	~	<b>~</b> ~	Return of Organization Exempt Fi	rom Ir	ncome Tax	OMB No. 1545-0047				
For	" <b>y</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C		<b>2021</b>					
		••	Do not enter social security numbers on this form as		Open to Public					
Depa	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
	Inspection									
_			ar year, or tax year beginning JUL 1, 2021 and en organization	liang 0	D Employer identifie	ation number				
	Check if pplicab	le:	organization		D Employer identified					
	Addre		ED WAY OF THE GREATER CAPITAL REGIO	זאר						
	chang Name			<b>)</b> ]N	14-13645	05				
	chang Initial		Isiness as	) /: <b>i</b> ta						
	return Final		and street (or P.O. box if mail is not delivered to street address) R HE BLAKE ANNEX 1 STEUBEN PLACE	Room/suite	E Telephone number					
	return termin				518-456-2					
	ated Amen		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,884,558.				
	return Applie	ALDA.	NY, NY 12207		H(a) Is this a group re					
	tion pendi		nd address of principal officer: PETER GANNON		for subordinates					
		SAME	AS C ABOVE		<b>H(b)</b> Are all subordinates in					
		empt status:		r 527		list. See instructions				
_			UNITEDWAYGCR.ORG		H(c) Group exemption					
		f organization:	Corporation Trust Association Other	L Year (	of formation: 1949 N	I State of legal domicile: NY				
Pa	art I	Summary								
đ	1	Briefly describ	e the organization's mission or most significant activities: UNITE	D WAY	OF THE GREA					
ũ		<u>CAPITAL</u>	REGION'S MISSION IS TO IMPROVE PEC	DPLES'	LIVES THRO	UGH THE				
Governance	2	Check this box	if the organization discontinued its operations or disposed	ed of more	than 25% of its net ass					
ove	3	Number of vot	ing members of the governing body (Part VI, line 1a)		3	29				
Ğ	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b) $\dots$			29				
Activities &	5	Total number of	of individuals employed in calendar year 2021 (Part V, line 2a)		5	36				
ìŤié	6	Total number of	of volunteers (estimate if necessary)		6	495				
çti	7 a		business revenue from Part VIII, column (C), line 12			0.				
<	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	7b	0.					
					Prior Year	Current Year				
~	8	Contributions	and grants (Part VIII, line 1h)		9,126,637.	4,360,799.				
Revenue	9		ce revenue (Part VIII, line 2g)		0.	224,807.				
eve	10		ome (Part VIII, column (A), lines 3, 4, and 7d)		207,178.	247,201.				
č	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-201,972.	-244,339.				
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,131,843.	4,588,468.				
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		1,974,807.	2,482,206.				
	14		o or for members (Part IX, column (A), line 4)		0.	0.				
			compensation, employee benefits (Part IX, column (A), lines 5-10)		1,390,237.	1,518,308.				
ses			indraising fees (Part IX, column (A), line 11e)		0.	0.				
Expense	104   h		ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ 1,017,20	0.						
Ă	17		s (Part IX, column (A), lines 11a-11d, 11f-24e)		844,047.	1,033,524.				
	1		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,209,091.	5,034,038.				
					4,922,752.	-445,570.				
<u> </u>		Revenue less e	expenses. Subtract line 18 from line 12							
Net Assets or		Tatal assists (7			ginning of Current Year 13,270,603.	<u>End of Year</u> 10,910,937.				
SSe	20	Total assets (F								
et A	21		(Part X, line 26)		1,811,454.	1,536,261.				
Ž:	22	Net assets or f	und balances. Subtract line 21 from line 20		11,459,149.	9,374,676.				
	art II	•	declare that I have examined this return, including accompanying schedules a		and a state of the	Included as a set 0 - 0 - 6 - 9 - 1				
und	er nen:	ames of neritiry 1	declare may Lhave examined this return including accompanying schedules a	and stateme	rus and to the best of my	Knowledge and belief it is				

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 <u>PETER GANNON, CEO</u> Type or print name and title	D	ate 05/15/23								
Paid	Print/Type preparer's name <b>KENNETH MCGIVNEY</b>	Preparer's signature KENNETH MCGIVNEY	Date 05/12/2	2 3 Check if self-employed	PTIN P01324731						
Preparer	Firm's name 🕨 BONADIO & CO., L	LP	Firm's EIN ▶ 16-1131146								
Use Only	Firm's address 🖕 6 WEMBLEY CT										
	ALBANY, NY 12205		P	hone no. ( 518	) 464-4080						
May the If	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes No						
132001 12-0	132001       12-09-21       LHA       For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2021)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

