:		
5a	The organization?	Yes	
5b	Any related organization?		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:		
6a	The organization?		No
6b	Any related organization?		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		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

Note. The sum of columns (B)(i)-(iii) 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				
(1) Joseph M Capita	(i)	139,312	18,794	0	0	29,155	187,261	0
	(ii)	0	0	0	0	0	0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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_L03	Schedule J, Part I, Line 3	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 using surveys and Form 990 information.
SchJ_P01_S00_L05	Schedule J, Part I, Line 5	Additional incentive compensation available based on achieving campaign revenue goals set by Executive Committee.

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

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		211,797	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 ► (Gift cards and certificates)	X	9	11,200	FMV
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

0

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

Yes

No

31 If "Yes," describe the arrangement in Part II

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

No

33 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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization UNITED WAY OF THE CAPITAL REGION	Employer identification number 23-1352095
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Identifier	Return Reference	Explanation
F990_P03_S00_L02	Form 990, Part III, Line 2	The Family Economic Stability Partnership program provides financial literacy resources, assistance in applying for federal and state benefits and referral to other human service organizations to improve the well-being of low -moderate income people in our region

Identifier	Return Reference	Explanation
F990_P06_S0B_L11a	Form 990, Part VI, Section B, Line 11a	Form 990 and Audited Financial statements distributed prior to the September 2011 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

Identifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Annually the policy is review ed 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

Identifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Annually the Human Resources Committee review s all staff compensation levels w hich are contrasted and compared for reasonableness to salary levels at other United Ways and non profits of similar size and w ithin similar geographic regions The Executive Committee also review s and approves annually the compensation level of the CEO in comparison to other United Ways and non profits of similar size

Identifier	Return Reference	Explanation
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.

Identifier	Return Reference	Explanation
F990_P11_S00_L05	Form 990, Part XI, Line 5	Unrecognized gain on beneficial interests in perpetual trusts

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

2010

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) United Way Foundation of the Capital Region 2235 Millennium Way Enola, PA 17025 25-1733405	Support United Way of the Capital Region	PA	501c3	11a Type 1	N/A		No

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

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

Part V

Transactions With Related Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

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	(d) Method of determining amount involved
(1) United Way Foundation of the Capital Region	c	12,890	cash
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Additional Data

Software ID: 10000077

Software Version: v1.00

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
G Michael Leader Board Member	1	X						0	0	0
Daniel Glei Board Member	1	X						0	0	0
Jewel Cooper Board Member	1	X						0	0	0
Nancy Derring Mock 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 Chair Elect	1	X						0	0	0
James Nulton Board Member	1	X						0	0	0
Gerald Vinci Board Member	1	X						0	0	0
Brian Jackson 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
John Kirkpatrick Board Member	1	X						0	0	0
Jessica Meyers Board Member	1	X						0	0	0
K D Patel Board Member	1	X						0	0	0
Christine Sears Board Member	1	X						0	0	0
Jeannine Peterson Chair	2	X						0	0	0
Randy Fackler Treasurer	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			
David Schankweiler Board Member	1	X						0	0	0
Susan Sinclair Steadman Board Member	1	X						0	0	0
M Nichelle Chivis Board Member	1	X						0	0	0
John Goodhart Board Member	1	X						0	0	0
Joseph M Capita Exec Director/CEO	50					X		158,106	0	29,155

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	46,237	including grants of \$
			0) (Revenue \$
			48,423)
The Family Economic Stability Partnership program provides financial literacy resources, assistance in applying for federal and state benefits and referral to other human service organizations to improve the well-being of low-moderate income people in our region			