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CLIENT'S COPY

COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2010

| | |
|---|--|
| Prepared for | UNITED WAY OF THE GREATER CAPITAL REGION ONE UNITED WAY, PO BOX 13865 ALBANY, NY 12212 |
| Prepared by | BONADIO & CO., LLP 6 WEMBLEY COURT ALBANY, NY 12205 |
| Amount due or refund | NOT APPLICABLE |
| Make check payable to | NOT APPLICABLE |
| Mail tax return and check (if applicable) to | NOT APPLICABLE |
| Return must be mailed on or before | NOT APPLICABLE |
| Special Instructions | THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 16, 2011. |

Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

| | | | |
|---|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization UNITED WAY OF THE GREATER CAPITAL REGION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE UNITED WAY, PO BOX 13865 City or town, state or country, and ZIP + 4 ALBANY, NY 12212 | D Employer identification number 14-1364505 |
| | | E Telephone number 518-456-2200 | G Gross receipts \$ 10,939,642. |
| | | F Name and address of principal officer: KATHERINE PELHAM SAME AS C ABOVE | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | J Website: ▶ WWW.UNITEDWAYGCR.ORG | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1949 M State of legal domicile: NY | |

| Part I Summary | | | |
|-----------------------------|------------|--|--|
| | 1 | Briefly describe the organization's mission or most significant activities: UNITED WAY OF THE GREATER CAPITAL REGION'S MISSION IS TO IMPROVE PEOPLES' LIVES THROUGH THE | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 27 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 27 |
| | 5 | Total number of employees (Part V, line 2a) | 5 32 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 1388 |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a 0. |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b 0. |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) |
| 9 | | Program service revenue (Part VIII, line 2g) | |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | -220,560. 1,540. |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 70,962. 53,184. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 10,348,606. 8,537,579. |
| Expenses | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,564,399. 1,796,481. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 501,071. | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 1,416,923. 1,010,335. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 10,325,416. 8,902,388. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 23,190. -364,809. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year: 10,032,038. End of Year: 9,685,181. |
| | 21 | Total liabilities (Part X, line 26) | 6,291,116. 6,036,122. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 3,740,922. 3,649,059. |

| | | | | |
|---|---|----------------------|---|--|
| Part II Signature Block | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | | | | |
| Sign Here | Signature of officer KATHERINE PELHAM, CEO Type or print name and title | Date | | |
| Paid Preparer's Use Only | Preparer's signature ▶ TERRI CONRAD REGAN | Date 05/04/11 | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 BONADIO & CO., LLP 6 WEMBLEY COURT ALBANY, NY 12205 | EIN ▶ | Phone no. ▶ 518-464-4080 | |

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: TO IMPROVE PEOPLES' LIVES THROUGH THE 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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 3,872,464. including grants of \$) (Revenue \$ 4,500,822.) COMMUNITY BUILDING PROGRAMS: BRINGS TOGETHER COMMUNITY-BASED AGENCIES, COUNTY AND STATE AGENCIES, ORGANIZED LABOR, CORPORATIONS AND VOLUNTEERS TO WORK TOGETHER ON VARIOUS PROGRAMS. INITIATIVES UNDER THESE PROGRAMS ADDRESS ISSUES THAT ARE CRITICAL TO THE QUALITY OF LIFE IN THE CAPITAL REGION. PROGRAMS ELIGIBLE FOR FUNDING THROUGH THE COMMUNITY CARE FUND FALL INTO THREE BROAD CATEGORIES THAT ARE DETERMINED BY AN INTENSIVE STUDY OF THE HUMAN SERVICE NEEDS OF THE CAPITAL REGION. THESE AREAS ARE BASIC NEEDS, FINANCIAL STABILITY, AND STRENGTHENING INDIVIDUALS AND FAMILIES.

4b (Code:) (Expenses \$ 311,240. including grants of \$) (Revenue \$ 648,642.) STATE EMPLOYEES FEDERATED APPEAL (SEFA) AND CAPITAL REGION COMBINED FEDERAL CAMPAIGN (CFC): WORKPLACE FUND-RAISING CAMPAIGNS RESPONSIBLE FOR DEVELOPING, IMPLEMENTING, AND EVALUATING FUND-RAISING PROGRAMS WITH RESPECTIVE VOLUNTEER COMMITTEES FOR THE 12 COUNTY AREA IN THE CAPITAL REGION OF UPSTATE NEW YORK. TO

4c (Code:) (Expenses \$ 3,333,391. including grants of \$) (Revenue \$ 3,333,391.) DONOR DESIGNATED CONTRIBUTIONS.

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

4e Total program service expenses \$ 7,517,095.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|------------|----|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | |
| | 1a 6 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| | 1b 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| | 2a 32 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | X | |
| | 2b | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| | 3a | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| | 4a | | |
| b | If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| | 4b | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| | 5a | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| | 5b | | |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | | X |
| | 6a | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| | 7f | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | |
| | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | |
| | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |

Form 990 (2009)

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

Section A. Governing Body and Management

| | | Yes | No |
|----|---|-----|----|
| 1a | Enter the number of voting members of the governing body | | |
| 1a | | | 27 |
| b | Enter the number of voting members that are independent | | |
| 1b | | | 27 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | X |
| 6 | Does the organization have members or stockholders? | X | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | X | |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NY**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MICHELE HANNAH - 518-456-2200**
ONE UNITED WAY, PO BOX 13865, ALBANY, NY 12212