OURCES TOG THE QUALIT e organization unde form 990 or 990-EZ s," describe these n e organization ceas s," describe these cl ibe the organization on 501(c)(3) and 501 ue, if any, for each p ) (Expense CR'S COMMU ANCE THE C ORTUNITIES LITY EDUCA ILLY INCOME ) (Expense ORS CAN CH SCUSSED AB CUSSED BEL - PROFIT 50	COPLES ' THE VIS ETHER Y OF L ertake any sig ew services e conducting hanges on S 's program services (c)(4) organizes organ services (c)(4) organizes (c)(4) orga	LIVES TO ACH JFE IN gnificant pro on Schedule O. service acco zations are r <i>i</i> ce reported 2, 188, 8 MPACT GOOD." BETTE GOOD H L, 335, 3 O CONT	TO B I EVE OUR ogram serv e O. ignificant of required to 1 369 • in INITA WIT CR LIF CADS T IEALTH CADS T CADS	BE THE MEASU COMMU rices durin changes ir nts for eac o report the ncluding gran CTIVES 'H EVE 'E BY 'O A B [. -	LEADE RABLE NITIES g the year when how it concerns the of its three a amount of g ts of \$ RYONE ' FOCUSI BETTER UNITED	R IN BI AND SUS hich were no ducts, any pr e largest prog grants and al 1,146, HE HEAH S HELP NG ON M JOB, WH 	RINGING STAINAE of listed on the origram services flocations to regram services flocations flo	BLE IMPI BLE IMPI e es? s, as measure others, the to Revenue \$ DUR MISS CREATI BASIC COVIDES	E AND ROVEMENT Yes Yes d by expenses. tal expenses, ar 2,232, SION "TO ES NEEDS, A STABL 1,335,	X No X No nd 020. A E 346.
OURCES. T OURCES TOG THE QUALIT te organization unde Form 990 or 990-EZ' s," describe these n te organization ceas s," describe these cl ibe the organization on 501(c)(3) and 501 ue, if any, for each p ) (Expense CR'S COMMU ANCE THE C ORTUNITIES LITY EDUCA ILY INCOME ) (Expense ORS CAN CH SCUSSED AB CUSSED BEL - PROFIT 50	HE       VIS         ETHER       Y         Y       OF       L         extake any signature       ew services         e conducting       hanges on S         e conducting       hanges on S         is program services       (c)(4) organize         program services       2         S       2         INITY       I         COMMON       5         FOR       A         TION       T         S       AND         s \$       1         GOOSE       T	JON IS TO ACH JFE IN gnificant pro on Schedule g, or make s Schedule O. service acco zations are r vice reported 2, 188, 8 MPACT GOOD." BETTE 'HAT LE GOOD H	TO B I EVE OUR ogram serv e O. ignificant of required to 1 369 • in INITA WIT CR LIF CADS T IEALTH CADS T CADS	BE THE MEASU COMMU rices durin changes ir nts for eac o report the ncluding gran CTIVES 'H EVE 'E BY 'O A B [. -	LEADE RABLE NITIES g the year when how it concerns the of its three a amount of g ts of \$ RYONE ' FOCUSI BETTER UNITED	R IN BI AND SUS hich were no ducts, any pr e largest prog grants and al 1,146, HE HEAH S HELP NG ON M JOB, WH 	RINGING STAINAE of listed on the origram services flocations to regram services flocations flo	BLE IMPI BLE IMPI e es? s, as measure others, the to Revenue \$ DUR MISS CREATI BASIC COVIDES	E AND ROVEMENT Yes Yes d by expenses. tal expenses, ar 2,232, SION "TO ES NEEDS, A STABL 1,335,	X No
THE QUALIT e organization unde form 990 or 990-EZ s," describe these n e organization ceas s," describe these cl ibe the organization on 501(c)(3) and 501 ue, if any, for each p ) (Expense CR'S COMMU ANCE THE C ORTUNITIES LITY EDUCA ILY INCOME LITY EDUCA ILY INCOME ) (Expense ORS CAN CH SCUSSED AB CUSSED BEL - PROFIT 50	Y OF L ertake any sig ? ew services e conducting hanges on S i's program serv (c)(4) organiz program serv s 2 NITY I COMMON 5 FOR A TION T 2, AND 5 S 1 COMMON 5 FOR A 5 S 1 COMMON T 5 FOR A 5 S 1 COMMON T 5 OMMON T 5 FOR A 5 S 1 COMMON T 5 OMMON	JIFE IN gnificant pro on Schedule g, or make s Schedule O. service accoo zations are r rice reported 2,188,8 MPACT GOOD." ABETTE 'HAT LE GOOD H	I OUR ogram serv e O. iignificant of mplishmen required to d. 369. ii INITA WIT R LIF ADS T IEALTH EALTH	COMMU rices durin changes ir nts for eac o report the ncluding gran <u>TIVES</u> 'H EVE 'E BY 'O A B [-	NITIES g the year when h how it conce th of its three a amount of g ts of \$ RYONE ' FOCUSI ETTER UNITED	hich were no ducts, any pr e largest prog grants and al <u>1,146,</u> <u>HE HEAI</u> <u>S HELP</u> <u>NG ON N</u> <u>JOB, WI</u> <u>JOB, WI</u>	ot listed on th rogram services gram services llocations to <u>, 860.</u> ) ( <u>RT OF C</u> <u>, UWGCR</u> <u>MEETING</u> <u>HICH PR</u> <u>HICH PR</u>	e es? s, as measure others, the to Revenue \$ CREATI BASIC OVIDES OVIDES	Yes Yes d by expenses. tal expenses, ar 2,232, SION "TO ES NEEDS, A STABL	X No
THE QUALIT e organization unde form 990 or 990-EZ s," describe these n e organization ceas s," describe these cl ibe the organization on 501(c)(3) and 501 ue, if any, for each p ) (Expense CR'S COMMU ANCE THE C ORTUNITIES LITY EDUCA ILY INCOME LITY EDUCA ILY INCOME ) (Expense ORS CAN CH SCUSSED AB CUSSED BEL - PROFIT 50	Y OF L ertake any sig ? ew services e conducting hanges on S i's program serv (c)(4) organiz program serv s 2 NITY I COMMON 5 FOR A TION T 2, AND 5 S 1 COMMON 5 FOR A 5 S 1 COMMON T 5 FOR A 5 S 1 COMMON T 5 OMMON T 5 FOR A 5 S 1 COMMON T 5 OMMON	JIFE IN gnificant pro on Schedule g, or make s Schedule O. service accoo zations are r rice reported 2,188,8 MPACT GOOD." ABETTE 'HAT LE GOOD H	I OUR ogram serv e O. iignificant of mplishmen required to d. 369. ii INITA WIT R LIF ADS T IEALTH EALTH	COMMU rices durin changes ir nts for eac o report the ncluding gran <u>TIVES</u> 'H EVE 'E BY 'O A B [-	NITIES g the year when h how it conce th of its three a amount of g ts of \$ RYONE ' FOCUSI ETTER UNITED	hich were no ducts, any pr e largest prog grants and al <u>1,146,</u> <u>HE HEAI</u> <u>S HELP</u> <u>NG ON N</u> <u>JOB, WI</u> <u>JOB, WI</u>	ot listed on th rogram services gram services llocations to <u>, 860.</u> ) ( <u>RT OF C</u> <u>, UWGCR</u> <u>MEETING</u> <u>HICH PR</u> <u>HICH PR</u>	e es? s, as measure others, the to Revenue \$ OUR MISS CREATI BASIC OVIDES	Yes Yes d by expenses. tal expenses, ar 2,232, SION "TO ES NEEDS, A STABL	X No
Form 990 or 990-EZ s," describe these n te organization ceas s," describe these cl ibe the organization on 501(c)(3) and 501 ue, if any, for each p ) (Expense CR'S COMMU ANCE THE C ORTUNITIES LITY EDUCA ILY INCOME ) (Expense ORS CAN CH SCUSSED AB CUSSED BEL - PROFIT 50	? ew services e conducting hanges on S i's program serv orogram serv s 2 NITY I COMMON FOR A TION T , AND S FOR A TION T , AND	on Schedule g, or make s Schedule O. service acco zations are r vice reported 2, 188, 8 MPACT GOOD." BETTE HAT LE GOOD H HAT LE GOOD H	e O. ignificant of required to 1. 369. INITA WIT R LIF ADS T EALTH BALTH BALTH BALTH	changes ir nts for eac o report the ncluding gran TIVES 'H EVE 'E BY 'O A B [.	h how it cond th of its three amount of g aRE T RYONE' FOCUSI FOCUSI ETTER TES of \$ UNITED	ducts, any prog grants and al 1,146, HE HEAH S HELP NG ON N JOB, WH	rogram services gram services llocations to , 860.) ( RT OF C , UWGCR MEETING HICH PR HICH PR , 346.) (	s, as measure others, the to Revenue \$ DUR_MISS CREATI BASIC OVIDES	d by expenses. tal expenses, ar 2,232, SION "TO ES NEEDS, A STABL 1,335,	X No
s," describe these n e organization ceas s," describe these cl ibe the organization on 501(c)(3) and 501 ue, if any, for each p ) (Expense CR'S COMMU ANCE THE C ORTUNITIES LITY EDUCA ILY INCOME ) (Expense ORS CAN CH SCUSSED AB CUSSED BEL - PROFIT 50	ew services e conducting hanges on S i's program s (c)(4) organiz orogram serv s \$2 INITY I COMMON 5 FOR A TION T C, AND 5 S 5 \$1 100SE T	on Schedule g, or make s Schedule O. service acco zations are r <i>i</i> ce reported 2, 188, 8 MPACT GOOD." BETTE 'HAT LE GOOD H	e O. ignificant of required to 1. 369. in INITA WIT CR LIF CADS T IEALTH IEALTH 346. in TRIBUT	changes ir nts for eac preport the ncluding gran <u>TIVES</u> <u>'H EVE</u> <u>'E BY</u> <u>'O A B</u> [.	h how it cond ch of its three e amount of g ts of \$ RYONE ' FOCUSI ETTER ETTER b UNITED	ducts, any programs and all 1, 146, HE HEAH S HELP NG ON M JOB, WH	rogram services gram services llocations to , 860 • ) ( RT OF C , UWGCR MEETING HICH PR	Revenue \$	d by expenses. tal expenses, ar 2,232, SION "TO ES NEEDS, A STABL 1,335,	X No
e organization ceas s," describe these cl ibe the organization on 501(c)(3) and 501 ue, if any, for each p ) (Expense CR'S COMMU ANCE THE C ORTUNITIES LITY EDUCA ILY INCOME ) (Expense ORS CAN CH SCUSSED AB CUSSED BEL - PROFIT 50	e conducting hanges on S 's program serv s 2 (c)(4) organiz program serv s 2 2 NITY I COMMON 5 FOR A TION T COMMON 5 FOR A TION T COMMON 5 S 1 1 00SE T	g, or make s Schedule O. service acco zations are r vice reported 2,188,8 MPACT GOOD." BETTE 'HAT LE GOOD H 'HAT LE GOOD H	ignificant of mplishmer required to 369. in 369. in 389. T WIT R LIF ADS T EALTH EALTH EALTH	nts for eac oreport the ncluding gran <u>TIVES</u> <u>'HEVE</u> <u>'EBY</u> <u>'OAB</u> [.	th of its three amount of g ts of \$ ARE T RYONE' FOCUSI ETTER ETTER SETTER UNITED	a largest prog grants and al 1,146, HE HEAH S HELP NG ON M JOB, WH	gram services llocations to <u>, 860.</u> ) ( RT OF C , UWGCR MEETING HICH PR	s, as measure others, the to Revenue \$ DUR_MISS CREATI BASIC COVIDES	d by expenses. tal expenses, ar 2,232, SION "TO ES NEEDS, A STABL 1,335,	nd 020. A E 346.
s," describe these cl ibe the organization on 501(c)(3) and 501 ue, if any, for each p ) (Expense CR'S COMMU ANCE THE C ORTUNITIES LITY EDUCA ILY INCOME ) (Expense ORS CAN CH SCUSSED AB CUSSED BEL - PROFIT 50	hanges on S 's program s (c)(4) organize orogram server s \$2 INITY I COMMON 5 FOR A TION T 5 FOR A TION T 5 AND 5 \$1 1 100SE T	Chedule O. Service acco zations are r vice reported 2,188,8 MPACT GOOD." BETTE 'HAT LE GOOD H COD H	mplishmer required to 369. in INITA WIT R LIF ADS T EALTH EALTH	nts for eac oreport the ncluding gran <u>TIVES</u> <u>'HEVE</u> <u>'EBY</u> <u>'OAB</u> [.	th of its three amount of g ts of \$ ARE T RYONE' FOCUSI ETTER ETTER SETTER UNITED	a largest prog grants and al 1,146, HE HEAH S HELP NG ON M JOB, WH	gram services llocations to <u>, 860.</u> ) ( RT OF C , UWGCR MEETING HICH PR	s, as measure others, the to Revenue \$ DUR_MISS CREATI BASIC COVIDES	d by expenses. tal expenses, ar 2,232, SION "TO ES NEEDS, A STABL 1,335,	nd 020. A E 346.
ibe the organization on 501(c)(3) and 501 ue, if any, for each p ) (Expense CR'S COMMU ANCE THE C ORTUNITIES LITY EDUCA TLY INCOME ) (Expense ORS CAN CH SCUSSED AB CUSSED BEL - PROFIT 50	s program serv (c)(4) organiz orogram serv s 2 INITY I COMMON FOR A TION T , AND s for A TION T , AND	service acco zations are r vice reported 2,188,8 MPACT GOOD." A BETTE 'HAT LE GOOD H COD H	equired to 369. " INITA WIT R LIF ADS T EALTH EALTH 346. "	ncluding gran TIVES 'H EVE 'E BY 'O A B [.	e amount of s ts of \$ RYONE ' FOCUSI ETTER ts of \$ UNITED	grants and al <u>1,146,</u> <u>HE HEAH</u> <u>S HELP</u> <u>NG ON N</u> <u>JOB, WH</u> <u>1,335</u> ,	Note that the second se	Revenue \$ CREATI CREATI BASIC OVIDES	tal expenses, ar 2,232, SION "TO ES NEEDS, A STABL 1,335,	nd 020. A E 346.
on 501(c)(3) and 501 ue, if any, for each p ) (Expense CR'S COMMU ANCE THE C ORTUNITIES LITY EDUCA ILY INCOME ) (Expense ORS CAN CH SCUSSED AB CUSSED BEL - PROFIT 50	(c)(4) organiz program serv s \$ 2 INITY I COMMON 5 FOR A TION T C, AND s \$ 1 100SE T	zations are r vice reported 2,188,8 MPACT GOOD." BETTE HAT LE GOOD H COD H L,335,3 O CONT	equired to 369. " INITA WIT R LIF ADS T EALTH EALTH 346. "	ncluding gran TIVES 'H EVE 'E BY 'O A B [.	e amount of s ts of \$ RYONE ' FOCUSI ETTER ts of \$ UNITED	grants and al <u>1,146,</u> <u>HE HEAH</u> <u>S HELP</u> <u>NG ON N</u> <u>JOB, WH</u> <u>1,335</u> ,	Note that the second se	Revenue \$ CREATI CREATI BASIC OVIDES	tal expenses, ar 2,232, SION "TO ES NEEDS, A STABL 1,335,	nd 020. A E 346.
LITY EDUCA CR'S COMMU ANCE THE C ORTUNITIES LITY EDUCA ILY INCOME ORS CAN CH SCUSSED AB CUSSED BEL - PROFIT 50	s\$ 1 0005E T	L,335,3	369. INITA WIT R LIF ADS T EALTH	ncluding gran <u>TIVES</u> <u>'HEVE</u> <u>'EBY</u> <u>'OAB</u> <u>'E</u> TO	ts of \$ ARE T RYONE ' FOCUSI ETTER ts of \$ UNITED	1,146, HE HEAH S HELP NG ON M JOB, WH	,860.)( RT OF C ,UWGCR MEETING HICH PR	Revenue \$	2,232, SION "TO ES NEEDS, A STABL	020. A E 346.
) (Expense CR'S COMMU ANCE THE C ORTUNITIES LITY EDUCA ILY INCOME 	ss 2 <u>NITY I</u> <u>COMMON</u> <u>FOR A</u> <u>TION T</u> <u>, AND</u> <u>ss 1</u> <u>100SE T</u>	2,188,8 MPACT GOOD." BETTE 'HAT LE GOOD H 	369. INITA WIT R LIF ADS T EALTH EALTH	TIVES H EVE E BY O A B	ARE T RYONE' FOCUSI ETTER ETTER	HE HEAN S HELP NG ON M JOB, W 1,335,	RT OF C , UWGCR MEETING HICH PR	CREATI BASIC OVIDES	SION "TO ES NEEDS, A STABL	A E 346.
CR'S COMMU ANCE THE C ORTUNITIES LITY EDUCA ILY INCOME 	NITY I COMMON 5 FOR A TION T 2, AND 5, AND 5	MPACT GOOD." BETTE HAT LE GOOD H L,335,3 O CONT	INITA WIT R LIF ADS T EALTH EALTH	TIVES H EVE E BY O A B	ARE T RYONE' FOCUSI ETTER ETTER	HE HEAN S HELP NG ON M JOB, W 1,335,	RT OF C , UWGCR MEETING HICH PR	CREATI BASIC OVIDES	SION "TO ES NEEDS, A STABL	A E 346.
ANCE THE C ORTUNITIES LITY EDUCA ILY INCOME (Expense ORS CAN CH SCUSSED AB CUSSED BEL -PROFIT 50	SS 1005E T	GOOD." BETTE HAT LE GOOD H L,335,3 O CONT	WIT R LIF ADS T EALTH B46. "	'H EVE 'E BY 'O A B [.	TRYONE ' FOCUSI ETTER ETTER ETTER ETTER ETTER ETTER	S HELP NG ON M JOB, W 1,335,	, UWGCR MEETING HICH PR	Revenue \$	ES NEEDS, A STABL	A E 346.
ORTUNITIES LITY EDUCA ILY INCOME )(Expense ORS CAN CH SCUSSED AB CUSSED BEL -PROFIT 50	5 FOR A TION T , AND .,	A BETTE HAT LE GOOD H L,335,3 O CONT	R LIF ADS T EALTH	'E BY 'O A B [. ncluding gran 'E TO	FOCUSI ETTER sof \$ UNITED	NG ON M JOB, W 1,335,	MEETING HICH PR	BASIC OVIDES	NEEDS, A STABL	E 346.
LITY EDUCA ILY INCOME )(Expense ORS CAN CH SCUSSED AB CUSSED BEL -PROFIT 50	S\$ 1 005E T	HAT LE GOOD H L,335,3 O CONT	ADS T EALTH	NOAB	ETTER	JOB, WH	HICH PR	Revenue \$	A STABL	E 346.
ILY INCOME )(Expense ORS CAN CH SCUSSED AB CUSSED BEL -PROFIT 50	s <u>1</u> 0055 T	GOOD H L,335,3 O CONT	BALTH	I • ncluding gran 'E TO	ts of \$ UNITED	1,335,	, <b>346.</b> )(	Revenue \$	1,335,	346.
)(Expense ORS CAN CH SCUSSED AB CUSSED BEL -PROFIT 50	s\$ 1 1005E T	L,335,3 'O CONT	346. "	ncluding gran 'E TO	UNITED					
ORS CAN CH SCUSSED AB CUSSED BEL -PROFIT 50	IOOSE T	O CONT	RIBUT	E TO	UNITED					
ORS CAN CH SCUSSED AB CUSSED BEL -PROFIT 50	IOOSE T	O CONT	RIBUT	E TO	UNITED					
ORS CAN CH SCUSSED AB CUSSED BEL -PROFIT 50	IOOSE T	O CONT	RIBUT	E TO	UNITED					
ORS CAN CH SCUSSED AB CUSSED BEL -PROFIT 50	IOOSE T	O CONT	RIBUT	E TO	UNITED					
ORS CAN CH SCUSSED AB CUSSED BEL -PROFIT 50	IOOSE T	O CONT	RIBUT	E TO	UNITED					
ORS CAN CH SCUSSED AB CUSSED BEL -PROFIT 50	IOOSE T	O CONT	RIBUT	E TO	UNITED					
ORS CAN CH SCUSSED AB CUSSED BEL -PROFIT 50	IOOSE T	O CONT	RIBUT	E TO	UNITED					
ORS CAN CH SCUSSED AB CUSSED BEL -PROFIT 50	IOOSE T	O CONT	RIBUT	E TO	UNITED					
SCUSSED AB CUSSED BEL -PROFIT 50						WY V C	0010000		RE FUND	100
CUSSED BEL -PROFIT 50	SOVE),	OR TO	A SPE	CIFIC		WAIS	COMMUN	IIII CAI		3
-PROFIT 50		01 10	11 01 1		UWGCR	INITIA	ATIVE (	SOME OF	F WHICH .	ARE
	OW). A	DDITIO	NALLY	, DON	ORS MA	Y CHOOS	SE TO E	ONATE 7	FO OTHER	
	1(C)(3	) AGEN	CIES.	THES	E FUND	S ARE (	COLLECI	ED, ANI	C	
TRIBUTED Q	UARTER	LY TO	THE D	ESIGN	ATED A	GENCIES	s.			
) (Expanse	c \$	170.0	)07	neluding grap	te of \$		) (	Revenue ¢		
/ * * *						ጥዘልጥ (			ERS TO F	REE
			-							
	-									
							-		-	
ERIENCE LO	NG-TER	M PROB	LEMS	THAT	AFFECT	THEIR	FAMILI	ES AND	COMMUNI	л. Х •
program services (E	Describe on S	Schedule O.	.)							
	<u>50,40</u> 3	. including g	grants of \$			) (Reven	nue \$		)	
program service exp			3,744,	,625.						
									Form 9	990 (202
	-1 IS AN E ORMATION A MUNITY. U NTIES, ARE ONLINE, W ISTANCE TC ERIENCE LC Program services (I	ORMATION ABOUT H MUNITY. UNITED NTIES, ARE AVAIL ONLINE, WITH HE ISTANCE TO OVERC ERIENCE LONG-TER program services (Describe on mes \$ 50,403	-1 IS AN EASY-TO-REMEM ORMATION ABOUT HEALTH MUNITY. UNITED WAY'S NTIES, ARE AVAILABLE 1 ONLINE, WITH HELP AVA ISTANCE TO OVERCOME LI ERIENCE LONG-TERM PROE program services (Describe on Schedule O ses \$ 50,403. including of	-1 IS AN EASY-TO-REMEMBER F ORMATION ABOUT HEALTH AND H MUNITY. UNITED WAY'S 2-1-1 NTIES, ARE AVAILABLE 10 HOU ONLINE, WITH HELP AVAILABL ISTANCE TO OVERCOME LIFE'S ERIENCE LONG-TERM PROBLEMS program services (Describe on Schedule O.) ses \$ 50,403. including grants of \$	-1 IS AN EASY-TO-REMEMBER PHONE ORMATION ABOUT HEALTH AND HUMAN MUNITY. UNITED WAY'S 2-1-1 NORT NTIES, ARE AVAILABLE 10 HOURS A ONLINE, WITH HELP AVAILABLE IN ISTANCE TO OVERCOME LIFE'S CHALL ERIENCE LONG-TERM PROBLEMS THAT program services (Describe on Schedule O.) ses \$ 50,403. including grants of \$	-1 IS AN EASY-TO-REMEMBER PHONE NUMBER ORMATION ABOUT HEALTH AND HUMAN SERVIC MUNITY. UNITED WAY'S 2-1-1 NORTHEAST NTIES, ARE AVAILABLE 10 HOURS A DAY, 7 ONLINE, WITH HELP AVAILABLE IN 240 LA ISTANCE TO OVERCOME LIFE'S CHALLENGES, ERIENCE LONG-TERM PROBLEMS THAT AFFECT program services (Describe on Schedule O.) ses \$ 50,403. including grants of \$	-1 IS AN EASY-TO-REMEMBER PHONE NUMBER THAT ORMATION ABOUT HEALTH AND HUMAN SERVICES AVA MUNITY. UNITED WAY'S 2-1-1 NORTHEAST REGION NTIES, ARE AVAILABLE 10 HOURS A DAY, 7 DAYS ONLINE, WITH HELP AVAILABLE IN 240 LANGUAGE ISTANCE TO OVERCOME LIFE'S CHALLENGES, THEY ERIENCE LONG-TERM PROBLEMS THAT AFFECT THEIR program services (Describe on Schedule O.) ses \$ 50,403. including grants of \$ ) (Rever	-1 IS AN EASY-TO-REMEMBER PHONE NUMBER THAT CONNECT ORMATION ABOUT HEALTH AND HUMAN SERVICES AVAILABLE MUNITY. UNITED WAY'S 2-1-1 NORTHEAST REGION ACTIVI NTIES, ARE AVAILABLE 10 HOURS A DAY, 7 DAYS A WEEK, ONLINE, WITH HELP AVAILABLE IN 240 LANGUAGES. WHE ISTANCE TO OVERCOME LIFE'S CHALLENGES, THEY ARE LES ERIENCE LONG-TERM PROBLEMS THAT AFFECT THEIR FAMILI program services (Describe on Schedule O.) ses \$ 50,403. including grants of \$ ) (Revenue \$	-1 IS AN EASY-TO-REMEMBER PHONE NUMBER THAT CONNECTS CALL ORMATION ABOUT HEALTH AND HUMAN SERVICES AVAILABLE IN THE MUNITY. UNITED WAY'S 2-1-1 NORTHEAST REGION ACTIVITIES CO NTIES, ARE AVAILABLE 10 HOURS A DAY, 7 DAYS A WEEK, OR 24 ONLINE, WITH HELP AVAILABLE IN 240 LANGUAGES. WHEN PEOPI ISTANCE TO OVERCOME LIFE'S CHALLENGES, THEY ARE LESS LIKE ERIENCE LONG-TERM PROBLEMS THAT AFFECT THEIR FAMILIES AND program services (Describe on Schedule O.) ses \$ 50,403. including grants of \$ ) (Revenue \$	-1 IS AN EASY-TO-REMEMBER PHONE NUMBER THAT CONNECTS CALLERS TO F ORMATION ABOUT HEALTH AND HUMAN SERVICES AVAILABLE IN THEIR MUNITY. UNITED WAY'S 2-1-1 NORTHEAST REGION ACTIVITIES COVER 21 NTIES, ARE AVAILABLE 10 HOURS A DAY, 7 DAYS A WEEK, OR 24 HOURS A ONLINE, WITH HELP AVAILABLE IN 240 LANGUAGES. WHEN PEOPLE GET ISTANCE TO OVERCOME LIFE'S CHALLENGES, THEY ARE LESS LIKELY TO ERIENCE LONG-TERM PROBLEMS THAT AFFECT THEIR FAMILIES AND COMMUNI program services (Describe on Schedule O.) ses \$ 50,403. including grants of \$ ) (Revenue \$ ) program service expenses ▶ 3,744,625.

