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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 04-01-2011 and ending 03-31-2012

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

Doing Business As

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

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

D Employer identification number
23-1352095

E Telephone number
(717)732-0700

G Gross receipts $ 12,608,860

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

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**	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	33
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	27
6	Total number of volunteers (estimate if necessary)	**6**	4,500
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

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	11,187,139	11,655,121
	9 Program service revenue (Part VIII, line 2g)	87,735	225,022
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	628,734	728,717
	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)	11,903,608	12,608,860
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,396,588	9,882,690
	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)	1,626,720	1,679,611
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,028,469		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	618,339	687,190
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,641,647	12,249,491
	19 Revenue less expenses Subtract line 18 from line 12	261,961	359,369

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	28,220,642	26,717,275
	21 Total liabilities (Part X, line 26)	5,557,970	5,341,477
	22 Net assets or fund balances Subtract line 21 from line 20	22,662,672	21,375,798

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2012-11-09 Date

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

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no ▶

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

Part III **Statement of Program Service Accomplishments**

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 4,739,331 including grants of $ 4,739,331) (Revenue $ 4,739,331)

Fundraising and distribution of funds to donor designated 501c3 agencies

4b (Code) (Expenses $ 5,592,379 including grants of $ 5,050,899) (Revenue $ 7,009,805)

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 & youth, families & seniors, emergency food & shelter, disease & disability, and strong & safe communities

4c (Code) (Expenses $ 173,669 including grants of $ 92,460) (Revenue $ 106,845)

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

(Code) (Expenses $ 130,829 including grants of $ 0) (Revenue $ 142,503)

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

4d Other program services (Describe in Schedule O)

(Expenses $ 130,829 including grants of $ 0) (Revenue $ 142,503)

4e **Total program service expenses** ▶ $ 10,636,208

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 instructions)?	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 for which 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 temporarily restricted endowments, permanent endowments, 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, line10? *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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II 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, Part 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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**	7		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	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 or securities 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?			**12a**		
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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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	33		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	33		
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	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made 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 made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

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

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								161,945	0	30,199

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

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

Section B. Independent Contractors

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

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

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

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 613,701				
	b	Membership dues	1b 3,975				
	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 11,037,445				
	g	Noncash contributions included in lines 1a-1f $ 102,870					
	h	**Total.** Add lines 1a-1f		11,655,121			
Program Service Revenue			Business Code				
	2a	Family Economic Stability Grants	900099	158,321	158,321	0	0
	b	Designations Fee Income	900099	20,155	20,155	0	0
	c						
	d						
	e						
	f	All other program service revenue		46,546	46,546	0	0
	g	**Total.** Add lines 2a–2f		225,022			
	3	Investment income (including dividends, interest and other similar amounts)		728,717	0	0	728,717
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	0	0			
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		0			
	12	**Total revenue.** See Instructions		12,608,860	225,022	0	728,717