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| BRIAN BORDEN BOARD MEMBER | 8.00 | X | | | | | | 0. | 0. | 0. |
| KATHARINE BRIAR-LAWSON BOARD MEMBER | 8.00 | X | | | | | | 0. | 0. | 0. |
| CHARLES CARLETTA VICE CHAIR | 12.00 | X | | X | | | | 0. | 0. | 0. |
| CHRISTY CALICCHIA BOARD MEMBER | 8.00 | X | | | | | | 0. | 0. | 0. |
| ROB COAN BOARD MEMBER | 8.00 | X | | | | | | 0. | 0. | 0. |
| MICHAEL CORBO BOARD MEMBER | 8.00 | X | | | | | | 0. | 0. | 0. |
| KATHARINE DORAN TREASURER | 20.00 | X | | X | | | | 0. | 0. | 0. |
| ROBERT DOYLE CHAIRMAN | 20.00 | X | | X | | | | 0. | 0. | 0. |
| ANDY GNOINSKI VICE CHAIR | 12.00 | X | | X | | | | 0. | 0. | 0. |
| ELIZABETH HOOD SECRETARY | 12.00 | X | | X | | | | 0. | 0. | 0. |
| SUSAN HOUP BOARD MEMBER | 8.00 | X | | | | | | 0. | 0. | 0. |
| JOHN KEARNEY BOARD MEMBER | 8.00 | X | | | | | | 0. | 0. | 0. |
| ROBERT LUDWIG BOARD MEMBER | 8.00 | X | | | | | | 0. | 0. | 0. |
| RUTH MAHONEY CHAIRMAN-ELECT | 12.00 | X | | X | | | | 0. | 0. | 0. |
| MARIA NEIRA BOARD MEMBER | 8.00 | X | | | | | | 0. | 0. | 0. |
| JOHN STANDISH BOARD MEMBER | 8.00 | X | | | | | | 0. | 0. | 0. |
| STEVE STRICHMAN BOARD MEMBER | 8.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| STEPHEN VNUK BOARD MEMBER | 8.00 | X | | | | | 0. | 0. | 0. | |
| CRAIG APPLE BOARD MEMBER | 8.00 | X | | | | | 0. | 0. | 0. | |
| DAN SAUER BOARD MEMBER | 8.00 | X | | | | | 0. | 0. | 0. | |
| TRACEY BEATTY BOARD MEMBER | 8.00 | X | | | | | 0. | 0. | 0. | |
| BRIAN BARR BOARD MEMBER | 8.00 | X | | | | | 0. | 0. | 0. | |
| RABBI MATTHEW CUTLER BOARD MEMBER | 8.00 | X | | | | | 0. | 0. | 0. | |
| STEPHEN D'AMICO BOARD MEMBER | 8.00 | X | | | | | 0. | 0. | 0. | |
| ANGELA DIXON BOARD MEMBER | 8.00 | X | | | | | 0. | 0. | 0. | |
| KATHLEEN GARRISON BOARD MEMBER | 8.00 | X | | | | | 0. | 0. | 0. | |
| MICHAEL MACLAURY BOARD MEMBER | 8.00 | X | | | | | 0. | 0. | 0. | |
| 1b Total | | | | | | | 178,078. | 0. | 27,311. | |

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

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

Section B. Independent Contractors

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

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

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

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

| Part VIII Statement of Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|--|---|---|---|---|--|--|
| Contributions, gifts, grants and other similar amounts | 1 a Federated campaigns | 1a 811,476. | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e 298,160. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 69,931. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | |
| | h Total. Add lines 1a-1f | | 848,285. | | | |
| | Program Service Revenue | Business Code | | | | |
| 2 a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 71,614. | | 71,614. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross Rents | (i) Real | 43,450. | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | 43,450. | | | |
| | d Net rental income or (loss) | | 43,450. | | 43,450. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | 2,331,989. | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | 2,402,063. | | | |
| | | c Gain or (loss) | -70,074. | | | |
| | d Net gain or (loss) | | -70,074. | | -70,074. | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | 9,734. | | | |
| | | b Less: direct expenses | | | | |
| c Net income or (loss) from fundraising events | | | 9,734. | | 9,734. | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a | a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | | | | |
| 12 Total revenue. See instructions. | | 853,757. | 0. | 0. | 54,724. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 6,095,572. | 6,095,572. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 229,325. | 130,715. | 77,971. | 20,639. |
| 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 | 1,148,893. | 539,241. | 384,976. | 224,676. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 164,296. | 77,249. | 55,059. | 31,988. |
| 9 Other employee benefits | 253,967. | 123,023. | 85,287. | 45,657. |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 17,557. | 10,008. | 5,969. | 1,580. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 22,285. | 10,795. | 7,484. | 4,006. |
| g Other | 22,929. | 9,604. | 7,627. | 5,698. |
| 12 Advertising and promotion | 163,193. | | 56,901. | 106,292. |
| 13 Office expenses | 89,838. | 43,518. | 30,170. | 16,150. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 48,816. | 23,647. | 16,393. | 8,776. |
| 17 Travel | 37,134. | 17,988. | 12,470. | 6,676. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 20,947. | 10,148. | 7,034. | 3,765. |
| 20 Interest | 10,659. | 5,163. | 3,580. | 1,916. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 61,505. | 29,793. | 20,655. | 11,057. |
| 23 Insurance | 10,051. | 5,026. | 3,273. | 1,752. |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a GRANTS AND TECHNICAL AS | 231,979. | 231,979. | | |
| b FEDERATED CAMPAIGN EXPE | 123,977. | 123,977. | | |
| c DUES & SUBSCRIPTIONS | 102,353. | 6,049. | 94,059. | 2,245. |
| d EQUIPMENT EXPENSES | 39,059. | 18,920. | 13,117. | 7,022. |
| e MISCELLANEOUS EXPENSES | 6,542. | 3,169. | 2,197. | 1,176. |
| f All other expenses | 1,511. | 1,511. | | |
| 25 Total functional expenses. Add lines 1 through 24f | 8,902,388. | 7,517,095. | 884,222. | 501,071. |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ... | | | | |

Part X Balance Sheet

| | | (A) | | (B) | |
|---|--|-----------------------|------------|-------------|----------|
| | | Beginning of year | | End of year | |
| Assets | 1 Cash - non-interest-bearing | 1,337,286. | 1 | 1,570,213. | |
| | 2 Savings and temporary cash investments | 1,452,258. | 2 | 1,566,709. | |
| | 3 Pledges and grants receivable, net | 3,358,687. | 3 | 3,204,976. | |
| | 4 Accounts receivable, net | 91,458. | 4 | 11,623. | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | | 5 |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | | | 6 |
| | 7 Notes and loans receivable, net | | | | 7 |
| | 8 Inventories for sale or use | | | | 8 |
| | 9 Prepaid expenses and deferred charges | 36,762. | 9 | 11,787. | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,212,460. | | | |
| | b Less: accumulated depreciation | 10b 688,616. | 482,289. | 10c | 523,844. |
| | 11 Investments - publicly traded securities | 2,332,019. | 11 | 2,316,104. | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 Intangible assets | | 14 | | |
| | 15 Other assets. See Part IV, line 11 | 941,279. | 15 | 479,925. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 10,032,038. | 16 | 9,685,181. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,951,085. | 17 | 2,975,990. | |
| | 18 Grants payable | 2,580,602. | 18 | 2,255,497. | |
| | 19 Deferred revenue | | 19 | | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 183,499. | 23 | 185,327. | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| | 25 Other liabilities. Complete Part X of Schedule D | 575,930. | 25 | 619,308. | |
| | 26 Total liabilities. Add lines 17 through 25 | 6,291,116. | 26 | 6,036,122. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | 3,284,113. | 27 | 3,149,462. | |
| | 28 Temporarily restricted net assets | 27,356. | 28 | 34,672. | |
| | 29 Permanently restricted net assets | 429,453. | 29 | 464,925. | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| | 33 Total net assets or fund balances | 3,740,922. | 33 | 3,649,059. | |
| 34 Total liabilities and net assets/fund balances | 10,032,038. | 34 | 9,685,181. | | |

Part XI Financial Statements and Reporting

| | | Yes | No |
|-----------|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| 2d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | |

Form 990 (2009)