Form 990 (2021				THE	GREATER	CAPITAL	REGION	14-1364505	Page 3
Part IV Ch	ecklist of Required So	hedule	S						

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
U	public office? If "Yes," complete Schedule C, Part I	3		x
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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
U	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
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		x
с	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		x
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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		x
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 and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
132003	3 12-09-21	Form	990	(2021)

08380512 784124 UNI032001

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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 lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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 repeated on any of the organization's prior Forms 200 or 200 F72. If We all exceeds the			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		x
35a	Part V, line 1	35a		X
	If "Yes" to line 35a, 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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X 000	
132004	12-09-21 <b>5</b>	⊢orm	330	(2021)

# 08380512 784124 UNI032001

2021.05080 UNITED WAY OF THE GREATER UNI03201

-	990 (2021) UNITED WAY OF THE GREATER CAPITAL REGI	ON 14-1364	505	P	age
'ar	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			100	110
	filed for the calendar year ending with or within the year covered by this return	2a 36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			37
			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		<u>5b</u>		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
	Organizations that may receive deductible contributions under section 170(c).		-		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		_		v
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		•		
			8		
	Sponsoring organizations maintaining donor advised funds.		0.		
			9a		
			9b		
	Section 501(c)(7) organizations. Enter:	100			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
		11b			
	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.5			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		100		
	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
	If "Yes," complete Form 4720, Schedule O.				
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv			
		arry	17		
	If "Yes," complete Form 6069.				

132005 12-09	-21	
08380512	784124	UNI032001

Form 990	(2021)
----------	--------

## UNITED WAY OF THE GREATER CAPITAL REGION 14-1364505

Page **6** 

X

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

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

			-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		Х
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approved more members of the governing body?			7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto		·····	74		
D		,		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		·····	15		
	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?			oa 8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac			00		
9	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	ionuo Codo 1		3		- 23
		renue Coae.)			Yes	N
0~	Did the organization have local chapters, branches, or affiliates?		ſ	10a	162	N X
	Did the organization have local chapters, branches, or affiliates?		·····	iua		
α	If "Yes," did the organization have written policies and procedures governing the activities of such cha			10-		
4-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	beiore ming the fo	1111?	11a	л	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise in Did the exception required to accept the manifest and enforce compliance with the policy?		······	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	,		10-	х	
2	on Schedule O how this was done		ſ	12c	 X	
3 ⊿	Did the organization have a written whistleblower policy?		Г	13	 X	
4 5	Did the organization have a written document retention and destruction policy?		·····	14	л	
5	Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by independent				
а	The organization's CEO, Executive Director, or top management official		[	15a	Х	
	Other officers or key employees of the organization		[	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem			16a		X
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		·····	iua		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (section 50	)1(c)(3)=	only	availat	ole
-	for public inspection. Indicate how you made these available. Check all that apply.			y)		
		on Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	,	icy, and	financ	ial	
	statements available to the public during the tax year.	•				
0	State the name, address, and telephone number of the person who possesses the organization's bool <b>PETER GANNON</b> $-518-456-2200$	ks and records	•			
	ONE UNITED WAY, PO BOX 13865, ALBANY, NY 12212					
				Farre	990	(00)
	12-09-21			⊢orm	330	(20)

Form 990 (2021)		-	THE GREATER	-		14-1364505	Page 1						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated													
Employees, and Independent Contractors													
Check if Schedu	le O contains a respoi	nse or note	to any line in this Par	t VII									

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1039-1120)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PETER GANNON	35.00	_		0	-		-			
PRESIDENT AND CEO				х				193,024.	0.	37,447.
(2) AMBER SCHILLER	35.00									
CFO				Х				104,959.	0.	8,278.
(3) BRIAN O'GRADY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(4) DAVID DEMARCO	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) JOHN KEARNEY	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) CARM BASILE	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(7) JIM MALATRAS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) BRIAN BARR	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) RYAN CASE	2.00									
FINANCE CHAIR		Х						0.	0.	0.
(10) MATT CUTLER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) VERONICA HANLEY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) MICHAEL GUZZO	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) TODD KERNER	2.00									
GOVERNANCE CHAIR		Х						0.	0.	0.
(14) FRANK KONCEWICZ	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) ERIC LACOPPOLA	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) ROGER RAMSAMMY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(17) BRIAN SANO	2.00									
RD CHAIR, CHAIR ELECT		Х						0.	0.	0.
132007 12 00 21										Form <b>990</b> (2021)

132007 12-09-21

Form 990 (2021)

08380512 784124 UNI032001

	Y OF TH	ΙE	GF	EA	TE	R	CA	APITAL REGION	14-13	54 <u>5</u>	505	Pag	e <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(10		Posi				Reportable	Reportable		Est	imated	
	hours per	box	, unle	heck r	son i	s both	n an	compensation	compensation		am	ount of	
	week	-	cer ar I	nd a di	irecto	r/trus	tee)	from	from related		C	other	
	(list any	director						the	organizations		•	ensatic	n
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC	1		om the	_
	organizations	ustee	trustee		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	nizatior related	
	below	lual tr	tional		vold	st con yee	5	1033-1120)				nization	
	line)	Individual trustee or	In stit utio nal 1	Officer	ƙey employee	Highest compensated employee	Former				orga	Lation	0
(18) MICHAEL AARON POINDEXTER	2.00	_	-							$\neg$			
CIIC CHAIR		Х						0.	(	<b>b</b> .		(	0.
(19) RICH ASNER	2.00												
BOARD MEMBER		х						0.	(	o.		(	0.
(20) RACHEL BAILEY	2.00												
BOARD MEMBER		х						0.		o.		(	0.
(21) ANNIE BERDAR	2.00												
BOARD MEMBER		х						0.	(	o.		(	0.
(22) MARCIA COGNETTA	2.00												
BOARD MEMBER		х						0.	(	o.		(	0.
(23) CHARLES DAY	2.00												
BOARD MEMBER		х						0.	(	o.		(	0.
(24) SELICA GRANT	2.00									$\neg$			
BOARD MEMBER		х						0.	(	o.		(	0.
(25) LEE MCELROY	2.00												
BOARD MEMBER		х						0.		o.		(	0.
(26) ALFREDO MEDINA	2.00									$\neg$			
BOARD MEMBER		х						0.	(	o.		(	0.
1b Subtotal	•							297,983.		0.	45	5,72	5.
c Total from continuation sheets to Part VI								0.		0.		. (	0.
d Total (add lines 1b and 1c)								297,983.		<b>D</b> .	45	5,72	5.
2 Total number of individuals (including but no							o re	eceived more than \$100.	000 of reportable				
compensation from the organization						,		. ,	·				1
												Yes	١o
<b>3</b> Did the organization list any <b>former</b> officer,	director, trust	ee. k	(ev e	lame	ove	e. or	hia	hest compensated emp	lovee on	ſ			
line 1a? If "Yes," complete Schedule J for su			-	•	•		•		•	- 1	3		х
4 For any individual listed on line 1a, is the su										· F	-		
and related organizations greater than \$150										- 1	4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? <i>If "Yes." com</i>										- E	5		х
Section B. Independent Contractors			0/ 31		10/3					<u></u>	-		
1 Complete this table for your five highest cor	mpensated inc	lepe	nde	nt co	ontra	actor	rs th	nat received more than \$	100.000 of compe	nsati	ion froi	m	
the organization. Report compensation for t													
(A)				0				(B)			(C)	)	
Name and business	address	N	ONE	Ξ				Description of s	ervices	Co	ompen		
							_						
		• ~											
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	zation 🕨				C	)			ore than				
SEE PART VII, SECTION	A CONT	IN	UA	TI	ON	S	HE	ETS		F	Form <b>S</b>	<b>90</b> (20	21)