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	9,882,690	9,882,690		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	531,825	167,492	165,826	198,507
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	753,182	223,327	177,343	352,512
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	107,593	35,626	29,070	42,897
9	Other employee benefits	172,079	71,791	29,163	71,125
10	Payroll taxes	114,932	35,945	32,005	46,982
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	2,872	0	2,872	0
c	Accounting	27,355	0	22,205	5,150
d	Lobbying	0	0	0	0
e	Professional fundraising *See Part IV, line 17* . .	0			0
f	Investment management fees	0	0	0	0
g	Other	31,435	7,889	9,676	13,870
12	Advertising and promotion	103,389	7,793	7,783	87,813
13	Office expenses	92,115	47,907	11,562	32,646
14	Information technology	0	0	0	0
15	Royalties . .	0	0	0	0
16	Occupancy	59,536	18,406	17,298	23,832
17	Travel	26,617	9,427	2,465	14,725
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	17,233	5,948	6,060	5,225
20	Interest	3,411	1,038	964	1,409
21	Payments to affiliates	119,123	36,476	33,399	49,248
22	Depreciation, depletion, and amortization	86,517	28,109	24,818	33,590
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	15,181	4,650	4,452	6,079
b	Postage and Shipping	19,506	4,535	6,081	8,890
c	Awards	31,258	543	191	30,524
d	Program Expenses	41,301	40,255	0	1,046
e					
f	All other expenses	10,341	6,361	1,581	2,399
25	**Total functional expenses.** Add lines 1 through 24f	12,249,491	10,636,208	584,814	1,028,469
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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,209,048	1	1,097,126
	2	Savings and temporary cash investments		6,435,990	2	6,613,542
	3	Pledges and grants receivable, net		6,260,165	3	6,384,142
	4	Accounts receivable, net		206,637	4	227,510
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,126,635			
	b	Less accumulated depreciation	10b 638,032	1,563,430	10c	1,488,603
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		12,545,372	15	10,906,352
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		28,220,642	16	26,717,275
Liabilities	17	Accounts payable and accrued expenses		200,050	17	406,189
	18	Grants payable		5,283,348	18	4,874,705
	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		74,572	24	60,583
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		5,557,970	26	5,341,477
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		3,678,968	27	3,558,437
	28	Temporarily restricted net assets		6,438,332	28	6,911,009
	29	Permanently restricted net assets		12,545,372	29	10,906,352
		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		22,662,672	33	21,375,798
	34	Total liabilities and net assets/fund balances		28,220,642	34	26,717,275

Part XI Reconcilliation 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	12,608,860
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,249,491
3	Revenue less expenses Subtract line 2 from line 1	3	359,369
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	22,662,672
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,646,243
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	21,375,798

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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF THE CAPITAL REGION

Employer identification number
23-1352095

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

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

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

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

_____

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	9,574,181	10,319,322	11,189,439	11,187,139	11,525,711	53,795,792
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	9,574,181	10,319,322	11,189,439	11,187,139	11,525,711	53,795,792
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						53,795,792

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	9,574,181	10,319,322	11,189,439	11,187,139	11,525,711	53,795,792
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	234,532	158,562	140,413	130,754	101,588	765,849
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	643,538	671,009	398,516	497,980	627,129	2,838,172
11 **Total support** (Add lines 7 through 10)						57,399,813

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 2011 (line 6 column (f) divided by line 11 column (f))	**14**	93 721 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	**15**	93 291 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

Part II, Section B, Line 10 - Perpetual Trust Income

Additional Data

Software ID: 11000129
Software Version: v1.00
EIN: 23-1352095
Name: UNITED WAY OF THE CAPITAL REGION

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses $ 130,829 including grants of $ 0) (Revenue $ 142,503)

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

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
Daniel Glei 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
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
Linda Hicks Board Member	1	X						0	0	0
Kenneth Black 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
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
Robert S Jones Chair	1	X						0	0	0
Kelly Lieblein Chair Elect	1	X						0	0	0
Kenneth Hugendubler Secretary/Treasurer	1	X						0	0	0
Randy Fackler Board Member	1	X						0	0	0
Jewel Cooper Board Member	1	X						0	0	0
Kerry Zettlemoyer Board Member	1	X						0	0	0
Constance Foster Board Member	1	X						0	0	0
Marc Bacon Board Member	1	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Barbara Cross Board Member	1	X						0	0	0
Diane Carroll Board Member	1	X						0	0	0
Christine Sears Board Member	1	X						0	0	0
Michael McDonald Board Member	1	X						0	0	0
Susan Simms Marsh Board Member	1	X						0	0	0
Andrew White Board Member	1	X						0	0	0
Peter Speaks Board Member	1	X						0	0	0
Jonathan Vipond III Board Member	1	X						0	0	0
Joseph M Capita Exec Director/CEO	50					X		161,945	0	30,199