COPY

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

| | |
|--|--|
| Name of the organization <p style="text-align:center;">UNITED WAY OF THE GREATER CAPITAL REGION</p> | Employer identification number <p style="text-align:center;">14-1364505</p> |
|--|--|

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

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

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

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 3,498,555. | 3,937,068. | 5,554,432. | 6,247,247. | 5,149,464. | 24,386,766. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 3,498,555. | 3,937,068. | 5,554,432. | 6,247,247. | 5,149,464. | 24,386,766. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 24,386,766. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 3,498,555. | 3,937,068. | 5,554,432. | 6,247,247. | 5,149,464. | 24,386,766. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 83,388. | 117,437. | 187,796. | 145,140. | 115,064. | 648,825. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 25,035,591. |

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|-------|---|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 97.41 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 97.36 | % |
| 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> | | | |
| b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | | |
| 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | | |
| b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | | |

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE GREATER CAPITAL REGION

Employer identification number

14-1364505

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

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

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

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 568,507. | 666,068. | | | |
| b Contributions | 10,122. | 12,228. | | | |
| c Net investment earnings, gains, and losses | 35,472. | -87,411. | | | |
| d Grants or scholarships | | 127. | | | |
| e Other expenditures for facilities and programs | 54,048. | 22,251. | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 560,053. | 568,507. | | | |

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment 16.98 %
 - b** Permanent endowment 83.02 %
 - c** Term endowment _____ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|-------------------------------------|-------------------------------------|
| (i) unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

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

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 102,300. | | 102,300. |
| b Buildings | | 870,713. | 514,584. | 356,129. |
| c Leasehold improvements | | | | |
| d Equipment | | 239,447. | 174,032. | 65,415. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 523,844. |

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

| | | | |
|----|--|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 8,537,579. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 8,902,388. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | -364,809. |
| 4 | Net unrealized gains (losses) on investments | 4 | 303,587. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | -30,641. |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | 272,946. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | -91,863. |

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

| | | | |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 5,565,751. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 303,587. |
| b | Donated services and use of facilities | 2b | 57,976. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | 361,563. |
| 3 | Subtract line 2e from line 1 | 3 | 5,204,188. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | 3,333,391. |
| c | Add lines 4a and 4b | 4c | 3,333,391. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 8,537,579. |

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

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 5,626,973. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 57,976. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | 57,976. |
| 3 | Subtract line 2e from line 1 | 3 | 5,568,997. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | 3,333,391. |
| c | Add lines 4a and 4b | 4c | 3,333,391. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 8,902,388. |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: PERMANENTLY RESTRICTED ASSETS ARE THE RESULT OF A

BENEFICIAL INTEREST IN A PERPETUAL TRUST; ALTHOUGH, THE DONOR HAS PLACED NO RESTRICTIONS ON THE USE OF THE FUNDS. TEMPORARILY RESTRICTED AND BOARD DESIGNATED FUNDS ARE CONSIDERED QUASI-ENDOWMENTS AND ARE AVAILABLE FOR A VARIETY OF PROGRAM SPECIFIC PURPOSES.

PART X: FINANCIAL STATEMENT FOOTNOTE 2, INCOME TAXES, INCLUDES

A DISCLOSURE RELATED TO UNCERTAIN TAX POSITIONS UNDER FIN 48. THE TEXT

Part XIV Supplemental Information (continued)

RELATED TO THE ORGANIZATION'S LIABILITY IS AS FOLLOWS:

AT THE DATE OF ADOPTION AND AS OF JUNE 30, 2010, THE ORGANIZATION DOES NOT HAVE A LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

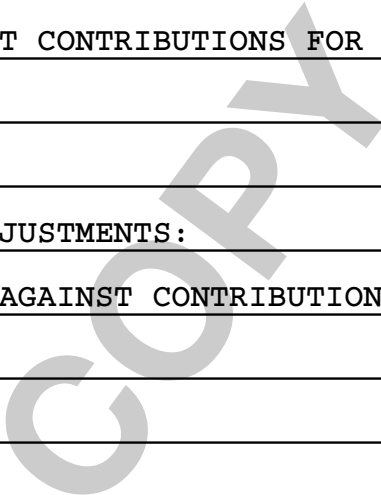
PENSION RELATED CHANGE IN ADDITIONAL MINIMUM LIABILITY: -30641.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS NET AGAINST CONTRIBUTIONS FOR FINANCIAL STATEMENTS: 3333391.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS SHOWN NET AGAINST CONTRIBUTIONS FOR FINANCIAL STATEMENTS: 3333391.



**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **UNITED WAY OF THE GREATER CAPITAL REGION** Employer identification number **14-1364505**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ADIRONDACK MOUNTAIN CLUB 814 GOGGINS RD LAKE GEORGE, NY 12845 | 15-0586270 | | 6,034. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| AIDS COUNCIL OF NENY, INC. 927 BROADWAY ALBANY, NY 12207 | 22-2684595 | | 37,888. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| ALBANY DAMIEN CENTER 12 SOUTH LAKE AVENUE ALBANY, NY 12203 | 22-3108995 | | 52,042. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| ALBANY MEDICAL CENTER FDN 43 NEW SCOTLAND AVE, MC 119 ALBANY, NY 12208 | 14-6023119 | | 7,548. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| ALBANY POLICE ATHLETIC LEAGUE PUBLIC SAFETY BLDG, 165 HENRY JOHNS ALBANY, NY 12210 | 14-1708276 | | 5,956. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| ALBANY THERAPEUTIC RIDING CENTER 182 MARTIN ROAD VOORHEESVILLE, NY 12186 | 22-2351589 | | 10,635. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

2 Enter total number of section 501(c)(3) and government organizations ▶ **187.**

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

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE GREATER CAPITAL REGION

Employer identification number

14-1364505

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ALPHA PREGNANCY CARE CENTER 518 CLINTON AVE ALBANY, NY 12206 | 14-1703551 | | 7,275. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| AMERICAN CANCER SOCIETY NYS CAPITAL DISTRICT REGION, 260 OSBORN LOUDONVILLE, NY 12211 | 16-0743902 | | 49,840. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| AMERICAN HEART ASSOCIATION 440 NEW KARNER RD ALBANY, NY 12205 | 13-5613797 | | 25,946. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| AMERICAN RED CROSS OF NENY, INC. 33 EVERETT RD ALBANY, NY 12205 | 53-0196605 | | 42,715. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| AMERICAN RED CROSS ADIRONDACK-SARATOGA CHAPTER - 74 WARREN ST - GLENS FALLS, NY 12801 | 14-1340127 | | 6,732. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY, VA 20151 | 54-1417077 | | 97,905. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| ANIMAL CHARITIES OF AMERICA PO BOX 45756 SAN FRANCISCO, CA 94145 | 94-3193389 | | 11,329. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| ANIMAL PROTECTIVE FOUNDATION OF SCHENECTADY - 53 MAPLE AVENUE - SCOTIA, NY 12302 | 14-0472728 | | 26,567. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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

Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2009

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Name of the organization

UNITED WAY OF THE GREATER CAPITAL REGION

Employer identification number

14-1364505

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ANIMALOVERS PO BOX 6426 ALBANY, NY 12206 | 14-1784402 | | 26,827. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| ARC - RENSSELAER COUNTY CHAPTER 79 102ND STREET TROY, NY 12180 | 14-1485873 | | 6,226. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| AUTISM SOCIETY OF AMERICA ALBANY CHAPTER - 101 STATE STREET - SCHENECTADY, NY 12305 | 52-1020149 | | 7,521. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| ARBOR HILL COMMUNITY CENTER 47 N LARK ST ALBANY, NY 12210 | 22-2577232 | | 17,108. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| ARBOR PARK CHILD CARE CENTER 96 SECOND STREET ALBANY, NY 12210 | 22-2514537 | | 24,046. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| BETHESDA HOUSE 834 STATE STREET SCHENECTADY, NY 12307-1202 | 31-1645415 | | 38,077. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| BIRTHRIGHT INC OF SARATOGA COUNTY 40 FRONT STREET BALLSTON SPA, NY 12020 | 22-2511752 | | 5,035. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION - 1492 CENTRAL AVE - ALBANY, NY 12205 | 14-6035512 | | 56,750. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE GREATER CAPITAL REGION

Employer identification number

14-1364505

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| BOY SCOUTS OF AMERICA TWIN RIVERS COUNCIL - 253 WASHINGTON AVE EXT - ALBANY, NY 12205 | 14-1340028 | | 39,927. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| BOYS & GIRLS CLUB - TROY 1700 SEVENTH AVE TROY, NY 12180 | 14-1338574 | | 19,038. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| BOYS & GIRLS CLUB - SCHENECTADY PO BOX 466 SCHENECTADY, NY 12301 | 14-1364595 | | 5,410. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| BOYS & GIRLS CLUB - LANSINGBURGH 501 4TH AVE TROY, NY 12182 | 14-1338445 | | 17,179. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| BOYS & GIRLS CLUB - SO. RENSSELAER 544 BROADWAY RENSSELAER, NY 12144 | 14-1471475 | | 20,066. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| BOYS & GIRLS CLUB OF ALBANY 21 DELAWARE AVE ALBANY, NY 12210 | 14-1338303 | | 51,827. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| BALLSTON AREA COMMUNITY CENTER 9 SCOTT ST BALLSTON SPA, NY 12020-1818 | 14-1622578 | | 10,503. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| BREAST CANCER FOUNDATION - SUSAN G. KOMEN - 5005 LBJ FREEWAY, STE 250 - DALLAS, TX 75244 | 75-1835298 | | 5,435. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

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

2009

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE GREATER CAPITAL REGION

Employer identification number

14-1364505

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

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CATHOLIC CHARITIES - SCHENECTADY 41 NORTH MAIN AVE ALBANY, NY 12203 | 14-1340033 | | 11,576. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| CANCERCURE OF AMERICA PO BOX 445501 SAN FRANCISCO, CA 94145 | 81-0648432 | | 13,286. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| CAPITAL CITY RESCUE MISSION PO BOX 1999 ALBANY, NY 12201 | 56-2663290 | | 33,199. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| CAPITAL DISTRICT COMMUNITY GARDENS 40 RIVER ST TROY, NY 12180 | 14-1596291 | | 28,246. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| CAPITAL DISTRICT GAY & LESBIAN COMMUNITY - PO BOX 131 - ALBANY, NY 12201 | 14-1605106 | | 8,855. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| CAPITAL DISTRICT HABITAT FOR HUMANITY - 454 NORTH PEARL ST - ALBANY, NY 12204 | 14-1708404 | | 9,002. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| CAPITAL DISTRICT HUMANE ASSOCIATION - PO BOX 11330 - LOUDONVILLE, NY 12211 | 22-2977788 | | 17,562. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| CAPTAIN YOUTH & FAMILY SERVICE 5 MUNICIPAL PLAZA, #3 CLIFTON PARK, NY 12065-3831 | 14-1637304 | | 11,505. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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Schedule I-1 (Form 990) 2009