132008 12-09-21

										4505
		nplo	yee			ligh	est (		, ,	
Part VII         Section A.         Officers, Directors, Trustees, Key Employees, and Highest Condition           (A)         (B)         (C)								(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(Cl	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per week					e e		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	direc				ed em		(W-2/1099-MISC)	(11 2/1000 11100)	organization
	related	tee or	ustee			ensate				and related
	organizations	I trus	nal tri		oyee	dmo				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
	line)	pul	III	0#U	Key	Ηġ	For			
(27) KYLIE MARINE	2.00	37							0	0
BOARD MEMBER	2 00	X						0.	0.	0.
(28) SAMUEL TRIMBOLI BOARD MEMBER	2.00	x						0.	0.	0.
(29) ANDREW WILLETTE	2.00	л						0.	0.	0.
BOARD MEMBER	2.00	х						0.	0.	0.
(30) ROMEL WILSON	2.00							<b>.</b>	<b>.</b>	
BOARD MEMBER		х						0.	0.	0.
					-					
				<u> </u>						
	1	I	I	I	I	I	I			
Total to Part VII, Section A, line 1c										
· ···· ··· ··· ··· ··· ··· ··· ··· ···										

132201 04-01-21

	1 990 (2 r <b>t VII</b>		INE GREA	IER CAFIIF	I KEGION	14-1364	505 Page 9
Fal							[]
		Check if Schedule O contains a response of	or note to any line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
<b>6</b> 6	1 0	Federated campaigns 1a	121,897.				
Contributions, Gifts, Grants and Other Similar Amounts							
<u>n</u> G			223,104.				
fts,		Fundraising events     1c       Related organizations     1d					
ja Gi		Government grants (contributions) 1e	422,954.				
Sin		All other contributions, gifts, grants, and					
uti,	•	similar amounts not included above <b>1f</b>	3,592,844.				
ē∄	n	Noncash contributions included in lines 1a-1f					
no Du	9 h	Total. Add lines 1a-1f		4,360,799.			
0.0			Business Code	, , -			
	2 a	CONTRACT REVENUE	561000	224,807.			224,807.
Program Service Revenue	b			, -			,
Ser	c						
E a	d						
Be	e						
Pro	f	All other program service revenue					
	g	Total. Add lines 2a-2f		224,807.			
	3	Investment income (including dividends, intere		-			
		other similar amounts)		191,950.			191,950.
	4	Income from investment of tax-exempt bond p					
	5	Royalties	· · · · ·				
		(i) Real	(ii) Personal				
	6 a	Gross rents					
	b	Less: rental expenses 6b 0.					
	с	Rental income or (loss) 6c 31, 453.					
	d	Net rental income or (loss)	►	31,453.			31,453.
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 1,020,785.					
	b	Less: cost or other basis					
an		and sales expenses <b>7b</b> 965,534.					
Revenue	с	Gain or (loss)					
	d	Net gain or (loss)	<b>&gt;</b>	55,251.			55,251.
Other	8 a	Gross income from fundraising events (not					
ð		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	0.				
	b	Less: direct expenses 8b	330,556.				
	С	Net income or (loss) from fundraising events	🕨	-330,556.			-330,556.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	🕨				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
$\rightarrow$	С	Net income or (loss) from sales of inventory					
S		NT COEL L ANEQUC	Business Code	EA 564			E4 561
eor	11 a	MISCELLANEOUS	900099	54,764.			54,764.
Miscellaneous Revenue	b						
Sev	c						
Mis	d	All other revenue		EA 564			
	е	Total. Add lines 11a-11d		54,764.			0.07 660
	12	Total revenue. See instructions	🕨	4,588,468.	0.	0.	227,669. Form <b>990</b> (2021

### Form 990 (2021) UNITED WAY OF THE GREATER CAPITAL REGION 14-1364505 Page 10 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).

0000	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		oxponoco	general expenses	expenses
	and domestic governments. See Part IV, line 21	2,482,206.	2,482,206.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	343,478.	112,983.	94,865.	135,630.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	993,797.	550,506.	40,668.	402,623.
8	Pension plan accruals and contributions (include				• • /
	section 401(k) and 403(b) employer contributions)	26,180.	12,398.	4,811.	8,971.
9	Other employee benefits	74,951.	20,857.	8,374.	45,720.
10	Payroll taxes	79,902.	24,196.	10,204.	45,502.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting	24,784.		24,784.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	046 010	110 100		101 251
	column (A), amount, list line 11g expenses on Sch 0.)	246,319.	117,105.	7,863.	121,351.
12	Advertising and promotion	137,223.	51,972.	10,508.	74,743.
13	Office expenses	6,889.	1,855.	2,163.	2,871.
14	Information technology	41,919.	18,676.	4,766.	18,477.
15	Royalties	42 005	15 250	F 020	21 005
16	Occupancy	43,085.	15,250.	5,930.	21,905.
17	Travel	9,495.	6,435.	1,319.	1,741.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings	178.		178.	
20		τ/٥.		T/0.	
21	Payments to affiliates	47,347.	13,307.	6,808.	27,232.
22	Depreciation, depletion, and amortization	10,823.	3,876.	2,000.	4,947.
23	Insurance	10,043.	5,070.	2,000.	4,54/.
24	above. (List miscellaneous expenses noi covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	FEDERATED CAMPAIGN EXPE	145,822.	145,822.		
b	DUES AND SUBSCRIPTIONS	124,933.	43,667.	36,080.	45,186.
c	OTHER COMMUNITY DISTRIB	94,464.	94,464.	,	
d	EMPLOYEE EXPENSE	40,220.	15,754.	7,980.	16,486.
	All other expenses	60,023.	13,296.	2,912.	43,815.
25	Total functional expenses. Add lines 1 through 24e	5,034,038.	3,744,625.	272,213.	1,017,200.
26	Joint costs. Complete this line only if the organization			·	• •
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	) 12-09-21		1	•	Form <b>990</b> (2021)

132010 12-09-21

### 08380512 784124 UNI032001

12 2021.05080 UNITED WAY OF THE GREATER UNI03201

08380512 784124 UNI032001

Che

lance Sheet		
eck if Schedule O contains a response or note to any line in this Part X		 
	<b>(A)</b> Beginning of year	<b>(B)</b> End of year
	647 101	640.2

					Beginning of year		End of year
·	1	Cash - non-interest-bearing			647,101.	1	640,223
	2	Savings and temporary cash investments				2	-
	3	Pledges and grants receivable, net			1,301,618.	3	1,339,603
	4	Accounts receivable, net			211,237.	4	1,339,603 25,515
	5	Loans and other receivables from any current or					
	-	trustee, key employee, creator or founder, subst		, ,			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali				Ŭ	
`	0	under section 4958(f)(1)), and persons described	•	,		6	
.   -	7	Notes and loans receivable, net		7	209,196		
	B					8	2057250
2		Inventories for sale or use				9	
	9					9	
10	Ja	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	188,869.	10	162 603		
		Less: accumulated depreciation	10,248,347.		162,693 7,998,239		
1		Investments - publicly traded securities		10,240,34/.	11	7,990,233	
12		Investments - other securities. See Part IV, line 1				12	
1:		Investments - program-related. See Part IV, line			13		
14	4	Intangible assets		682 421	14		
1	5	Other assets. See Part IV, line 11		673,431.	15	535,468	
16	6	Total assets. Add lines 1 through 15 (must equ			13,270,603.	16	10,910,93
17	7	Accounts payable and accrued expenses			835,457.	17	1,111,58
18	B	Grants payable			688,043.	18	424,68
19	9	Deferred revenue				19	
20	0	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Complete		21			
22	2	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst					
2		controlled entity or family member of any of the	se person	s		22	
23	3	Secured mortgages and notes payable to unrela	ated third	parties		23	
24	4	Unsecured notes and loans payable to unrelated	d third pa	rties		24	
2	5	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24). C	Complete Part X			
		of Schedule D			287,954.	25	
20	6	Total liabilities. Add lines 17 through 25			1,811,454.	26	1,536,263
		Organizations that follow FASB ASC 958, che	ck here				
8		and complete lines 27, 28, 32, and 33.					
27	7	Net assets without donor restrictions			10,609,728.	27	8,663,21
28	в	Net assets with donor restrictions			849,421.	28	711,45
		Organizations that do not follow FASB ASC 9					
		and complete lines 29 through 33.					
29	9	Capital stock or trust principal, or current funds				29	
30		Paid-in or capital surplus, or land, building, or ec				30	
3		Retained earnings, endowment, accumulated in				31	
21 28 28 29 29 29 29 29 29 29 29 29 29 29 29 29		Total net assets or fund balances			11,459,149.	32	9,374,67
- I -	3	Total liabilities and net assets/fund balances			13,270,603.	33	10,910,93

UNITED WAY OF THE GREATER CAPITAL REGION 14-1364505 Page 11

Form 990 (2021) Part X Ba

Form	990 (2021) UNITED WAY OF THE GREATER CAPITAL REGION	14-	1364505	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,588		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,034		
3	Revenue less expenses. Subtract line 2 from line 1	3	-445	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,459		
5	Net unrealized gains (losses) on investments	5	-1,638	3,9	03.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9,374	1,6'	76.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<b> </b>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2021)

SCHE	DULE A		Dublic Cha	rity Status an		lia Si	innort		OMB No. 1545-0047			
(Form 9	90)			rity Status an ization is a section 50 <sup>.</sup>					2021			
				47(a)(1) nonexempt cha					2021			
Department o Internal Reve	of the Treasury nue Service			Attach to Form 990 or I //Form990 for instructi			formation		Open to Public Inspection			
Name of	the organization				ons and u	le latest li	normation.	Employer	identification number			
	and of gammaan		ED WAY OF	THE GREATER	CAPITA	AL REG	ION		4-1364505			
Part I	Reason	or Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction					
The orgar				For lines 1 through 12, c								
1	A church, cor	vention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	)(A)(i).					
2	A school dese	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forr	n 990).)							
3	A hospital or	a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).					
4		-	ation operated in cor	njunction with a hospital	described	in sectio	n 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											
e 🗌	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
0 7 X			-	ntial part of its support f				e general r	whic described in			
/ [11]	0		omplete Part II.)	ntial part of its support i	on a gove	minenta		ie general p				
8	-			(1)(A)(vi). (Complete Par	t II.)							
9				in section 170(b)(1)(A)(	,	ed in conju	nction with a	land-grant	college			
	-			ulture (see instructions).		-		-	-			
	university:											
10	An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from			
	activities relat	ed to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment			
	income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.			
			mplete Part III.)									
	•	-	-	vely to test for public sa	•							
12	•	-	-	vely for the benefit of, to				•				
			-	d in section 509(a)(1) of supporting organization					neck the box on			
a	-	-	• •	upervised, or controlled				-	nivina			
u				gularly appoint or elect a	• • • •	-						
		-	complete Part IV, Se		inajointy o				pporting			
b	¬ ĭ		•	or controlled in connec	tion with its	s supporte	d organizatio	n(s), by hav	ing			
	control or n	nanagement o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported			
	organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.								
с	Type III fun	ctionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,			
_	_ its supporte	ed organization	n(s) (see instructions)	). You must complete	Part IV, Se	ctions A,	D, and E.					
d	••	-	• •	porting organization oper				°,				
			• •	ation generally must sat				an attentiv	reness			
	_			nplete Part IV, Sections								
e 🗌				written determination fro nally integrated supporti			турет, туре	п, туре п				
f Ent	er the number of			nany integrated support								
			about the supporte									
	(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	monetary	(vi) Amount of other			
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)			

Total

# Schedule A (Form 990) 2021 UNITED WAY OF THE GREATER CAPITAL REGION 14-1364505 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	4338926.	4481885.	5266314.	8027405.	3321556.	25436086.				
2	Tax revenues levied for the organ-										
	ization'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	4220026	4401005	5066014	0007405	2221556	25426006				
	Total. Add lines 1 through 3	4338926.	4481885.	5266314.	8027405.	3321556.	25436086.				
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)						25436086.				
	Public support. Subtract line 5 from line 4.						25450000.				
		(a) 2017	<b>(b)</b> 2018	(a) 2010	(4) 2020	(a) 2021					
	ndar year (or fiscal year beginning in)	(a) 2017 4338926.	4481885.	(c) 2019 5266314.	(d) 2020 8027405.	(e) 2021	(f) Total 25436086.				
	Amounts from line 4	4556520.	440100 <b>0</b> .	JZ00JI4.	0027403.	55215500	234300000				
0	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,	97,956.	108,157.	107,100.	118,505.	191,950.	623,668.				
~	and income from similar sources	97,950.	100,157.	107,100.	110,303.	191,950.	025,000.				
9	Net income from unrelated business										
	activities, whether or not the										
40	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital					227 669	227,669.				
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10					227,005.	26287423.				
	Gross receipts from related activities,					12	2020/4250				
	First 5 years. If the Form 990 is for th	,	,	iourth or fifth tax y							
10	organization, check this box and <b>stor</b>			-							
Sec	ction C. Computation of Publi										
	Public support percentage for 2021 (I			column (f))		14	96.76 %				
	Public support percentage from 2020					15	97.47 %				
	<b>33 1/3% support test - 2021.</b> If the o										
	stop here. The organization qualifies						N V				
b	<b>33 1/3% support test - 2020.</b> If the o		•								
	and stop here. The organization qual										
17a	10% -facts-and-circumstances test										
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization										
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
b	b 10% -facts-and-circumstances test - 2020. 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 th	-									
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation					
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s <b>&gt;</b>				
						Schedule A	(Form 990) 2021				

132022 01-04-22

### Schedule A (Form 990) 2021 UNITED WAY OF THE GREATER CAPITAL REGION 14-1364505 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
, 11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	<b>First 5 years.</b> If the Form 990 is for th	le organization's fi	rst. second third	fourth, or fifth tax	vear as a section 5	501(c)(3) organiza	tion.
	check this box and <b>stop here</b>	-			-		
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), c	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	<b>)21</b> (line 10c, colui	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar						
k	<b>33 1/3% support tests - 2020.</b> If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						<b>&gt;</b>
1320	23 01-04-22					Schedule	A (Form 990) 2021