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF THE CAPITAL REGION

Employer identification number
23-1352095

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	12,545,372	11,579,444	8,550,125	13,554,107	
b	Contributions	0	0	0	39,351	
c	Investment earnings or losses	-267,159	965,928	3,029,319	-5,043,333	
d	Grants or scholarships	1,371,861	0	0	0	
e	Other expenditures for facilities and programs	0	0	0	0	
f	Administrative expenses	0	0	0	0	
g	End of year balance	10,906,352	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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	134,000		134,000
b Buildings	0	1,660,484	413,214	1,247,270
c Leasehold improvements	0	0	0	0
d Equipment	0	332,151	224,818	107,333
e Other	0	0	0	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,488,603

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

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

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

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

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

(a) Description	(b) Book value
(1) Beneficial Interests in Perpetual Trusts	10,906,352
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	10,906,352

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

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

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,608,860
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,249,491
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	359,369
4	Net unrealized gains (losses) on investments	4	-274,382
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-1,371,861
9	Total adjustments (net) Add lines 4 - 8	9	-1,646,243
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,286,874

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

1	Total revenue, gains, and other support per audited financial statements			1	7,703,932
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-274,382		
b	Donated services and use of facilities	2b	108,785		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	-165,597
3	Subtract line **2e** from line **1**			3	7,869,529
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV)	4b	4,739,331		
c	Add lines **4a** and **4b**			4c	4,739,331
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	12,608,860

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

1	Total expenses and losses per audited financial statements			1	8,990,806
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	108,785		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIV)	2d	1,371,861		
e	Add lines **2a** through **2d**			2e	1,480,646
3	Subtract line **2e** from line **1**			3	7,510,160
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV)	4b	4,739,331		
c	Add lines **4a** and **4b**			4c	4,739,331
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	12,249,491

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 Internal Revenue Service has recognized the Organization as tax-exempt under Internal Revenue Code Section 501(c)(3) and, therefore, no provision for income taxes has been made in these financial statements 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, 2009 through 2012
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Transfer of trust assets to the United Way Foundation
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Donor Designations
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Transfer of trust assets to the UW Foundation
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Donor Designations

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF THE CAPITAL REGION

Employer identification number
23-1352095

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 140

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 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 bi-monthly as collected in accordance with the donor'd instructions as long as eligibility requirements are met

Additional Data

Return to Form

Software ID: 11000129
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
YWCA of Greater Harrisburg1101 Market Street Harrisburg, PA 17103	23-1370514	501c3	666,131				Allocations and donor designations
American Red Cross of the Susquehanna Valley 1804 North Sixth Street Harrisburg, PA 17110	53-0196605	501c3	655,844				Allocations and donor designations

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
Pressley Ridge331 Bridge Street Suite 200 New Cumberland, PA 17070	25-0965460	501c3	479,555				Allocations and donor designations
Boys & Girls Club of Central Pennsylvania1227 Berryhill Street Harrisburg, PA 17104	23-1352043	501c3	430,663				Allocations and donor designations

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Harrisburg Area YMCA123 Forster Street 2nd Floor Harrisburg, PA 17102	23-1665437	501c3	329,489				Allocations and donor designations
Catholic Charities of the Diocese of Harrisburg4800 Union Deposit Road Harrisburg, PA 17111	23-1494791	501c3	289,766				Allocations and donor designations

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
UCP Central PA925 Linda Lane Camp Hill, PA 17011	23-1433882	501c3	162,253				Allocations and donor designations
Girl Scouts in the Heart of Pennsylvania350 Hale Avenue Harrisburg, PA 17104	24-0795960	501c3	167,521				Allocations and donor designations

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
Christian Churches United of the TriCounty Area413 South 19th Street Harrisburg, PA 17106	23-2085603	501c3	163,158				Allocations and donor designations
MidPenn Legal Services Inc213A North Front Street Harrisburg, PA 17101	23-7101191	501c3	128,146				Allocations and donor designations

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 PROGRAM Its About Change 1515 Derry Street Harrisburg, PA 17104	25-1580223	501c3	119,629				Allocations and donor designations
Salvation Army Harrisburg Capital City Region2328 Locust Lane Harrisburg, PA 17109	13-5562351	501c3	149,106				Allocations and donor designations