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

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CATHOLIC CHARITIES OF ALBANY & RENSSALAER COUNTIES - 40 NORTH MAIN AVE - ALBANY, NY 12203 | 14-1340033 | | 97,857. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| CATHOLIC CHARITIES OF SARATOGA, WARREN AND WASHINGTON COUNTIES - 142 REGENT ST - SARATOGA SPRINGS, NY 12866 | 14-1340033 | | 20,265. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| CATHOLIC CHARITIES SENIOR SERVICE - SCHENECTADY COUNTY - 1473 ERIE BLVD, 3RD FL - SCHENECTADY, NY 12305 | 14-1340033 | | 68,708. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| CHILDREN FIRST - AMERICA'S CHARITIES - LOCKBOX #79570 SUNTRUST BANK - BALTIMORE, MD 21279 | 30-0186795 | | 6,928. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| CHILDREN'S CHARITIES OF AMERICA PO BOX 45757 SAN FRANCISCO, CA 94145 | 94-3148588 | | 8,535. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| CHINESE COMMUNITY CENTER OF THE CAPITAL DISTRICT - 11 AVIS DRIVE - LATHAM, NY 12110 | 23-7314940 | | 6,854. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| CHRISTIAN SERVICE CHARITIES C/O SUN TRUST BANK - L. BOX #79704 1000 STEWART AVE - GLEN BURNIE, MD 21061 | 94-3193374 | | 10,887. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| CITY MISSION OF SCHENECTADY 425 HAMILTON ST SCHENECTADY, NY 12305 | 14-1403652 | | 30,356. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| COHOES COMMUNITY CENTER 22-40 REMSEN ST COHOES, NY 12047 | 14-6035977 | | 12,895. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| COLONIE YOUTH CENTER 272 MAXWELL ROAD LATHAM, NY 12110 | 14-1492095 | | 11,094. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| COMM HEALTH CHARITIES OF NY PO BOX 5127, 38 CLINTON AVE CORTLAND, NY 13045 | 22-2570476 | | 281,332. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| COMMUNITY CAREGIVERS, INC. 2113 WESTERN AVE GUILDERLAND, NY 12084 | 14-1778951 | | 12,099. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| COMMUNITY HEALTH CHARITIES - NATIONAL - 220 NORTH GLEBE ROAD, STE 801 - ARLINGTON, VA 22203 | 13-6167225 | | 23,892. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| COMMUNITY HOSPICE 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 | 14-1608921 | | 26,180. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| COMMUNITY MATERNITY SERVICES 27 NORTH MAIN AVE ALBANY, NY 12203 | 14-1340033 | | 7,173. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| COMMUNITY WORKS OF NYS INC. 45 COLVIN AVE ALBANY, NY 12206 | 22-3255675 | | 38,889. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| COPS CARE 102 HACKETT BLVD ALBANY, NY 12209 | 43-1997207 | | 12,682. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| CARES INC. 85 WATERVLIET AVE ALBANY, NY 12206 | 52-1780404 | | 21,404. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| CORNELL COOPERATIVE EXTENSION OF ALBANY - 24 MARTIN RD - VOORHEESVILLE, NE 12186 | 14-6036881 | | 10,000. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| CIRCLES OF MERCY 7 WASHINGTON ST RENSSELAER, NY 12144 | 01-0589987 | | 10,000. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| COMMUNITY LAND TRUST 1677 VAN VRAKEN AVE SCHENECTADY, NY 12308 | 14-1747722 | | 11,782. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| CAPITAL DISTRICT C-CARE COORDINATION COUNCIL - 91 BROADWAY - MENANDS, NY 12204 | 14-1648493 | | 5,533. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| THE CAREGIVERS SUPPORT SERVICE 100 SLINGERLANDS ST ALBANY, NY 12203 | 14-1340033 | | 33,454. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| ALBANY COMMUNITY ACTION PARTNERSHIP - 333 SHERIDAN AVE - ALBANY, NE 12206-3133 | 14-6037204 | | 40,512. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CENTER FOR LAW & JUSTICE, INC. PINE WEST PLAZA BLDG 2, WASHINGTON ALBANY, NY 12205 | 22-3078866 | | 6,431. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| COHOES SENIOR CITIZENS CENTER 10 CAYUGA PLACE COHOES, NY 12047 | 14-1499330 | | 6,000. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| THE COMMUNITY FOUNDATION EXECUTIVE PARK DRIVE, SIX TOWER PLA ALBANY, NY 12203 | 14-1505623 | | 29,025. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| DOUBLE H HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY RD LAKE LUZERNE, NY 12846 | 14-1752888 | | 22,579. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| DOMESTIC VIOLENCE SERVICES OF SARATOGA CO. - 480 BROADWAY, L.L. 20 - SARATOGA SPRINGS, NY 12866 | 14-1644567 | | 21,682. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| EARTH SHARE OF NY DEPT 4016 WASHINGTON, DC 20042-4016 | 13-3632209 | | 62,434. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| ELIZABETH NASH FOUNDATION 5304 ELROSE AVENUE SAN JOSE, CA 95124 | 20-2274813 | | 10,800. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| EQUINOX, INC. 95 CENTRAL AVE ALBANY, NY 12206 | 14-1554346 | | 108,402. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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| FAMILY & CHILDREN'S SERVICE OF THE CAPITAL REGION, INC. - 650 WARREN ST - ALBANY, NY 12208 | 14-1338477 | | 327,716. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| FOOD PANTRIES FOR THE CAPITAL DISTRICT - 32 ESSEX ST - ALBANY, NY 12206 | 14-1752164 | | 74,669. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| FAMILIES TOGETHER IN ALBANY COUNTY 737 MADISON AVE ALBANY, NY 12208 | 14-1786202 | | 8,154. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| FAMILY & CHILD SERVICES OF SCHENECTADY - 246 UNION ST - SCHENECTADY, NY 12305 | 14-1338397 | | 84,800. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| FRIENDSHIP COMMUNITY DEVELOPMENT 407 UNION ST SCHENECTADY, NY 12305 | 14-4818665 | | 15,831. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| GILDA'S CLUB - CAPITAL REGION 1 PENNY LANE LATHAM, NY 12110 | 14-1818645 | | 10,208. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| GIRL SCOUTS - NENY - ADIRONDACK 8 MOUNTAIN VIEW AVE ALBANY, NY 12205 | 14-1438466 | | 11,205. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| GIRL'S INC. OF THE GREATER CAPITAL REGION - 962 ALBANY ST - SCHENECTADY, NY 12307 | 13-1915124 | | 20,340. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| GLOBAL IMPACT 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA, VA 22314 | 52-1273585 | | 126,186. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| GREATER ADIRONDACK HOME AIDS 5 WARREN ST PO BOX 678 GLENS FALLS, NY 12801 | 14-1491972 | | 8,308. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| HABITAT FOR HUMANITY 35 STATE STREET TROY, NY 12180 | 14-1790210 | | 9,510. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| HABITAT FOR HUMANITY - SCHENECTADY PO BOX 9043 SCHENECTADY, NY 12309 | 14-1765200 | | 7,335. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| HAMILTON HILL ARTS CENTER 409 SCHENECTADY ST SCHENECTADY, NY 12307 | 14-1577799 | | 7,135. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA - PO BOX 45763 - SAN FRANCISCO, CA 94145 | 94-3217739 | | 15,884. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| HUMAN/CIVIL RIGHTS ORD OF AMERICA 10 CHESNUT ST SALEM, MA 01970-3131 | 94-3193388 | | 7,991. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| HISPANIC OUTREACH SERVICES 40 NORTH MAIN AVE ALBANY, NY 12203 | 22-3091969 | | 14,701. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| HATAS 138 CENTRAL AVE ALBANY, NY 12206 | 14-1482188 | | 36,769. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| HOSPITALITY HOUSE THRERAPEUTIC COMMUNITY INC - 271 CENTRAL AVE - ALBANY, NY 12206 | 14-1540533 | | 37,000. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| INDEPENDENT CHARITIES OF AMERICA PO BOX 45753 SAN FRANCISCO, CA 94145 | 94-3067804 | | 181,687. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVE - ALBANY, NY 12210 | 14-1666321 | | 6,000. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| JEWISH FAMILY SERVICES - NENY 877 MADISON AVE ALBANY, NY 12208 | 14-1338308 | | 15,645. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DEISGNATION |
| JOSEPH'S HOUSE AND SHELTER 74 FERRY ST TROY, NY 12180 | 14-1636163 | | 38,951. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| MAKE A WISH FOUNDATION OF NENY ONE MUSTANG DRIVE COHOES, NY 12047 | 14-1703503 | | 13,696. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| JEWISH COMMUNITY CENTER 2565 BALLTOWN RD SCHENECTADY, NY 12309 | 14-1343041 | | 19,106. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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| LASALLE SCHOOL FOR BOYS 391 WESTERN AVE ALBANY, NY 12203 | 22-3125348 | | 7,801. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| LEGAL AID SOCIETY OF NENY 55 COLVIN AVE ALBANY, NY 12206 | 14-1338448 | | 8,617. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| LEGAL PROJECT CAPITAL DISTRICT 6 EXECUTIVE PARK DRIVE ALBANY, NY 12203 | 13-3841519 | | 6,463. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| LITERACY VOLUNTEERS OF AMERICA - GREATER RENS COUNTY INC. - 1915 FIFTH AVE - TROY, NY 12180 | 23-7330119 | | 22,302. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| LITERACY VOLUNTEERS OF AMERICA 1510 CENTRAL AVE SUITE 305 ALBANY, NY 12205 | 23-7409758 | | 211,643. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| CENTER FOR COMMUNITY JUSTICE 144 BARRETT ST SCHENECTADY, NY 12305 | 23-7391116 | | 39,703. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| MECHANICVILLE AREA COMMUNITY SERVICES CENTER - PO BOX 30 6 SOUTH MAIN ST - MECHANICVILLE, NY 12118 | 14-1536118 | | 141,611. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| MEDIATION MATTERS 10 N RUSSELL RD STE 11 ALBANY, NY 12206 | 14-1641368 | | 7,341. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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| MEDICAL RESEARCH CHARITIES C/O SUN TRUST BANK - L. BOX #79703 1000 STEWART AVE - BALTIMORE, MD 21279 | 94-3148591 | | 5,320. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| MILITARY, VETERANS & PATRIOTIC SERVICES ORGS OF AMERICA - PO BOX 45766 - SAN FRANCISCO, CA 94145 | 94-3193418 | | 15,944. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| MOHAWK & HUDSON RIVER HUMANE SOCIETY - 3 OAKLAND AVE - MENANDS, NY 12204 | 14-1338459 | | 56,399. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY, UPSTATE NY CHAPTER - 421 NEW KARNER RD, STE 6 - ALBANY, NY 12205 | 16-0777886 | | 10,355. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| NEIGHBOR TO NATION C/O SUN TRUST BANK, PO BOX 79991 BALTIMORE, MD 21279-9991 | 54-1879282 | | 56,541. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| NEW YORK STATE LABOR RELIGION COALITION - 800 TROY SCHENECTADY RD - LATHAM, NY 12110 | 14-1798943 | | 5,624. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| NORTHEAST PARENT & CHILD SOC. 1 GENIUM PLAZA SCHENECTADY, NY 12304 | 14-1646198 | | 14,000. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| PARSONS CHILD & FAMILY CENTER 60 ACADEMY RD ALBANY, NY 12208 | 14-1347440 | | 40,799. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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OMB No. 1545-0047