Schedule A (Form 990) 2021

## Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

132024 01-04-21

4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

Yes No

1

2

3a

3b

3c

# Schedule A (Form 990) 2021 UNITED WAY OF THE GREATER CAPITAL REGION 14-1364505 Page 5

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

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

Section C. Type II Supporting Organizations	
	_

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

 1
 1

Section D. All Type III Supporting Organizations									
	4	Did the	orgonizatio	n nrovido to	acab of it		organizationa	by the lest	dovio

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

### Section E. Type III Functionally Integrated Supporting Organizations

1 Check	k the box next to the met	thod that the organization	nused to satisfy the Inte	aral Part Test during the ve	ar (see instructions).
---------	---------------------------	----------------------------	---------------------------	------------------------------	------------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions)	
---	--	---	--	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3b | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

Yes No

Yes No

08380512 784124 UNI032001

_	dule A (Form 990) 2021 UNITED WAY OF THE GREA			4-1364505 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	[
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting organ	nization (see

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

# UNITED WAY OF THE GREATER CAPITAL REGION 14-1364505 Page 7

Sche Par		THE GREATER CA			4-1364505 Page 7
	on D - Distributions			iea)	Current Year
<u>3ecu</u>	Amounts paid to supported organizations to accomplish exer	matauraaaa		1	
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			- '	
2	organizations, in excess of income from activity	r purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets		5	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	avida dataila in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
Ŭ	(provide details in <b>Part VI</b> ). See instructions.	le organization le responsive		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Ene o anoant avraga by no o anoant	(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	IS	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
				-	

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021	UNITED WAY	OF THE GREA	ATER CAPITAL	REGION 14-1364505 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	<b>mation.</b> Provide the ( 1, 2, 3b, 3c, 4b, 4c, 5a, 6 lines 2 and 3; Part IV, S	explanations required 5, 9a, 9b, 9c, 11a, 11b ection E, lines 1c, 2a,	by Part II, line 10; Part , and 11c; Part IV, Sec 2b, 3a, and 3b; Part V	II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section C, , line 1; Part V, Section B, line 1e; Part V, or any additional information.
132028 01-04-2	22				Schedule A (Form 990) 202 <sup>-</sup>
			22		

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2021

Employer identification number

	UNITED	WAY	OF	THE	GREATER	CAPITAL	REGION	14-1364505
Organization type (che	eck one):							

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

Page **2** 

Employer identification number

14-1364505

# UNITED WAY OF THE GREATER CAPITAL REGION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OCFS 2-1-1 40 PEARL STREET ALBANY, NY 12207	\$ <u>158,965.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HANNAFORD - REGIONAL HEADQUARTERS 900 CENTRAL AVENUE ALBANY, NY 12207	\$126,934.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	IRS VITA GRANT          1 CLINTON AVENUE         ALBANY, NY 12207	\$107,544.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	U.S. SMALL BUSINESS ADMINSTRATION 409 3RD STREET SW ALBANY, NY 12207	\$287,954.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

24

123452 11-11-21

Schedule B (Form 990) (2021)

2021.05080 UNITED WAY OF THE GREATER UNI03201

Name of organization

# UNITED WAY OF THE GREATER CAPITAL REGION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

25

2021.05080 UNITED WAY OF THE GREATER UNI03201

Employer identification number

14-1364505

Schedule E	B (Form 990) (2021)			Page 4							
Name of or	rganization			Employer identification number							
UNTTEI	D WAY OF THE GREATER CA	PTTAL REGION		14-1364505							
Part III	Exclusively religious, charitable, etc., contribu	tions to organizations described in se	ction 501(c)(7), (8),	or (10) that total more than \$1,000 for the year							
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter	s this info. once.) ► \$							
(a) No.	Use duplicate copies of Part III if additional	l space is needed.									
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held							
Ī		(e) Transfer of gif									
			Deletionehi								
-	Transferee's name, address, a		Relationsh	p of transferor to transferee							
(a) No. from											
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held							
-											
	(e) Transfer of gift										
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee								
(-) N											
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held							
<u> </u>											
Ī	(e) Transfer of gift										
	<b>T</b>										
-	Transferee's name, address, a		Relationsh	p of transferor to transferee							
(a) No. from	(h) Dumpers of sift			(d) Description of how rift is hold							
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held							
ŀ		(-) Turner (									
		(e) Transfer of gif	L								
	Transferee's name, address, a	and ZIP + 4	Relationshi	p of transferor to transferee							
		[									
123454 11-11	-21			Schedule B (Form 990) (2021)							

26 2021.05080 UNITED WAY OF THE GREATER UNI03201

# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.

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

OMB No. 1545-0047
0004
2021
Open to Public
Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

INTTED WAY OF THE GREATER CAPITAL REGION

Employer identification number 14 - 1364505

Par		Funds or Other Similar Funds of	
i ui	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
_			
Par			art IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (for example, recreat		a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified and the tox war	ed conservation contribution in the form of	Held at the End of the Tax Year
_	day of the tax year.		
a ⊾			
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic stru	atura included in (a)	
c d	Number of conservation easements included in (c) acquired at		
u	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
Ū	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri-		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation	on easements during the year
	► \$		
8	Does each conservation easement reported on line 2(d) above	, , , , , , , , , , , , , , , , , , , ,	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio	•	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statemer	its that describes the
Par	organization's accounting for conservation easements. TIII Organizations Maintaining Collections of	Art Historical Treasures or Oth	er Similar Assets
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 958		d balance sheet works
iu	of art, historical treasures, or other similar assets held for publ		
	service, provide in Part XIII the text of the footnote to its finance	, ,	•
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	-	
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• *
			•
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial g	gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• • •
b	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2021
132051	10-28-21		

2	7				
		-	-	-	

2021.05080 UNITED WAY OF THE GREATER UNI03201

Sche Par		NAY OF THE					14-13 r Assets			age <b>2</b>	
3	Using the organization's acquisition, accessio							(contir	nued)		
3	collection items (check all that apply):	n, and other records	s, check any of the	ionowing tha	t make s	ignincant					
а	Public exhibition	d	Loan or ex	change progr	am						
b											
с											
4	Provide a description of the organization's co	llections and explain	how they further t	he organizatio	on's exer	mpt purpo	se in Part	XIII.			
5											
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arrang		ete if the organizati	on answered	"Yes" on	Form 990	), Part IV, I	ine 9, or			
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia							-		-	
	on Form 990, Part X?						L	Yes		No	
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:					A.m.o.u.m	+		
	Designing holes of							Amoun	L		
	Beginning balance										
	Additions during the year										
f	Distributions during the year Ending balance										
	Did the organization include an amount on Fo							Yes		No	
	If "Yes," explain the arrangement in Part XIII.									]	
Par						10.					
		(a) Current year	<b>(b)</b> Prior year	(c) Two yea	irs back	(d) Three y	/ears back	(e) Four	r years	back	
1a	Beginning of year balance	5,255,629.	3,803,787	. 3,94	4,740.	3,6	68,194.	3,444,867.		867.	
b											
с	Net investment earnings, gains, and losses	-870,767.		-14	0,953.	2	76,546.		223,	327.	
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses	4 204 050	2 002 505						660	104	
-	End of year balance	4,384,862.	3,803,787		3,787.	3,9	44,740.	3	,668,	194.	
2	Provide the estimated percentage of the curre	ent year end balance	( <b>b</b> )	a)) held as:							
a ⊾	Board designated or quasi-endowment	0/	_%								
	Permanent endowment ►	% %									
С	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	-									
3a	Are there endowment funds not in the posses	•	tion that are held a	nd administe	red for th	ne organiz:	ation				
ou	by:	bolon of the organiza				ie organiza		]	Yes	No	
	(i) Unrelated organizations							3a(i)	x		
	(ii) Related organizations							3a(ii)		Х	
b	If "Yes" on line 3a(ii), are the related organization							3b			
4	Describe in Part XIII the intended uses of the		wment funds.								
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990	), Part X,	line 10.					
	Description of property	<b>(a)</b> Cost or of basis (investm		st or other s (other)		ccumulate preciation		( <b>d)</b> Boo	k valu	e	
1a	Land			02,300.					2,3		
	Buildings		81	78,384.		839,5	67.	3	8,8:	17.	
	Leasehold improvements										
d	Equipment		28	32,389.		260,8	13.	2	1,5	76.	
	Other								0 5		
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part )	X. column (B), line	10c.)		<u></u>		16.	2,6	93.	