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Perry Human Services8391 Spring Road New Bloomfield, PA 17068	23-1953159	501c3	116,545				Allocations and donor designations
Keystone Children and Family Services3700 Vartan Way Harrisburg, PA 17110	23-1915567	501c3	115,676				Allocations and donor designations

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Arc of Dauphin County2569 Walnut Street Harrisburg, PA 17103	23-1508343	501c3	110,642				Allocations, grants and donor designations
Boy Scouts of America New Birth of Freedom CouncilOne Baden Powell Lane Mechanicsburg, PA 17050	23-1365193	501c3	132,681				Allocations and donor designations

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
Vision Resources of Central Pennsylvania1130 South 19th Street Harrisburg, PA 17104	23-1352259	501c3	118,582				Allocations and donor designations
Arc of Cumberland and Perry Counties 71 Ashland Avenue Carlisle, PA 17013	23-1489837	501c3	88,898				Allocations and donor designations

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
Visiting Nurse Association of Central Pennsylvania3315 Derry Street Harrisburg, PA 17111	23-1352571	501c3	87,549				Allocations and donor designations
Upper Dauphin Human Services Center20 Clearfield Street Elizabethville, PA 17023	23-2058911	501c3	83,173				Allocations and donor designations

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
Domestic Violence Services Cumberland Perry CountiesPO Box 1039 Carlisle, PA 17013	25-1629910	501c3	102,822				Allocations and donor designations
Goodwill Keystone Area1150 Goodwill Drive Harrisburg, PA 17101	23-1365338	501c3	70,415				Allocations and donor designations

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
RSVP of the Capital Region50 Utley Drive Camp Hill, PA 17011	23-7242872	501c3	62,150				Allocations and donor designations
Hospice of Central Pennsylvania1320 Linglestown Road Harrisburg, PA 17110	23-2106895	501c3	181,720				Allocations and donor designations

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 Helpline PO Box 90035 Harrisburg, PA 17109	23-7083169	501c3	52,859				Allocations and donor designations
Big Brothers Big Sisters of the Capital Region 1500 North Second St Suite H Harrisburg, PA 17102	23-2260248	501c3	83,030				Allocations and donor designations

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
Jewish Family Service of Greater Harrisburg3333 North Front Street Harrisburg, PA 17110	23-2894802	501c3	57,368				Allocations and donor designations
YWCA Carlisle301 G Street Carlisle, PA 17013	23-1429866	501c3	49,365				Allocations and donor designations

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 House9 South 15th Street Harrisburg, PA 17104	23-2447254	501c3	55,228				Allocations and donor designations
Family Support of Central PA3700 Vartan Way Harrisburg, PA 17110	23-2140849	501c3	50,888				Allocations and donor designations

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	235,252				Allocations and donor designations
Neighborhood Center of the United Methodist Church 1801 North 3rd Street Harrisburg, PA 17102	23-1381402	501c3	51,639				Allocations and donor designations

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
Mechanicsburg Learning Center606 East Simpson Street Rear Mechanicsburg,PA 17055	23-1982624	501c3	38,096				Allocations and donor designations
Joshua Group1442 Market Street Harrisburg,PA 17103	31-1672530	501c3	38,573				Allocations, grants and donor designations

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
Hope Within Community Health Center4748 East Harrisburg Pike Elizabethtown, PA 17022	16-1643004	501c3	24,472				Allocations and donor designations
Salvation Army Harrisburg Service Department1122 Green Street Harrisburg, PA 17106	13-5562351	501c3	24,479				Allocations and donor designations

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
NHS Human Services The Stevens Center 33 State Avenue Carlisle, PA 17013	23-1401568	501c3	17,507				Allocations and donor designations
New Hope Ministries Mechanicsburg5228 East Trindle Road Mechanicsburg, PA 17055	23-2223120	501c3	50,251				Allocations and donor designations

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
International Service Center21 South River Street Harrisburg, PA 17101	23-2052374	501c3	17,039				Allocations and donor designations
Jewish Federation of Greater Harrisburg 3301 North Front Street Harrisburg, PA 17110	23-1352338	501c3	31,014				Allocations and donor designations