2009

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Name of the organization

UNITED WAY OF THE GREATER CAPITAL REGION

Employer identification number

14-1364505

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| PEPPERTREE RESCUE PO BOX 2396 ALBANY, NY 12220-0396 | 14-1809956 | | 11,375. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| PLANNED PARENTHOOD - MOHAWK HUDSON - CLIFTON PARK - 1040 STATE ST - SCHENECTADY, NY 12307-1508 | 14-6004167 | | 15,770. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| PLANNED PARENTHOOD - UPPER HUDSON 259 LARK ST ALBANY, NY 12210 | 14-6000805 | | 41,312. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| QUEST, INC. 1131 VAN ANTWERP RD SCHENECTADY, NY 133862213 | 13-3862213 | | 64,746. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| REGIONAL FOOD BANK OF NENY 965 ALBANY SHAKER RD LATHAM, NY 12110 | 22-2470885 | | 74,037. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| RONALD MCDONALD HOUSE CHARITIES OF THE CAPITAL REGION - 139 SOUTH LAKE AVE - ALBANY, NY 12208 | 22-2356004 | | 28,597. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| SPCA OF UPSTATE NY PO BOX 171 HUDSON FALLS, NY 12839 | 14-1649520 | | 9,617. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| SALVATION ARMY - ALBANY CORPS 20 S FERRY STREET ALBANY, NY 12202 | 13-5562351 | | 10,264. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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| SARATOGA CENTER FOR THE FAMILY 359 BALLSTON AVE SARATOGA SPRINGS, NY 12866 | 14-1604339 | | 23,018. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| SCHENECTADY COMMUNITY ACTION PROGRAM - 913 ALBANY ST - SCHENECTADY, NY 12307 | 14-6034637 | | 108,756. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| SCHENECTADY DAY NURSERY 25 LAFAYETTE ST SCHENECTADY, NY 12305 | 14-1364596 | | 26,612. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| SCHENECTADY INNER CITY MINISTRY 930 ALBANY ST SCHENECTADY, NY 12307-1514 | 14-1548263 | | 11,355. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| SENIOR SERVICES OF ALBANY FOUNDATION - 25 DELAWARE AVE - ALBANY, NY 12212 | 14-1392442 | | 74,623. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| SIENA COLLEGE ANNUAL FUND 515 LOUDON RD ALBANY, NY 12210 | 14-1338498 | | 8,000. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| SPECIAL OLYMPICS NY 504 BALLTOWN RD SCHENECTADY, NY 12304 | 23-7061382 | | 13,829. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| ST ANNE INSTITUTE 160 N MAIN AVE ALBANY, NY 12206 | 14-1340098 | | 6,559. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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| ST CATHERINE'S CENTER FOR CHILDREN 40 NORTH MAIN AVE ALBANY, NY 12203 | 14-1338455 | | 11,774. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| ST JOHN'S/ST. ANN'S CENTER 157 FRANKLIN ST ALBANY, NY 12202 | 14-1601786 | | 8,262. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| SUNNYVIEW HOSPITAL & REHABILITATION CENTER FOUNDATION - 1270 BELMONT AVE - SCHENECTADY, NY 12308 | 22-2505127 | | 6,157. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| SAFE, INC. 1344 ALBANY ST SCHENECTADY, NY 12304 | 14-1794075 | | 11,850. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| SAMARITAN COUNSELING CENTER 220 NORTH BALLSTON AVE SCOTIA, NY 12302 | 14-1655253 | | 8,058. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| SAMARITAN HOSPITAL 2215 BURDETT AVE TROY, NY 12180 | 14-1338544 | | 48,794. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| SCHOHARIE COUNTY COMMUNITY ACTION 795 E MAIN ST SUITE 5 COBLESKILL, NY 12043 | 14-1490674 | | 56,523. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| SCHOHARIE RIVER CENTER 2047 BURTONVILLE RD ESPERANCE, NY 12066 | 14-1818532 | | 34,629. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| TROOPER FOUNDATION OF NYS 3 AIRPORT PARK BLVD LATHAM, NY 12110 | 22-2552895 | | 8,327. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| TROY YOUTH ASSOCIATION, INC. PO BOX 867 TROY, NY 12181 | 22-2203966 | | 5,415. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202 | 14-1340122 | | 122,794. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| TROY AREA UNITED MINISTRIES 392 SECOND ST TROY, NY 12180 | 14-1685408 | | 5,335. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| UNITED JEWISH FEDERATION 184 WASHINGTON AVE EXT ALBANY, NY 12203 | 22-2805163 | | 8,492. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| UW - MONTGOMERY COUNTY PO BOX 709 AMSTERDAM, NY 12010 | 14-1364468 | | 15,941. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| BERSHIRE UW PO BOX 3808 PITTSFIELD, MA 01202 | 04-2104841 | | 8,454. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| UW OF BROOME CO. PO BOX 550 BINGHAMTON, NY 13902-0550 | 15-0564074 | | 5,053. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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| UW OF BUFFALO & ERIE 742 DELAWARE AVE BUFFALO, NY 14209 | 16-0743969 | | 13,011. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| UW OF CENTRAL AND NE CT 30 LAUREL ST HARTFORD, CT 06106 | 06-0646653 | | 8,098. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| UW OF CENTRAL MASSACHUSETTS 484 MAIN ST, SUITE 300 WORCHESTER, MA 01608-1880 | 04-2104017 | | 12,290. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| UW OF CENTRAL NY PO BOX 2129 SYRACUSE, NY 13220-2129 | 15-0532073 | | 16,246. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| UW OF COLUMBIA & GREENE CO PO BOX 52 HUDSON, NY 12534-0052 | 14-6000482 | | 32,339. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| UW OF DUTCHESS CO 75 MARKET ST POUGHKEEPSIE, NY 12601-4015 | 14-1344805 | | 21,573. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| UW OF FULTON CO PO BOX 911 GLOVERSVILLE, NY 12078-0911 | 14-1744886 | | 15,508. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| UW OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115-1819 | 34-6516654 | | 12,295. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| UW OF GREATER ROCHESTER 75 COLLEGE AVENUE ROCHESTER, NY 14607 | 16-1015782 | | 8,888. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| UW OF GREATER UTICA 270 GENESEE ST UTICA, NY 13502 | 15-0532074 | | 11,281. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| UW OF GREEN MOUNTAIN 963 PAINE TURNPIKE NORTH #2 MONTPELIER, VT 05602 | 03-0261384 | | 6,585. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| UW - LACKAWANNA COUNTY 615 JEFFERSON AVE PO BOX 526 SCRANTON, PA 18501 | 24-0824164 | | 6,885. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| UW OF LICKING COUNTY 68 WEST CHURCH ST SUITE 203 NEWARK, OK 40358 | 31-4379455 | | 8,588. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| UW OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729 | 11-6042392 | | 5,950. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| UW OF ORANGE CO - NY 15 SCOTT'S CORNERS DR PO BOX 397 MONTGOMERY, NY 12549 | 06-1045698 | | 7,463. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| UW OF TRI-COUNTY 696 UPPER GLEN ST QUEENSBURY, NY 12804-2097 | 14-6022433 | | 35,673. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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| UW OF WYOMING VALLEY 450 MELLON BANK CENTER 8 WEST MARKE WILKES-BARRE, PA 18711 | 24-0831490 | | 8,011. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| UNITY HOUSE 33 2ND ST, STE 2 TROY, NY 12180 | 23-2378930 | | 142,054. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| WATERVLIET CIVIC CHEST, INC. 14TH ST AND 1ST AVE WATERVLIET, NY 12189 | 14-1387856 | | 42,027. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| WHISKERS ANIMAL BENEV LEAGUE PO BOX 11190 ALBANY, NY 12211 | 22-2487926 | | 32,338. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| WILDWOOD FOUNDATION 2995 CURRY ROAD EXT. SCHENECTADY, NY 12303 | 14-1808612 | | 26,947. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| WATERFORD YOUTH COUNCIL INC. 65 BROADSTREET ST WATERFORD, NY 12188 | 14-6030628 | | 5,198. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| WATERVLIET SENIOR CITIZEN CENTER 1501 BROADWAY WATERVLIET, NY 12189 | 23-7129577 | | 8,259. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| YMCA - CAPITAL DISTRICT ADMIN 465 NE KARNER RD 2ND FL ALBANY, NY 12205 | 14-1726531 | | 8,484. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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| YWCA - SCHENECTADY COUNTY 44 WASHINGTON AVE SCHENECTADY, NY 12305 | 14-1340139 | | 16,658. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| YMCA - SARATOGA PO BOX 4610 SARATOGA SPRINGS, NY 12866 | 14-1427442 | | 9,470. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| YWCA - TROY/COHOES 21 FIRST ST TROY, NY 12180 | 14-1338577 | | 5,283. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| MULTIPLE SCLEROSIS ASSOCIATION OF AMERICA - 706 HADDONFIELD ROAD - CHERRY HILL, NJ 08002 | 22-1912812 | | 6,843. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| MUSIC MOBILE INC PO BOX 6024 ALBANY, NY 12206 | 14-1610149 | | 5,257. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| NATINAL MUSEUM OF DANCE 99 SOUTH BROADWAY SARATOGA SPRINGS, NY 12866 | 22-2683076 | | 5,000. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| NORTHEAST HEALTH CANCER TREATMENT CENTER - 2215 BURDETT AVE - TROY, NY 12180 | 14-1338544 | | 10,335. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| OUT OF THE PITS, INC. PO BOX 2311 ALBANY, NY 12220 | 16-1560721 | | 5,797. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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| S.T.R.I.D.E., INC PO BOX 778 RENSSELAER, NY 12144 | 14-1732830 | | 8,209. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| SALVATION ARMY, CITY OF SCHENECTADY - PO BOX 918 - SCHENECTADY, NY 12301 | 13-5562351 | | 5,417. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| SHELTERS OF SARATOGA, INC. PO BOX 3089 SARATOGA SPRINGS, NY 12866 | 14-1758441 | | 15,692. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| SHEMENDEHOWA SENIOR CITIZENS INC. 6 CLIFTON COMMON COUNRT CLIFTON PARK, NY 12065-3831 | 22-2446277 | | 5,078. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| ST. PAUL'S CENTER PO BOX 589 RENSSELAER, NY 12144-0589 | 56-2499960 | | 11,993. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| ST. PETER'S HOSPITAL FOUNDATION 319 S. MANNING BLVD, STE 309 ALBANY, NY 12208 | 22-2262982 | | 7,876. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| STARS - INTERGEN CORP 55 BRIGHTONWOOD ROAD GLENMONT, NY 12077 | 14-1807217 | | 5,182. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| THE CAMPAIGN FOR RENSSELAER POLYTECHNIC INSTITUTE - PO BOX 3164 - BOSTON, MA 02241-3164 | 14-1340095 | | 10,000. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |

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| THE RESEARCH FOUNDATION - SUNY PO BOX 9 ALBANY, NY 12201-0009 | 14-1368361 | | 20,000. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| UNITED WAY OF THE ADIRONDACK REGION - 45 TOM MILLER ROAD - PLATTSBURGH, NY 12901 | 14-1368185 | | 11,811. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| WILDWOOD PROGRAMS 2995 CURRY ROAD EXT. SCHENECTADY, NY 12303 | 22-2132752 | | 11,426. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
| WOUNDED WARRIER PROJECT 7020 AC SKINNER PARKWAY, STE 100 JACKSONVILLE, FL 32256 | 20-2370934 | | 5,791. | 0. | | | COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION |
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**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE GREATER CAPITAL REGION

Employer identification number

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 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 11: 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.