Schedule D (Form 990) 2021

Part III         Investments - Other Socurities.           Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.           (a) Description of security or category (reducing some of security)         (b) Book value         (c) Method of valuation: Cost or end of year market value           (1) Financial derivatives         (a) Cosely held equity interests         (b) Book value         (c) Method of valuation: Cost or end of year market value           (2) Cosely held equity interests         (b) Book value         (c) Method of valuation: Cost or end of year market value           (3) Other         (c)         (c)         (c)           (b)         (c)         (c)         (c)           (c)         (c)         (c)         (c)           (b)         (c)         (c)         (c)           (c)         (c)         (c)         (c)           (d)         (c)         (c)         (c)           (d)         (c) <td< th=""><th>Schedu</th><th>le D (Form 990) 2021</th><th>UNITED WAY</th><th>OF THE</th><th>GREATE</th><th>R CAPITAL</th><th>REGION</th><th>14-1364505 Page <b>3</b></th></td<>	Schedu	le D (Form 990) 2021	UNITED WAY	OF THE	GREATE	R CAPITAL	REGION	14-1364505 Page <b>3</b>
(a) Description of security or calling or product years of each hyper market value       (a) Method of valuation: Cost or end-of-year market value         (b) Endoc Value       (c) Method of valuation: Cost or end-of-year market value         (c) Costey hole equity interests       (c) Method of valuation: Cost or end-of-year market value         (d) Cher       (c) Method         (d) Costey hole equity interests       (c) Method of valuation: Cost or end-of-year market value         (d) Costey hole equity interests       (c) Method of valuation: Cost or end-of-year market value         (d) Method of valuation: Cost or end of year market       (c) Method of valuation: Cost or end of-year market value         (d) Method of valuation: Cost or end of-year market value       (c) Method of valuation: Cost or end of-year market value         (f) Method of valuation: Cost or end of-year market value       (f) Method of valuation: Cost or end of-year market value         (f) Method of valuation: Cost or end of-year market value       (f) Method of valuation: Cost or end of-year market value         (f) Method of valuation: Cost or end of-year market value       (f) Method of valuation: Cost or end of-year market value         (f) Method of valuation: Cost or end of-year market value       (f) Method of valuation: Cost or end of-year market value         (f) Method of valuation: Cost or end of-year market value       (f) Method of valuation: Cost or end of-year market value         (f) Method of valuation: Cost or end of-year market value	Part							
11)       Financial derivatives         (2)       Cosely held equity interests         (3)       Comment         (4)       Comment         (5)       Comment         (6)       Comment         (7)       Comment         (9)       Comment         (9)       Comment         (10)       Comment         (11)       Comment         (12)       Comment         (13)       Comment         (14)       Comment         (15)       Comment         (16)       Comment         (17)       Comment         (18)       Comment         (19)       Comment         (10)       Comment         (11)       Comment         (12)       Comment         (14)       Comment         (15)       Comment         (16)       Comment         (17)       Comment         (18)       Comment         (19)       Comment         (10)       Comment         (10)       Comment         (10)       Comment         (10)       Comment         (10)<		Complete if the org	ganization answered "Ye			11b. See Form 990	), Part X, line 12.	
(2) Closely held equity interests	<b>(a)</b> De	scription of security or cate	GOLY (including name of security	) <b>(b)</b> Bo	ok value	(c) Method o	f valuation: Cost	or end-of-year market value
(a)       Image: Control of Control	(1) Fina	ancial derivatives						
(A)       (A)         (B)       (B)         (C)       (C)         (B)       (C)         (C)       (C)         (D)       (D)         (D)       (	• •		s					
(B)       Image: Constraint of the second of		er						
G       Image: Constraint of the set of the set of the control to the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         Text, (Col, (D) must equal form 990, Part X, col, (B) line 12.)       Image: Control to the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (a) Description       (c) Method of valuation: Cost or end-of-year market value       (c) Method of valuation: Cost or end-of-year market value         (1)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value       (c) Method of valuation: Cost or end-of-year market value         (1)       (c) Method of valuation: Cost or end-of-year market value       (c) Method of valuation: Cost or end-of-year market value         (2)       (c) Method of valuation: Cost or end-of-ye								
(0)       Image: Constraint of the organization answered "Yes" on Form 900, Part IV, line 110. See Form 900, Part X, line 13.         (a) Description of investment       (b) Book value         (c) Description of investment       (c) Method of valuation: Cost or end of year market value         (d)       (e) Description of investment         (e) Description of investment       (c) Method of valuation: Cost or end of year market value         (f)       (f)         (g)       (f)         (g)       (f)         (g)       (f)         (g)       (f)         (g)       (f)         (g)       (g)								
Image: constraint of the set of the set of the four set on set								
(f)       (G)         (G)       (G)         (H)								
(G)       (H)         (H)       (H)         (F)       (H)         (F)       (F)         (G)       (F)         (G)       (G)         (G)       (								
(H)       Investments - Program Related.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.       (e) Method of valuation: Cost or end-of-year market value         (1)       (b) Book value       (e) Method of valuation: Cost or end-of-year market value         (1)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (c)       (c) Method of valuation: Cost or end-of-year market value         (1)       (c)       (c) Method of valuation: Cost or end-of-year market value         (1)       (c)       (c)       (c)         (1)       (c)       (c)       (c)       (c)         (1)       (c)       (c)       (c)       (c)         (2)       (c)       (c)       (c)       (c)         (2)       (c)       (c)       (c)       (c)       (c)         (2)       (c)       (c)       (c)       (c)       (c)       (c)         (2)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         (3)       (c)       (c)       (c)       (c)       (c)       (c)       (c) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
Total. (do). (b) must equal Form 980, Part X, col. (B) line 12)       Image: Complete if the organization answered 'Yes' on Form 980, Part IV, line 11c. See Form 980, Part X, line 13.         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (c) Method of valuation: Cost or end-of-year market value       (c) Method of valuation: Cost or end-of-year market value         (2)       (c)       (c) Method of valuation: Cost or end-of-year market value         (3)       (c)       (c)         (4)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         (1)       (c)       (c)       (c)         (8)       (c)       (c)       (c)         (9)       (c)       (c)       (c)       (c)         (1)       (c)       (c)       (c)       (c)         (1)       (c)       (c)       (c)       (c)         (1)       (c)       (c)       (c)       (c)         (2)       (c)       (c)       (c)       (c)         (1)       (c)       (c)       (c)       (c) </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
Part Vill Investments - Program Related.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a)         (b)         (c) Method of valuation: Cost or end-of-year market value           (1)         (c)         (c)         (c)         (c)         (c)           (3)         (c)         (c		col. (b) must equal Form 99	0, Part X, col. (B) line 12.)	•				
(a) Description of investment         (b) Book value         (c) Method of valuation: Cost or endofyear market value           (1)         (a)         (b)         (c)	Part	VIII Investments -	Program Related.			•		
(1)       Image: Second				s" on Form 99	0, Part IV, line <sup>·</sup>	11c. See Form 990	), Part X, line 13.	
(2)       (3)       (4)         (3)       (4)       (5)         (6)       (7)       (7)         (7)       (8)       (7)         (8)       (7)       (8)         (9)       (7)       (7)         (9)       (7)       (8)         (9)       (7)       (8)         (9)       (7)       (8)         (9)       (9)       (9)         Vart X:       Other Assets.       (9)         Complete if the organization answerd 'Yes' on Form 990, Part X, line 15.       (9)         (3)       (9)       (9)         (6)       (9)       (9)         Total: (Column lo) must equal Form 990, Part X, col. (B) line 15.)       (9)         Total: (Column lo) must equal Form 990, Part X, col. (B) line 15.)       (9)         Total: (Column lo) must equal Form 990, Part X, col. (B) line 15.)       (9)         Total: (Column lo) must equal Form 990, Part X, col. (B) line 15.)       (9)         Total: (Column lo) must equal Form 990, Part X, col. (B) line 15.)       (9)         (1)       Federal income taxes       (9)         (2)       (9)       (9)         (1)       Federal income taxes       (9)         (2)       (9) <td></td> <td>(a) Description o</td> <td>finvestment</td> <td>(b) Bo</td> <td>ook value</td> <td>(c) Method o</td> <td>f valuation: Cost</td> <td>or end-of-year market value</td>		(a) Description o	finvestment	(b) Bo	ook value	(c) Method o	f valuation: Cost	or end-of-year market value
(9)	(1)							
(4)	(2)							
(5)	(3)							
(6)	(4)							
(7)       (8)         (9)       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (a) Organization answered "Yes" on Form 990, Part X, line 15.       (b) Book value         (3)       (c)       (c)       (c)         (4)       (c)       (c)       (c)         (6)       (c)       (c)       (c)         (7)       (c)       (c)       (c)       (c)         (7)       (c)       (c)       (c)       (c)         (9)       (c)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)         (1)       Federal income taxes       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)       (c)       (c) </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
(8)       (9)         (9)       (1)         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (2)         (3)       (4)         (6)       (7)         (8)       (9)         Other Liabilities.       (9)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (7)       (6)         (8)       (9)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1)       (b) Book value         (1)       (c) Description of liability         (a) Description of liability       (b) Book value         (1) Federal income taxes       (c)         (3)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (6)       (c)         (7)       (c)         (8)       (c)								
(9)         (1)           Part IX         Other Assets.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (b) Book value           (1)         (a) Description         (b) Book value           (2)         (a)         (b) Edst Assets.           (3)         (c)         (c)           (4)         (c)         (c)           (5)         (c)         (c)           (6)         (c)         (c)           (7)         (c)         (c)           (6)         (c)         (c)           (7)         (c)         (c)           (6)         (c)         (c)           (7)         (c)         (c)           (6)         (c)         (c)           (7)         (c)         (c)           (a) Description of liability         (b) Book value           (1) Federal income taxes         (c)           (3)         (c)         (c)           (6) <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (a)         (2)       (b) Book value         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ►         Part X       Other Liabilities.       (b) Book value         (1)       (c)       (c)         (a) Description of liability       (b) Book value         (1) Federal income taxes       (c)         (2)       (c)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (6)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (2)         (3)       (4)         (4)       (5)         (6)       (7)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X         Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (b)         (2)       (3)       (b) Book value         (3)       (b) Book value       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)		) - L (L)						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (a)         (2)       (a)         (3)       (b)         (4)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (c)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       (c)         (2)       (c)         (3)       (d)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (1) Fouterain tax positions. In Part XIII, provide the text of the footno			0, Part X, col. (B) line 13.)					
(a) Description       (b) Book value         (1)       (a)         (2)       (b) Book value         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (c)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1)       Federal income taxes       (c)         (2)       (a) Description of liability       (b) Book value         (3)       (a)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)	1 art		nanization answered "Ye	s" on Form 99	0 Part IV line <sup>.</sup>	11d See Form 99(	) Part X line 15	
(1)   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Part X   Other Liabilities.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   1.   (a) Description of liability   (b) Book value   (1) Federal income taxes (2) (3) (4) (5) (6) (7) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			-		o, r arc rv, into		, i ale , i i i i i i i i	
(2)       (3)         (3)       (4)         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       (b) Book value         (2)       (3)         (3)       (4)         (6)       (7)         (6)       (7)         (7)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ▶         2.       Liability for uncertain tax positions. In Part X, col. (B) line 25.)       ▶	(1)		,	<b>.,</b> <u>.</u>				(0) 2000 1000
(3)								
(4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (6)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       (b)         (2)       (3)         (4)       (5)         (6)       (7)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2.       (2)         (3)       (1)         (6)       (1)         (7)       (2)         (8)       (2)         (9)       (2)         2.       (2)         2.       (2)         (1) Federal form 990, Part X, col. (B) line 25.)         2.       (2)         (3)       (2)         (4)       (2)         (5)       (2)         (6)       (2)								
(5)       (1)         (7)       (2)         (8)       (2)         (9)       (2)         (1) Federal income taxes       (2)         (3)       (4)         (5)       (6)         (7)       (7)         (8)       (9)         (9)       (9)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (b) Book value         (2)       (3)         (4)       (5)         (6)       (7)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2.       (2)         (3)       (1) Federal form 990, Part X, col. (B) line 25.)         (4)       (1) Federal form 990, Part X, col. (B) line 25.)         (7)       (7)         (8)       (9)         (9)       (2)         2)       (2)         (2)       (2)         (3)       (2)         (4)       (2)         (6)       (2)         (7) </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
(6)								
(7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (1)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2)       (b)         (3)       (a)         (4)       (b)         (5)       (2)         (6)       (2)         (7)       (2)         (8)       (2)         (9)       (2)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       (b)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the								
(9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       >         Part X       Other Liabilities.       >         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (b)         (2)       (3)       (4)         (3)       (4)       (5)         (6)       (7)       (8)         (9)       (9)       (6)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       >         2.       Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the								
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) <ul> <li>Part X</li> <li>Other Liabilities.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.</li> <li>(a) Description of liability</li> <li>(b) Book value</li> <li>(c)</li> <li>(d) Description of liability</li> <li>(e) Book value</li> <li>(f) Federal income taxes</li> <li>(c)</li> <li>(c)</li></ul>	(8)							
Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (a)         (2)       (b)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       >         2.       Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (b)         (2)       (c)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2.       Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Total. (	Column (b) must equal F	orm 990, Part X, col. (B) I	ine 15.)				🕨
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (b) Book value         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2.       Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Part							
(1) Federal income taxes   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)    2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				s" on Form 99	0, Part IV, line	11e or 11f. See Fo	rm 990, Part X, I	
(2)       (3)         (3)       (4)         (5)       (6)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	1.	(a) D	Description of liability					(b) Book value
(3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ►         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		Federal income taxes						
(4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ▶         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the								
(5)       (6)         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ▶         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the								
(6)       (7)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ▶         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the								
(7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the								
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)								
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the								
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the								
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		<b>0</b> / (/) · · · · -						
		., .		,				
		•				-		

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 UNITED WAY OF THE GREATER CA				1364505 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	s Wit	h Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,240,878.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,638,903.		
b	Donated services and use of facilities	2b	296,103.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	-1,342,800.
3	Subtract line 2e from line 1			3	3,583,678.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1,004,790.		
с	Add lines 4a and 4b			4c	1,004,790.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,588,468.
Par	t XII Reconciliation of Expenses per Audited Financial Statemen	ts W	ith Expenses per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,325,351.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	296,103.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	296,103.
3	Subtract line 2e from line 1			3	4,029,248.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1,004,790.		
с	Add lines 4a and 4b			4c	1,004,790.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	5,034,038.
	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines	1b and 2b; Part V, line 4;	Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additio	onal inf	ormation.		
PAF	RT V, LINE 4:				
PEF	MANENTLY RESTRICTED ASSETS ARE THE RESULT O	F A	BENEFICIAL	INT:	EREST IN A

PERPETUAL TRUST; ALTHOUGH, THE DONOR HAS PLACED NO RESTRICTIONS ON THE USE

OF THE INCOME. TEMPORARILY RESTRICTED AND BOARD DESIGNATED FUNDS ARE

CONSIDERED QUASI-ENDOWMENTS AND ARE AVAILABLE FOR A VARIETY OF PROGRAM

SPECIFIC PURPOSES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

# FUNDRAISING EXPENSES

# DONOR DESIGNATIONS NET AGAINST CONTRIBUTIONS FOR FINANCIAL

# STATEMENTS

# TOTAL TO SCHEDULE D, PART XI, LINE 4B

132054 10-28-21

1,004,790. Schedule D (Form 990) 2021

1,335,346.

-330,556.

08380512 784124 UNI032001

30

2021.05080 UNITED WAY OF THE GREATER UNI03201

				OF	THE	GREATER	CAPITAL	REGION	14-1364505	Page 5
Part XIII	Supplemental Inform	nation <sub>(cont</sub>	tinued)							

PART XII, LINE 4B - OTHER ADJUSTMENTS:

## DONOR DESIGNATIONS SHOWN NET AGAINST CONTRIBUTIONS FOR

FINANCIAL STATEMENTS

FUNDRAISING EXPENSES

TOTAL TO SCHEDULE D, PART XII, LINE 4B

1,335,346.

-330,556.