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
Brethren Housing Association219 Hummel Street Harrisburg, PA 17104	25-1636220	501c3	30,305				Allocations and community response grants
Community CheckUp Center of South Harrisburg38 C Hall Manor Harrisburg, PA 17104	25-1724315	501c3	29,350				Allocations and community response grants

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

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Hamilton Health Center1821 Fulton Street Harrisburg, PA 17110	23-1858363	501c3	29,785				Allocations and community response grants
Mission of Mercy22 South Market Street Suite 6D Frederick, MD 21701	86-0704883	501c3	20,548				Allocations and community response grants

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

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Perry Housing Partnership42 West Main Street New Bloomfield, PA 17068	25-1758844	501c3	20,130				Allocations and community response grants
Sadler Health Center Corporation 100 North Hanover Street Carlisle, PA 17013	54-2082673	501c3	20,000				Allocations and community response grants

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
Channels Food Rescue3305 North 6th Street Harrisburg, PA 17110	23-2574867	501c3	35,104				Allocations and community response grants
Health Share Community Partnership205 Grandview Ave Suite 210 Camp Hill, PA 17011	25-1865142	501c3	18,104				Allocations and community response grants

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 FoundationPO Box 8700 Harrisburg, PA 17105	22-2691718	501c3	96,372				Allocations and community response grants
Join Hands Ministry New Bloomfield Boro Building New Bloomfield, PA 17068	77-0686796	501c3	15,819				Allocations and community response grants

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

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Silence Of Mary Home850 State Street 2nd Floor Lemoyne, PA 17043	25-1867023	501c3	17,954				Allocations and community response grants
Nativity School of Harrisburg2135 North Sixth Street Harrisburg, PA 17110	25-1886666	501c3	31,139				Allocations and community response grants

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
Humane Society of Harrisburg7790 Grayson Road Harrisburg, PA 17111	23-1365361	501c3	114,221				Donor Designations
Foundation for Enhancing Communities200 North Third St 8th Floor Harrisburg, PA 17108	23-6294219	501c3	100,328				Donor Designations

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

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American Cancer SocietyCapital Area Unit2 Lemoyne Drive Suite 101 Lemoyne, PA 17043	25-1798733	501c3	71,087				Donor Designations
Penn State Harrisburg777 West Harrisburg Pike Middletown, PA 17057	24-6000376	501c3	67,951				Donor Designations

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

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Cystic Fibrosis Foundation Central PA Chapter55 South Progress Avenue Harrisburg, PA 17109	23-1683126	501c3	44,278				Donor Designations
Trinity High School 3601 Simpson Ferry Road Camp Hill, PA 17011	23-1494791	501c3	38,634				Donor Designations

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
Bethesda Mission of Harrisburg2101 North Front Street Bldg 1 301 Harrisburg, PA 17110	23-1389397	501c3	36,594				Donor Designations
Bishop McDevitt High School2200 Market Street Harrisburg, PA 17103	23-1424025	501c3	35,691				Donor Designations

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

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Harrisburg Symphony Association800 Corporate Circle Suite 101 Harrisburg, PA 17110	23-1355180	501c3	32,900				Donor Designations
Penn State Milton S Hershey Medical Center500 University Drive Hershey, PA 17033	25-1854772	501c3	30,773				Donor Designations

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

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Alzheimers Association Greater Pennsylvania Chapter3544 N Progress Ave Suite 205 Harrisburg, PA 17110	25-1510692	501c3	30,157				Donor Designations
American Diabetes Association Harrisburg3544 N Progress Avenue Suite 103 Harrisburg, PA 17110	13-1623888	501c3	28,630				Donor Designations

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

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National Multiple Sclerosis Society Central PA Chapter 2040 Linglestown Road Suite 104 Harrisburg, PA 17110	23-1583611	501c3	28,063				Donor Designations
United Way of Lebanon County 801 Cumberland Street Lebanon, PA 17042	23-1465632	501c3	26,780				Donor Designations