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 15B: ANNUAL PERFORMANCE REVIEWS ARE DONE
FOR ALL EMPLOYEES. WORKPLANS ARE SUBMITTED AT THE BEGINNING OF THE YEAR.

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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Complete to provide information for responses to specific questions on
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Name of the organization

UNITED WAY OF THE GREATER CAPITAL REGION

Employer identification number

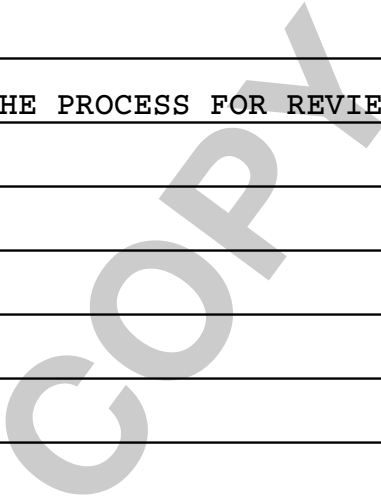
14-1364505

EMPLOYEES ARE MEASURED AND SCORED BASED ON THE ACHIEVEMENTS OF THE
MEASURABLES OF THE PLANS. SALARY ADJUSTMENTS ARE MADE BASED ON SCORING.

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. A DONOR CAN ALSO GO TO GUIDESTAR.ORG TO VIEW THE FORM 990.

FORM 990, PART XI, LINE 2C:

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



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

| | | | |
|--|--|---|--|
| Part II | | Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). | |
| Type or print <small>File by the extended due date for filing your return. See instructions.</small> | Name of exempt organization | Employer identification number | |
| | UNITED WAY OF THE GREATER CAPITAL REGION | 14-1364505 | |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | ONE UNITED WAY, PO BOX 13865 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | ALBANY, NY 12212 | |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990 | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of MICHELE HANNAH - ONE UNITED WAY, PO BOX 13865 - ALBANY, NY 12212
Telephone No. 518-456-2200 FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2011.

5 For calendar year , or other tax year beginning JUL 1, 2009, and ending JUN 30, 2010.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
DUE TO COMPLEX FINANCIAL TRANSACTIONS, ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN

| | | | |
|--|-----------|----|----|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 0. |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ | 0. |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

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

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

2009

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Employer identification number

UNITED WAY OF THE GREATER CAPITAL REGION

14-1364505

Name and title of officer

**KATHERINE PELHAM
CEO**

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

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

| | | |
|---|---|--------------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b <u>8537579</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5b _____ |

Part II Declaration and Signature Authorization of Officer

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

Officer's PIN: check one box only

I authorize BONADIO & CO., LLP to enter my PIN 13865
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 14227212205
do not enter all zeros

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

ERO's signature ▶ _____ Date ▶ 05/04/11

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

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING

JUNE 30, 2010

| | |
|---|--|
| Prepared for | UNITED WAY OF THE GREATER CAPITAL REGION ONE UNITED WAY, PO BOX 13865 ALBANY, NY 12212 |
| Prepared by | BONADIO & CO., LLP 6 WEMBLEY COURT ALBANY, NY 12205 |
| Mail tax return to | NEW YORK STATE DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271 |
| Return must be mailed on or before | PLEASE MAIL AS SOON AS POSSIBLE. |
| Special Instructions | NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED. ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE. |

| | | |
|---|--|----------------------------------|
| Form CHAR500 | Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com | 2009 |
| This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006) | | Open to Public Inspection |

| | | |
|---|--|---|
| 1. General Information | | |
| a. For the fiscal year beginning (mm/dd/yyyy) 07/01/2009 and ending (mm/dd/yyyy) 06/30/2010 | | |
| b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending | c. Name of organization UNITED WAY OF THE GREATER CAPITAL REGION Number and street (or P.O. box if mail not delivered to street address) Room/suite ONE UNITED WAY, PO BOX 13865 City or town, state or country and ZIP + 4 ALBANY, NY 12212 | d. Fed. employer ID no. (EIN) 14-1364505 e. NY State registration no. 00-28-69 f. Telephone number 518 456-2200 g. Email |

| | | | |
|---|-----------|---|-----------------------------|
| 2. Certification - Two Signatures Required | | | |
| We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. | | | |
| a. President or Authorized Officer | Signature | Printed Name KATHERINE PELHAM | Title CEO Date |
| b. Chief Financial Officer or Treas. | Signature | Printed Name | Title Date |

| | |
|---|--|
| 3. Annual Report Exemption Information | |
| a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A. | |
| b. EPTL annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 at any time during this fiscal year. | |
| For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form. | |

| | |
|---|--|
| 4. Article 7-A Schedules | |
| If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year: | |
| a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * If "Yes", complete Schedule 4a. | |
| b. Did the organization receive government contributions (grants)? <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No * If "Yes", complete Schedule 4b. | |

| | |
|--|---|
| 5. Fee Submitted: See last page for summary of fee requirements. | |
| Indicate the filing fee(s) you are submitting along with this form: | |
| a. Article 7-A filing fee \$ <u>25.</u> | Submit only one check or money order for the total fee, payable to "NYS Department of Law" |
| b. EPTL filing fee \$ <u>250.</u> | |
| c. Total fee \$ <u>275.</u> | |

| |
|---|
| 6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments ▶▶▶ |
|---|

UNITED WAY OF THE GREATER CAPITAL REGION

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type Fee Instructions

- **Article 7-A** Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL** Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is \$0.
- **Dual** Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

| Total Support & Revenue | Article 7-A Fee |
|-------------------------|-----------------|
| more than \$250,000 | \$25 |
| up to \$250,000 * | \$10 |

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

| Net Worth at End of Year | EPTL Fee |
|--|----------|
| Less than \$50,000 | \$25 |
| \$50,000 or more, but less than \$250,000 | \$50 |
| \$250,000 or more, but less than \$1,000,000 | \$100 |
| \$1,000,000 or more, but less than \$10,000,000 | \$250 |
| \$10,000,000 or more, but less than \$50,000,000 | \$750 |
| \$50,000,000 or more | \$1500 |

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> IRS Form 990 | <input type="checkbox"/> IRS Form 990-EZ | <input type="checkbox"/> IRS Form 990-PF |
| <input checked="" type="checkbox"/> All required schedules (including Schedule B) | <input type="checkbox"/> All required schedules (including Schedule B) | <input type="checkbox"/> All required schedules (including Schedule B) |
| <input type="checkbox"/> IRS Form 990-T | <input type="checkbox"/> IRS Form 990-T | <input type="checkbox"/> IRS Form 990-T |

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

Audit Report (total support & revenue more than \$250,000)

Review Report (total support & revenue \$100,001 to \$250,000)

No Accountant's Report Required (total support & revenue not more than \$100,000)