1,004,790.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ntal Infor	OMB No. 1545-0047									
(Form 990)								IV, line 17, 18, o 990-EZ, line 6a.	r <b>19</b> ,	or if the	2021	
		ryanization		ch to Form 990							Open to Public	
Department of the Treasury Internal Revenue Service	► Go	to www.irs						e latest information	on.		Inspection	
Name of the organization		WAY OF	mur	GREATER	C 7 1	י שד כ	λт	DECTON		Employer id	entification number	
Part I Fundrais	ing Activities.								ine 1			
	complete this part							, , , , , , , , , , , , , , , , , , ,				
<ol> <li>Indicate whether the</li> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone soliciend</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> <li>b If "Yes," list the 10</li> </ol>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa	or oral agreer art VII) or ent	nent wit	e Solicita f Solicita g Specia h any individua nnection with p	ation of ation of I fundra I (incluc professi	non-g gover aising ling of onal fu	ove nme ever fice undr	ernment grants ent grants nts ers, directors, trus raising services?		Ye		
compensated at le	ast \$5,000 by the	organization	I.									
(i) Name and addres or entity (func		(ii) Activity			have c or cor	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity		Amount paid or retained byj fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
					Yes	No						
Total 3 List all states in whi or licensing.	ich the organizatio				contrib	▶ utions	orl	has been notified	it is e	exempt from r	egistration	
LHA For Paperwork Re	eduction Act Noti	ce, see the	Instruct	ions for Form	990 or	990-E	Ζ.			Schedu	le G (Form 990) 2021	

132081 10-21-21

UNITED WAY OF THE GREATER CAPITAL REGION 14-1364505 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 F7 lines 1 and 6b. List events with gross receipts greater than \$5,000

	ater than	n \$5,00
	(d) Total events	
	d col. (a)	
	col. (c	
e	001. <b>(C</b>	<b>c</b> j,
Revenue	145	,75
	145	,75
	_	
	3	,51
Direct Expenses	4	,34
rectE		
	325	,58
	333	
	-333	
Revenue	a) throug	gh col
+		
ses		
xpen		
Direct Expenses		
0		
9 a	Yes	
9 a b	Yes	
a b		
а	Yes	
a b Oa		

Sch	edule G (Form 990) 2021	UNITED W	VAY OF	THE	GREATER	CAPITAL	REGION 14-	1364505	Page 3
11	Does the organization conduct ga	ming activities w	ith nonmer	nbers?				Yes	No
	Is the organization a grantor, bene								
	to administer charitable gaming?							Yes	No No
13	Indicate the percentage of gaming	activity conduct	ted in:						
а	The organization's facility							13a	%
	An outside facility							13b	%
14	Enter the name and address of the	e person who pre	epares the	organizat	ion's gaming/s	pecial events boo	oks and records:		
	Name 🕨								
	Address 🕨								
15a	Does the organization have a con	tract with a third	party from	whom th	e organization	receives gaming	revenue?	Yes	No
100	Does the organization have a con		party nom	whom a	lo organization	receives garning		🗀	
b	If "Yes," enter the amount of gam	ing revenue recei	ved by the	organiza	ition 🕨 \$		and the amount		
	of gaming revenue retained by the						-		
с	If "Yes," enter name and address								
	Name 🕨								
	Address 🕨								
16	Gaming manager information:								
	Nama N								
	Name								
	Gaming manager compensation	► \$							
	aarming manager compensation ,	• •							
	Description of services provided								
	Director/officer	Employee		L In	dependent con	tractor			
	Mandatory distributions:								
а	Is the organization required under								
<b>h</b>	retain the state gaming license? Enter the amount of distributions							Yes	└── No
D	organization's own exempt activit				buled to other e	exempt organizat	ions or spent in the		
Pa	rt IV Supplemental Infor				required by Par	t I. line 2b. colun	nns (iii) and (v): and Pa	art III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as							, , ,	, , ,
			•						
13208	33 10-21-21				34		Schee	dule G (Form	990) 2021
					74				

Schedule G	i (Form 990)	UNITED WAY	OF	THE	GREATER	CAPITAL	REGION	14-1364505	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)							
								Schedule G (F	orm 990)
								· · · ·	,

132084 11-18-21

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, an	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
	Comple	ete if the organization			rt IV, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		Go to www.ir	Attach to Fori s.gov/Form990 fo		nation.		Inspection
Name of the organization		<b>, , , , , , , , , ,</b>					Employer identification number
		GREATER CAP	ITAL REGIC	<b>N</b>			14-1364505
Part I General Information on Grants a							
1 Does the organization maintain records		° °			•		
criteria used to award the grants or assi 2 Describe in Part IV the organization's pr	stance?	ring the use of grant t	funda in tha Unitad	l Statao			X Yes No
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Parl	IV. line 21, for any
recipient that received more than							,
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALBANY COMMUNITY ACTION PARTNERSHIP - 333 SHERIDAN AVENUE - ALBANY, NY 12206	14-6037204		10,324.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ALBANY DAMIEN CENTER 728 MADISON AVENUE ALBANY, NY 12208	22-3108995		24,311.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ALBANY INSTITUTE OF HISTORY AND ART - 125 WASHINGTON AVE ALBANY, NY 12210	14-1343061		10,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ALBANYCANCODE 75 TROY RD EAST GREENBUSH, NY 12061	81-2893882		11,818.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AMERICAN CANCER SOC - CAP REGION 1 PENNY LANE STE 1 LATHAM, NY 12110	13-1788491		9,710.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AMERICAN RED CROSS/ALBANY 33 EVERETT ROAD ALBANY, NY 12205	53-0196605		7,139.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
2 Enter total number of section 501(c)(3) a							
3 Enter total number of other organization	is listed in the line 1	table					

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

Schedule I (Form 990) 2021

## Schedule I (Form 990) UNITED WAY OF THE GREATER CAPITAL REGION

14-1364505 Page 1

Part II Continuation of Grants and Other		Destic Organizations			edule I (Form 990). Pa		L4-1304303 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA'S BEST CHARITIES 1100 LANDING CIRCLE CIRCLE, CA 94939	94-3067804		63,093.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AMERICA'S CHARITIES 14150 NEWBROOK DR #110 CHANTILLY, VA 20151	54-1517707		23,392.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ANIMAL PROTECTIVE FDN OF SCHENECTADY - 53 MAPLE AVE - SCOTIA, NY 12302	14-0472728		5,526.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
BIG BROTHERS BIG SISTERS OF THE CAPITAL - 1698 CENTRAL AVENUE - ALBANY, NY 12205	14-6035512		22,978.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
BOYS & GIRLS CLUB OF THE CAPITAL AREA - 21 DELAWARE AVE ALBANY, NY 12210	14-1338303		31,195.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPITAL CITY GOSPEL MISSION 259 S. PEARL STREET ALBANY, NY 12202	56-2663290		12,419.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPITAL DISTRICT HABITAT FOR HUMANITY - 207 SHERIDAN AVENUE - ALBANY, NY 12210	14-1708404		5,570.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPITAL ROOTS 594 RIVER ST TROY, NY 12180	14-1596291		25,224.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CATHOLIC CHARITIES - DIOCESE OF ALBANY - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1340033		11,407.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Schedule I (Form 990)

14-1364505 Page 1

Part II Continuation of Grants and Other		nestic Organizations			edule I (Form 990), Pa		.4-1304305 Page
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES TRI-COUNTY							COMMUNITY CARE FUND
SERVICES - 50 HERRICK ST PO BOX 28							INVESTMENT AND/OR DONOR
- RENSSELAER, NY 12144	14-1340033		12,045.	٥.			DESIGNATION
CITY MISSION OF SCHENECTADY, INC.							COMMUNITY CARE FUND
425 HAMILTON ST.							INVESTMENT AND/OR DONOR
SCHENECTADY, NY 12305	14-1403652		9,938.	0.			DESIGNATION
COMMUNITY HOSPICE							COMMUNITY CARE FUND
295 VALLEY VIEW BLVD							INVESTMENT AND/OR DONOR
BLVD, NY 12144	14-1608921		5,638.	0.			DESIGNATION
DOUBLE 'H' HOLE IN THE WOODS RANCH							COMMUNITY CARE FUND
97 HIDDEN VALLEY ROAD							INVESTMENT AND/OR DONOR
LAKE LUZERNE, NY 12846	14-1752888		11,712.	0.			DESIGNATION
EARTHSHARE NEW YORK							COMMUNITY CARE FUND
DEPARTMENT #4016							INVESTMENT AND/OR DONOR
WASHINGTON, DC 20042	13-3632209		15,081.	0.			DESIGNATION
EQUINOX, INC.							COMMUNITY CARE FUND
102 HACKETT BLVD							INVESTMENT AND/OR DONOR
ALBANY, NY 12209	14-1437821		8,524.	0.			DESIGNATION
FOOD PANTRIES FOR THE CAPITAL							COMMUNITY CARE FUND
DISTRICT - 32 ESSEX STREET -	14 1750451			_			INVESTMENT AND/OR DONOR
ALBANY, NY 12206	14-1752164		23,237.	0.			DESIGNATION
GIRLS INC. OF THE GREATER CAPITAL							COMMUNITY CARE FUND
REGION - 962 ALBANY STREET -							INVESTMENT AND/OR DONOR
SCHENECTADY, NY 12307	14-1434157		11,466.	0.			DESIGNATION
GLOBAL IMPACT							COMMUNITY CARE FUND
FILE 2326 1801 W OLYMPIC BLVD.							INVESTMENT AND/OR DONOR
PASADENA, CA 91199	52-1273585		28,316.	0.			DESIGNATION
INDADIMA, CA JIIJJ	72-12/2202		20,310.	U.			DEPTONALION

14-1364505 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICES OF NENY							COMMUNITY CARE FUND
877 MADISON AVE.							INVESTMENT AND/OR DONOR
ALBANY, NY 12208	14-1338308		16,980.	0.			DESIGNATION
JOSEPH'S HOUSE AND SHELTER							COMMUNITY CARE FUND
74 FERRY STREET							INVESTMENT AND/OR DONOR
TROY, NY 12180	14-1636163		5,617.	0.			DESIGNATION
LITERACY							
NY-FULTON, MONTGOMERY, SCHOHARIE -							COMMUNITY CARE FUND
P.O. BOX 852 - COBLESKILL, NY	00.0000011						INVESTMENT AND/OR DONOR
12043	22-2926011		7,553.	0.			DESIGNATION
MAKE-A-WISH FOUNDATION OF NENY							COMMUNITY CARE FUND
3 WASHINGTON SQUARE							INVESTMENT AND/OR DONOR
ALBANY, NY 12205	14-1703503		5,054.	0.			DESIGNATION
MECHANICVILLE AREA COMMUNITY							COMMUNITY CARE FUND
SERVICE CTR - P.O. BOX 30 6 SOUTH MAIN ST MECHANICVILLE, NY 12118	14-1536118		82,500.	0.			INVESTMENT AND/OR DONOR DESIGNATION
MAIN SI MECHANICVILLE, NI 12110	14-1550110		82,500.	0.			DESIGNATION
MOHAWK HUDSON HUMANE SOCIETY							COMMUNITY CARE FUND
3 OAKLAND AVENUE							INVESTMENT AND/OR DONOR
MENANDS, NY 12204	14-1338459		27,719.	0.			DESIGNATION
REBUILDING TOGETHER - SARATOGA							COMMUNITY CARE FUND
COUNTY - 132 MILTON AVENUE -							INVESTMENT AND/OR DONOR
BALLSTON SPA, NY 12020	20-0530683		11,515.	0.			DESIGNATION
Emplored Dra, At 12020	20 000000		,515.				
REFUGEE IMMIGRANT SUPPORT SVCS OF							COMMUNITY CARE FUND
EMMAUS - 715 MORRIS ST ALBANY,							INVESTMENT AND/OR DONOR
NY 12208	27-4809744		42,513.	0.			DESIGNATION
REGIONAL FOOD BANK OF NENY							COMMUNITY CARE FUND
965 ALBANY-SHAKER ROAD							INVESTMENT AND/OR DONOF
LATHAM, NY 12110	22-2470885		82,140.	Ο.			DESIGNATION

14-1364505 Page 1

Part II Continuation of Grants and Other		DESTIC Organizations			edule I (Form 990), Pa		.4-1304303 Page
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES - CAP REG - 139 SOUTH LAKE AVENUE - ALBANY, NY 12208	22-2356004		11,046.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SAFE INC. OF SCHENECTADY 1344 ALBANY STREET SCHENECTADY, NY 12304	14-1794075		19,250.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SCHENECTADY COMMUNITY ACTION PROGRAM - 913 ALBANY STREET - SCOTIA, NY 12302	14-6034637		56,375.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SCHENECTADY COMMUNITY MINISTRIES 1055 WENDELL AVENUE SCHENECTADY, NY 12308	14-1548263		38,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SCHOHARIE COUNTY COMMUNITY ACTION PRGM - 795 E. MAIN STREET SUITE 5 - COBLESKILL, NY 12043	14-1459277		34,553.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SCHOHARIE RIVER CENTER 2047 BURTONVILLE RD. SCHENECTADY, NY 12309	14-1818532		14,682.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SENIOR CITIZEN CTR OF SARATOGA SPRINGS – 5 WILLIAMS STREET – SARATOGA SPRINGS, NY 12866	14-1458762		12,045.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SOCIAL ENTERPRISE AND TRAINING (SEAT) CTR - 131 STATE STREET - SCHENECTADY, NY 12305	14-1813190		20,265.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
STREAM OF DREAMS-SOUTHEND CHILDREN'S CAFE - 6457 CHURCH STREET - DOUGLASVILLE, GA 30134	30-0704003		13,182.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

14-1364505 Page 1

Schedule I (Form 990)         UNLTED         WA           Part II         Continuation of Grants and Other		nestic Organizations			edule I (Form 990), Pa		_4-1304505 Page
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI-COUNTY UNITED WAY							COMMUNITY CARE FUND
696 UPPER GLEN STREET							INVESTMENT AND/OR DONOR
QUEENSBURY, NY 12804	14-6022433		5,585.	0.			DESIGNATION
TRINITY ALLIANCE OF THE CAPITAL							COMMUNITY CARE FUND
REGION - 15 TRINITY PLACE -							INVESTMENT AND/OR DONOR
ALBANY, NY 12202	14-1340122		89,720.	0.			DESIGNATION
TROY REHABILITATION & IMPROVEMENT							COMMUNITY CARE FUND
PROGRAM - 415 RIVER ST - TROY, NY							INVESTMENT AND/OR DONOR
12180	14-1503655		17,121.	0.			DESIGNATION
UNITED WAY OF CENTRAL							COMMUNITY CARE FUND
MASSACHUSETTS - 484 MAIN STREET -							INVESTMENT AND/OR DONOR
WORCHESTER, MA 01608	04-2104017		6,866.	0.			DESIGNATION
;							
UNITED WAY OF CENTRAL NEW YORK,							COMMUNITY CARE FUND
INC 980 JAMES STREET -	45 0500050						INVESTMENT AND/OR DONOR
SYRACUSE, NY 13203	15-0532073		7,217.	0.			DESIGNATION
UNITED WAY OF GREATER ROCHESTER							COMMUNITY CARE FUND
75 COLLEGE AVE							INVESTMENT AND/OR DONOR
ROCHESTER, NY 14607	16-1015782		9,191.	0.			DESIGNATION
UNITED WAY OF NORTHERN NY							COMMUNITY CARE FUND
200 WASHINGTON ST							INVESTMENT AND/OR DONOR
WATERTOWN, NY 13601	15-0543356		6,867.	0.			DESIGNATION
UNITED WAY OF THE VALLEY & GR.							COMMINITARY CARE FUND
UNITED WAY OF THE VALLEY & GR. UTICA/ROME - 201 LAFAYETTE ST							COMMUNITY CARE FUND INVESTMENT AND/OR DONOR
SUITE 201 - UTICA, NY 13502	15-0532074		5,475.	0.			DESIGNATION
UNITY HOUSE OF TROY, INC.							COMMUNITY CARE FUND
2431 6TH AVE	00.0070000						INVESTMENT AND/OR DONOR
TROY, NY 12180	23-2378930		74,441.	0.			DESIGNATION