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

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Cultural Enrichment FundPO Box 12084 Harrisburg, PA 17108	23-2327546	501c3	22,737				Donor Designations
Project Forward Leap Foundation Lancaster1706 Race Street 2nd floor Philadelphia, PA 19103	23-2537550	501c3	22,500				Donor Designations

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

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Ronald McDonald House Charities of Central PA745 West Governor Road Hershey, PA 17033	23-2204761	501c3	21,699				Donor Designations
Leukemia and Lymphoma Society Central PA Chapter 2405 Park Drive Harrisburg, PA 17110	23-7094067	501c3	21,471				Donor Designations

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

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Messiah College One College Avenue Grantham, PA 17027	23-1352661	501c3	20,145				Donor Designations
St Theresa of the Infant Jesus Parish 1300 Bridge Street New Cumberland, PA 17070	24-1494791	501c3	18,345				Donor Designations

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

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United Way of Lancaster County 630 Janet Avenue Lancaster, PA 17601	23-1352093	501c3	17,462				Donor Designations
Celebration Community Church 1048 South Mountain Road Dillsburg, PA 17019	20-4472486	501c3	16,380				Donor Designations

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

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Harrisburg University of Science And Technology326 Market Street Harrisburg, PA 17101	25-1900793	501c3	16,251				Donor Designations
United Way of Carlisle and Cumberland County 145 South Hanover Street Carlisle, PA 17013	23-1552261	501c3	16,202				Donor Designations

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

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Whitaker Center for Science and the Arts 225 Market Street 2nd Floor Harrisburg, PA 17101	25-1724566	501c3	15,003				Donor Designations
Lead Forward Inc3 Creek Bank Drive Mechanicsburg, PA 17050	47-0819165	501c3	15,000				Donor Designations

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Kidney Foundation of Central PA1500 Paxton Street Suite 101 Harrisburg, PA 17104	23-2113424	501c3	14,971				Donor Designations
United Way of York County800 East King Street York, PA 17403	23-1352588	501c3	14,857				Donor Designations

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Pine Street Presbyterian Church 310 North Third Street Harrisburg, PA 17101	23-1433867	501c3	14,400				Donor Designations
WITF Incorporated 4801 Lindle Road Harrisburg, PA 17111	23-1629016	501c3	14,315				Donor Designations

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United Negro College Fund Central PA CampaignPO Box 10442 Harrisburg, PA 17105	13-1624241	501c3	14,070				Donor Designations
Derry Presbyterian Church248 East Derry Road Hershey, PA 17033	23-1971692	501c3	13,540				Donor Designations

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

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Church of the Good Shepherd3435 Trindle Road Camp Hill, PA 17011	23-1494791	501c3	13,258				Donor Designations
Aldersgate United Methodist Church 1480 Jeruselem Road Mechanicsburg, PA 17050	25-1688503	501c3	13,000				Donor Designations

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

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Capital Area Therapuetic Riding AssociationPO Box 339 Grantville, PA 17028	23-2381558	501c3	12,983				Donor Designations
St Josephs School 420 East Simpson Street Mechanicsburg, PA 17055	23-1494791	501c3	11,768				Donor Designations

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

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St Joan of Arc Church359 West Areba Avenue Hershey, PA 17033	23-1494791	501c3	11,333				Donor Designations
Winterstown United Methodist Church 12184 Winterstown Rd Felton, PA 17322	23-2049298	501c3	11,250				Donor Designations

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

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India Heritage Research Foundation603 Bedfordshire Road Louisville, KY 40222	25-1577055	501c3	11,001				Donor Designations
Homeland Center 1901 North 5th Street Harrisburg, PA 17102	23-1365148	501c3	10,958				Donor Designations

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

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St Theresa of the Infant Jesus Church School1200 Bridge Street New Cumberland, PA 17070	23-1494791	501c3	10,827				Donor Designations
Academy in Manayunk1200 River Road Conshohocken, PA 19428	01-0849648	501c3	10,000				Donor Designations

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

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Baughman United Methodist Church 228 Bridge Street New Cumberland, PA 17070	23-1401517	501c3	10,000				Donor Designations
VMI FoundationPO Box 932 Lexington, VA 24450	54-0505966	501c3	10,000				Donor Designations

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Northwestern Human Services Foundation620 East Germantown Pike Lafayette Hill, PA 19444	23-3005583	501c3	9,118				Donor Designations
Trinity United Methodist Church 415 Bridge Street New Cumberland, PA 17070	23-1365307	501c3	9,040				Donor Designations

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

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Carlisle Alliance Church and Missionary Alliance 237 East North Street Carlisle, PA 17013	23-7179757	501c3	9,009				Donor Designations
Elizabethtown Church of the Brethren777 South Mount Joy Street Elizabethtown, PA 17022	23-6005480	501c3	9,000				Donor Designations

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

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St Stephens Episcopal Church of Harrisburg221 North Front Street Harrisburg, PA 17101	23-1381416	501c3	8,500				Donor Designations
Camp Hill United Methodist Church 417 South 22nd Street Camp Hill, PA 17011	23-1619527	501c3	8,355				Donor Designations

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

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St Jude Childrens Research Hospital 501 St Jude Place Memphis, TN 38105	35-1044585	501c3	8,236				Donor Designations
American Lung Association in Pennsylvania3001 Gettysburg Road Camp Hill, PA 17011	23-1352273	501c3	8,111				Donor Designations

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

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The Derryfield School2108 River Road Manchester, NH 03034	02-0265542	501c3	8,000				Donor Designations
Nicholas Ryan Over Foundation176 East South Street Carlisle, PA 17013	01-0727865	501c3	7,832				Donor Designations

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Lycoming College 700 College Place Williamsport, PA 17701	24-0795965	501c3	7,500				Donor Designations
American Heart Association Capital Region Division1019 Mumma Road Wormleysburg, PA 17043	13-5613797	501c3	7,495				Donor Designations

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

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Salvation Army of Greater Philadelphia Eastern Pennsylvania701 North Broad Street Philadelphia, PA 19123	13-5562351	501c3	7,328				Donor Designations
ALS Association Greater Philadelphia Chapter321 Norristown Road Suite 260 Ambler, PA 19002	23-2387205	501c3	6,857				Donor Designations

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St Margaret Mary Church2848 Herr Street Harrisburg, PA 17103	23-1494791	501c3	6,756				Donor Designations
Gettysburg College 300 N Washington Street Box 426 Gettysburg, PA 17325	23-1352641	501c3	6,750				Donor Designations

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United Way of Allegheny County 1250 Penn Avenue Pittsburgh, PA 15230	25-1043578	501c3	6,600				Donor Designations
Lupus Foundation of Pennsylvania218A West Governor Road Hershey, PA 17033	25-1770710	501c3	6,536				Donor Designations

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Mission Central5 Pleasant View Drive Mechanicsburg, PA 17050	24-0826169	501c3	6,451				Donor Designations
United Methodist Home for Children 5120 Simpson Ferry Road Mechanicsburg, PA 17050	23-1417533	501c3	6,383				Donor Designations

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Bread of Life Food Outreach253 North Sixth Street Newport, PA 17074	23-1988339	501c3	6,351				Donor Designations
Theatre Harrisburg 513 Hurlock Street Harrisburg, PA 17110	23-1465635	501c3	6,300				Donor Designations

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Holy Spirit Health System503 North 21st Street Camp Hill, PA 17011	25-1865142	501c3	6,206				Donor Designations
Habitat For Humanity of the Greater Harrisburg Area900 S Arlington Avenue Room 235 Harrisburg, PA 17109	58-1735541	501c3	6,175				Donor Designations

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 Penn College Education Foundation600 Valley Road Summerdale, PA 17093	23-2242116	501c3	6,002				Donor Designations
Camp Hill Presbyterian Church 101 North 23rd Street Camp Hill, PA 17011	23-6393377	501c3	6,000				Donor Designations