14-1364505 Page 1

Part II Continuation of Grants and Other		Destic Organizations			edule I (Form 990). Pa		_4-1364303 Page
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPPER HUDSON PLANNED PARENTHOOD/ ALBANY - 855 CENTRAL AVE - ALBANY, NY 12206	14-6000805		12,924.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
US COMMITTEE FOR REFUGEES & IMMIGRANTS - 99 PINE STREET. SUITE 101 - ALBANY, NY 12207	13-1878704		5,656.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
WATERVLIET CIVIC CENTER 14TH STREET AND 1ST AVENUE WATERVLIET, NY 12189	14-1387856		17,233.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
WHISKERS ANIMAL BENEVOLENT LEAGURE PO BOX 11190 ALBANY, NY 12211	22-2487926		6,813.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
YWCA NORTHEASTERN NY 44 WASHINGTON AVE. SCHENECTADY, NY 12305	14-1340139		19,545.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AFFORDABLE HOUSING PARTNERS CAPITAL REGION - 255 ORANGE STREET - ALBANY, NY 12210	14-1724900		6,818.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ALBANY TROY LIONS CLUB CHARITABLE FUND - PO BOX 192 - TROY, NY 12181	22-3255679		5,167.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AVILLAGE, INC. PO BOX 10152 ALBANY, NY 12201	30-0631023		8,273.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
B. LODGE & COMPANY 75 NORTH PEARL STREET ALBANY, NY 12207			16,446.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

14-1364505 Page 1

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRTHNET							COMMUNITY CARE FUND
215 PARTRIDGE STREET							INVESTMENT AND/OR DONOR
ALBANY, NY 12203	14-1829036		15,000.	0.			DESIGNATION
BLUELIGHT DEVELOPMENT GROUP							COMMUNITY CARE FUND
170 WINTHROP AVENUE							INVESTMENT AND/OR DONOR
ALBANY, NY 12203	81-3475487		15,000.	0.			DESIGNATION
BOYS & GIRLS CLUB SCHENECTADY							COMMUNITY CARE FUND
PO BOX 466							INVESTMENT AND/OR DONOR
SCHENECTADY, NY 12301	14-1364595		5,574.	0.			DESIGNATION
BRIGHTSIDE UP, INC.							COMMUNITY CARE FUND
91 BROADWAY							INVESTMENT AND/OR DONOR
MENANDS, NY 12204	14-1648493		11,545.	0.			DESIGNATION
C.O.C.O.A HOUSE INC.							COMMUNITY CARE FUND
869 STANLEY STREET							INVESTMENT AND/OR DONOR
SCHENECTADY, NY 12307	20-2348352		11,909.	0.			DESIGNATION
CAPTAIN COMMUNITY HUMAN SERVICES							COMMUNITY CARE FUND
543 SARATOGA ROAD							INVESTMENT AND/OR DONOR
GLENVILLE, NY 12302	14-1637304		36,962.	0.			DESIGNATION
CEK RN CONSULTING, INC.							COMMUNITY CARE FUND
1 STEUBEN PLACE							INVESTMENT AND/OR DONOR
ALBANY, NY 12207	82-1265913		15,265.	0.			DESIGNATION
CHC CREATING HEALTHIER COMMUNITIES							COMMUNITY CARE FUND
1199 N. FAIRFAX ST. SUITE 600	12 61 68005						INVESTMENT AND/OR DONOR
ALEXANDRIA, VA 22314	13-6167225		53,605.	0.			DESIGNATION
COMMUNITY CAREGIVERS, INC							COMMUNITY CARE FUND
ALBANY - 2021 WESTERN AVENUE,							INVESTMENT AND/OR DONOR
SUITE 104 - ALBANY, NY 12203	14-1778951		11,866.	Ο.			DESIGNATION

14-1364505 Page 1

Part II Continuation of Grants and Other A		DESTICATER CAP			edule I (Form 990), Pa		_4-1364505 Page
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONTACT COMMUNITY SERVICES, INC.							COMMUNITY CARE FUND
6311 COURT STREET ROAD SYRACUSE, NY 13057	16-0984299		72,899.	0.			INVESTMENT AND/OR DONOR DESIGNATION
EDEN'S ROSE FOUNDATION 465 CENTRAL AVENUE	26-3807697		7.250	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR
ALBANY, NY 12206	20-3007097		7,250.	0.			DESIGNATION
FRANK CHAPMAN MEMORIAL INSTITUTE 340 FIRST STREET ALBANY, NY 12206	14-1785378		12,692.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
GIRLS ON THE RUN CAPITAL REGION 1 STEUBEN PLACE ALBANY, NY 12207	46-4259194		5,307.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
HEART OF ILLINOIS UNITED WAY 509 W. HIGH STREET PEORIA, IL 61606	37-0661504		8,701.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
MISSON ACCOMPLISHED TRANSITION SERVICES - 433 STATE ST. 4TH FLOOR - SCHENECTADY, NY 12305	46-0861110		20,417.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
MOM STARTS HERE 1 STEUBEN PLACE ALBANY, NY 12207	81-1682516		18,382.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
NORTH COLONIE TEACHERS ASSOCIATION 91 FIDDLERS LANE LATHAM, NY 12110	14-1545167		9,136.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
RADIX ECOLOGICAL SUSTAINABILITY CENTER - 59 ELM STREET - ALBANY,							COMMUNITY CARE FUND INVESTMENT AND/OR DONOR
NY 12202	27-1216514		15,682.	٥.			DESIGNATION

14-1364505 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHENECTADY CITY SCHOOL DISTRICT							COMMUNITY CARE FUND
108 EDUCATION DRIVE							INVESTMENT AND/OR DONOF
SCHENECTADY, NY 12303	14-1804267		6,734.	0.			DESIGNATION
, SIENA COLLEGE CTR COMMUNITY							
ENGAGEMENT - ST. THOMAS MORE							COMMUNITY CARE FUND
HOUSE, 1 FIDDLERS LANE -							INVESTMENT AND/OR DONOR
LOUDONVILLE, NY 12211	14-1338498		6,000.	0.			DESIGNATION
SOUL FIRE FARM INSTITUTE, INC.							COMMUNITY CARE FUND
1972 NY HWY 2	47-2549969		15 000	0.			INVESTMENT AND/OR DONOR DESIGNATION
PETERSBURG, NY 12138	47-2549969		15,000.	0.			DESIGNATION
THE BABY INSTITUTE							COMMUNITY CARE FUND
PO BOX 774							INVESTMENT AND/OR DONOR
ALBANY, NY 12201	37-1781615		9,000.	0.			DESIGNATION
THE RED BOOKSHELF							COMMUNITY CARE FUND
200 GREEN STREET	04 4450500						INVESTMENT AND/OR DONOR
ALBANY, NY 12202	81-1450799		10,492.	0.			DESIGNATION
YOUNG PARENTS UNITED INC.							COMMUNITY CARE FUND
34 JAY STREET							INVESTMENT AND/OR DONOR
SCHENECTADY, NY 12305	47-1215294		5,833.	0.			DESIGNATION
							COMMUNITARY CADE FUND
YOUTH FX, INC. 17 WILBUR STREET							COMMUNITY CARE FUND INVESTMENT AND/OR DONOF
ALBANY, NY 12202	81-1401093		22,083.	0.			DESIGNATION
ALBANI, NI 12202	81-1401095		22,083.	0.			DESIGNATION

#### 132102 10-26-21

#### UNITED WAY OF THE GREATER CAPITAL REGION Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					1

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

COMMUNITY IMPACT STAFF PREPARE MEASURABLE PERFORMANCE TARGETS FOR GRANT

**OUARTERLY PROGRESS REPORTS ARE SUBMITTED BY THE** RECIPIENTS TO ACHIEVE.

AGENCIES REFLECTING GOAL ACHIEVEMENT. GRANT APPLICATIONS AND COMMITTEE

NOTES ARE USED TO CAPTURE INFORMATION FOR ACCOUNTING PURPOSES. THE

ACCOUNTING DEPARTMENT CHECKS WITH THE COMMUNITY IMPACT DEPARTMENT MONTHLY

TO SEE IF ANY AGENCIES ARE ON HOLD FOR NOT MEETING REQUIREMENTS.

Page 2

SC	HEDULE J	I	OMB No. 1	545-004	17
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		00	<b>1</b>	
<b>\</b>	Compensated Employees		20	21	
	The ment of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publi	ic
	The Treasury Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		-
Nam		mployer ide	ntificatio	on nur	nber
	UNITED WAY OF THE GREATER CAPITAL REGION	14-13	6450	5	
Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	0,			
	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 reside	ence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, c	chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization t	to			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant				
	Form 990 of other organizations	mittee			
4	During the year did any nerson listed on Form 000. Dart VII. Section A line to with respect to the filing				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:				
а	Receive a severance payment or change-of-control payment?		4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?				X
			4.		X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		10		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?		5a		Х
b	Any related organization?		5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
а	The organization?		6a		X
	Any related organization?		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
			8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?		9		L
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule	e J (Forn	1 990)	2021

#### 2021 UNITED WAY OF THE GREATER CAPITAL REGION 14-1364505

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

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

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

		( <b>B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PETER GANNON	(i)	193,024.	0.	0.	14,490.	22,957.	230,471.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)				1	1		

Part III Supplemental Information

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

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



UNITED WAY OF THE GREATER CAPITAL REGION | 14-136

14-1364505

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

INVESTMENT OF COMMUNITY RESOURCES. THE VISION IS TO BE THE LEADER IN

BRINGING PEOPLE AND RESOURCES TOGETHER TO ACHIEVE MEASURABLE AND

SUSTAINABLE IMPROVEMENTS IN THE QUALITY OF LIFE IN OUR COMMUNITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

STATE EMPLOYEE FEDERATED APPEAL (SEFA) IS AN ANNUAL FUND-RAISING

CAMPAIGN THAT OCCURS DURING THE FALL SEASON. THE PROGRAM WAS

ESTABLISHED TO ACCOMMODATE THE WISHES OF NEW YORK STATE EMPLOYEES WHO

WANTED A SINGLE FUND-RAISING CAMPAIGN THAT WOULD REDUCE MULTIPLE

CHARITIABLE SOLICATIONS.

EXPENSES \$ 50,403. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

ANY INDIVIDUAL, PARTNERSHIP, OR CORPORATION CONTRIBUTING MONEY OR PROPERTY

TO THE CORPORATION DURING ANY ANNUAL FUND RAISING CAMPAIGN SHALL BE A

MEMBER OF THE CORPORATION, EACH OF WHOM OR WHICH SHALL HAVE ONE VOTE AT ANY MEETING OF THE MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION'S MEMBERS VOTE FOR THE BOARD OF DIRECTORS.

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

THE FORM 990 WILL BE REVIEWED INTERNALLY BY MANAGEMENT AND THEN BROUGHT TO

THE FINANCE AND ADMINISTRATION COMMITTEE FOR ACCEPTANCE. IT WILL THEN GO TO

 THE EXECUTIVE COMMITTEE AND THEN TO THE BOARD OF DIRECTORS FOR ACCEPTANCE.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211 11-11-21
 Schedule O (Form 990) 2021

50

UNITED WAY OF THE GREATER CAPITAL REGION

Employer identification number 14 - 1364505

FORM 990, PART VI, SECTION B, LINE 12C:

AT THE BEGINNING OF EVERY FISCAL YEAR, ALL BOARD MEMBERS AND VOLUNTEERS ARE

REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST THROUGH A CONFLICT OF

INTEREST QUESTIONNAIRE/FORM. IF THERE ARE ANY CONFLICTS, IT IS TAKEN TO THE

GOVERNANCE COMMITTEE FOR CONSIDERATION AND THE BOARD MEMBER/VOLUNTEER MAY

BE ASKED TO STEP DOWN.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE MEETS ANNUALLY AND DOES A PERFORMANCE REVIEW ON THE

CEO. THEY REVIEW IT WITH THEM AND APPROVE ANY SALARY ADJUSTMENTS AT THAT

TIME. THE BOARD IS INFORMED OF THE RESULTS.

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

THE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE UNITED WAY OF

THE GREATER CAPITAL REGION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

THERE HAS BEEN NO CHANGE IN THE PROCESS FOR REVIEWING FORM 990.

132212 11-11-21