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
Arthritis Foundation Central PA Chapter 3544 N Progress Avenue Suite 201 Harrisburg, PA 17110	23-6420363	501c3	5,996				Donor Designations
Planned Parenthood of NortheastPO Box 813 Trexlertown, PA 18087	23-1365153	501c3	5,895				Donor Designations

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
St Joan of Arc School329 West Areba Avenue Hershey, PA 17033	23-1494791	501c3	5,893				Donor Designations
Centre County United Way2790 West College Avenue Suite 7 State College, PA 16801	25-1215290	501c3	5,705				Donor Designations

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Capital Area Intermediate Unit55 Miller Street Enola,PA 17025	59-3783257	501c3	5,654				Donor Designations
United Methodist Home for Children Residential Care 5120 Simpson Ferry Road Mechanicsburg,PA 17055	23-2939369	501c3	5,636				Donor Designations

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
Holy Name of Jesus Church6150 Allentown Boulevard Harrisburg, PA 17112	23-1494791	501c3	5,500				Donor Designations
St Matthew the Apostle and Evangelist Catholic Church420 Stoney Creek Road Dauphin, PA 17018	23-1494791	501c3	5,500				Donor Designations

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
United Way of Wyoming Valley8 West Market Street Suite 450 Wilkes Barre, PA 18711	24-0831490	501c3	5,496				Donor Designations
Vickies Angel Walk 511 Bridge Street New Cumberland, PA 17070	20-8755452	501c3	5,433				Donor Designations

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 Janus School 205 Lefever Road Mount Joy, PA 17552	23- 2578832	501c3	5,380				Donor Designations
Hindu American Religious Institute 301 Steigerwalt Hollow Road New Cumberland, PA 17070	23- 1966089	501c3	5,325				Donor Designations

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
Children's Miracle Network Hershey Hershey Medical Center A190 Hershey, PA 17033	24-6000376	501c3	5,309				Donor Designations
Mennonite Central Committee21 South 12th Street Akron, PA 17501	23-6002702	501c3	5,252				Donor Designations

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
United Way of the Greater Lehigh Valley2200 Avenue A 3rd Floor Bethlehem, PA 18017	23-2657933	501c3	5,109				Donor Designations
Juvenile Diabetes Research Foundation Central PA Chapter717 Market Street Suite 108 Lemoyne, PA 17043	23-1907729	501c3	5,088				Donor Designations

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF THE CAPITAL REGION

Employer identification number
23-1352095

Part I Questions Regarding Compensation

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

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

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

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

(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)	142,199	19,746	0	0	30,199	192,144	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SchJ_P01_S00_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 similiar size and within similiar 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 similiar size using surveys and Form 990 information
SchJ_P01_S00_L05	Schedule J, Part I, Line 5	Additional incentive compensation available based on acheiving campaign revenue goals set by the Executive Committee

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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		102,870	Donor Provided Values
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 ▶ (_____)				
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

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

Part II

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 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

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF THE CAPITAL REGION

Employer identification number
23-1352095

Identifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	Form 990 and Audited Financial statements are made available to committee memebers prior the the September Finance Committee and Board meetings and the main schedules are reviewed at the meetings Also, the calculation of the organization's overhead rate is discussed and reviewed as well as the United Way Worldwide membership standards
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Annually the policy is reviewed at a Board meeting and Board membes are required to submit a signed form about any conflicts of interest This is also required for any new Board members
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Annually the Human Resources Committee reviews all staff compensation levels which are contrasted and compared for reasonableness to salary levels at other United Ways and non profits of similiar size and within similiar 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 similiar size using surveys and Form 990 information
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Governing documents and conflict of interest policies are periodically reviewed with the Board of Directors, are available to 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
F990_P11_S00_L05	Form 990, Part XI, Line 5	Unrealized loss on market value of beneficial interests in perpetual trusts and transfer of permanently restricted trust assets to the United Way Foundation

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

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

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.)

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) United Way Foundation of the Capital Region	c	53,522	cash
(2) United Way Foundation of the Capital Region	q	1,371,861	cash
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	