

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2009

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	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	AS SOON AS POSSIBLE.
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

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

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 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" 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
F Name and address of principal officer: KATHERINE PELHAM SAME AS C ABOVE		G Gross receipts \$ 13,078,513. 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 Type 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		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of employees (Part V, line 2a)	5	31
	6 Total number of volunteers (estimate if necessary)	6	1267
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	9,280,201.	10,498,204.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	140,714.	<220,560.>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73,428.	70,962.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,494,343.	10,348,606.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,385,486.	7,344,094.
	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)	1,622,169.	1,564,399.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 509,362.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,638,194.	1,416,923.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,645,849.	10,325,416.
	19 Revenue less expenses. Subtract line 18 from line 12	<1,151,506.>	23,190.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	10,444,594.	10,032,038.
	21 Total liabilities (Part X, line 26)	6,431,064.	6,291,116.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,013,530.	3,740,922.

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 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BONADIO & CO., LLP 6 WEMBLEY COURT ALBANY, NY 12205	Date 01/12/11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) 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 (see instructions)

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 \$ 4,488,676. including grants of \$) (Revenue \$) 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 \$ 594,729. including grants of \$) (Revenue \$) 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.

4c (Code:) (Expenses \$ 4,250,957. including grants of \$) (Revenue \$) DONOR DESIGNATED CONTRIBUTIONS.

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

4e Total program service expenses \$ 9,334,362. (Must equal Part IX, Line 25, column (B).)

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>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	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>	5	
6 Did the organization maintain any donor advised funds or any 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>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	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>	8	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>	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b	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>	15	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>	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23	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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	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>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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

Form 990 (2008)

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 7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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 31		
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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
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
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
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 provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
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
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
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?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Section 501(c)(3) and other 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: N/A		
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: N/A		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	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?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	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:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization?	X	
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
16b	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?		

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. Use Schedule J-2 if additional space is needed.

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

• List 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 officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN BORDEN BOARD MEMBER	8.00	X					0.	0.	0.	
KATHARINE BRIAR-LAWSON BOARD MEMBER	8.00	X					0.	0.	0.	
CHARLES CARLETTA BOARD MEMBER	8.00	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 SECRETARY	20.00	X		X			0.	0.	0.	
ROBERT DOYLE TREASURER	20.00	X		X			0.	0.	0.	
ANDY GNOINSKI BOARD MEMBER	8.00	X					0.	0.	0.	
ELIZABETH HOOD VICE CHAIR	12.00	X		X			0.	0.	0.	
SUSAN HOUPT 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 VICE CHAIR	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 CHAIRMAN	24.00	X		X				0.	0.	0.
CRAIG APPLE BOARD MEMBER	8.00	X						0.	0.	0.
DAN SAUER BOARD MEMBER	8.00	X						0.	0.	0.
KATHERINE PELHAM CEO	40.00			X				113,706.	0.	11,543.
MICHELE HANNAH COO	40.00			X				69,360.	0.	9,593.
1b Total								183,066.	0.	21,136.

2 Total number of individuals (including those in 1a) 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 those in 1) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	9,867,445.				
	b	Membership dues	1b	630,759.				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f			10,498,204.			
	Program Service Revenue	2 a _____		Business Code				
		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)			98,777.			98,777.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a	Gross Rents	(i) Real	46,363.				
		b Less: rental expenses	(ii) Personal					
		c Rental income or (loss)		46,363.				
		d Net rental income or (loss)			46,363.			46,363.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	2,410,570.				
		b Less: cost or other basis and sales expenses	(ii) Other					
		c Gain or (loss)		<319,337.>				
		d Net gain or (loss)			<319,337.>			<319,337.>
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	24,599.				
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events			24,599.	24,599.		
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b						
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	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a	_____							
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			10,348,606.	24,599.	0.	<174197.>	

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	7,344,094.	7,344,094.		
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	183,066.	73,226.	73,226.	36,614.
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	1,004,667.	703,524.	109,337.	191,806.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	151,139.	98,842.	23,231.	29,066.
9 Other employee benefits	132,102.	86,392.	20,305.	25,405.
10 Payroll taxes	93,425.	61,098.	14,360.	17,967.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,056.	9,846.	2,314.	2,896.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	18,275.	11,951.	2,809.	3,515.
g Other	31,015.	20,282.	4,768.	5,965.
12 Advertising and promotion	174,501.		77,515.	96,986.
13 Office expenses	74,695.	29,202.	6,863.	38,630.
14 Information technology	3,550.	2,321.	546.	683.
15 Royalties				
16 Occupancy	67,995.	40,211.	15,959.	11,825.
17 Travel	36,719.	24,015.	5,643.	7,061.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,690.	12,226.	2,871.	3,593.
20 Interest	13,987.	9,149.	2,149.	2,689.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,024.	42,525.	9,994.	12,505.
23 Insurance	7,839.	5,128.	1,205.	1,506.
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	504,840.	504,840.	0.	0.
b FEDERATED CAMPAIGN EXPE	133,736.	133,736.	0.	0.
c ORGANIZATION DUES	96,871.	0.	93,557.	3,314.
d PROGRAM EXPENSES	52,190.	52,190.	0.	0.
e INDEPENDENT CONTRACTORS	33,077.	21,632.	5,084.	6,361.
f All other expenses	68,863.	47,932.	9,956.	10,975.
25 Total functional expenses. Add lines 1 through 24f	10,325,416.	9,334,362.	481,692.	509,362.
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	652,492.	1	1,337,286.
	2	Savings and temporary cash investments	2,103,556.	2	1,452,258.
	3	Pledges and grants receivable, net	3,473,414.	3	3,358,687.
	4	Accounts receivable, net	31,415.	4	91,458.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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	26,490.	9	36,762.
	10a	Land, buildings, and equipment: cost basis ...	1,109,400.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	627,111.	10c	482,289.
	11	Investments - publicly traded securities	2,444,650.	11	2,332,019.
	12	Investments - other securities. See Part IV, line 11	285,258.	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	894,687.	15	941,279.
16	Total assets. Add lines 1 through 15 (must equal line 34)	10,444,594.	16	10,032,038.	
Liabilities	17	Accounts payable and accrued expenses	3,450,997.	17	2,951,085.
	18	Grants payable	2,471,286.	18	2,580,602.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow 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	228,599.	23	183,499.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	280,182.	25	575,930.
	26	Total liabilities. Add lines 17 through 25	6,431,064.	26	6,291,116.
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	3,481,411.	27	3,284,113.
	28	Temporarily restricted net assets	15,255.	28	27,356.
	29	Permanently restricted net assets	516,864.	29	429,453.
	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	4,013,530.	33	3,740,922.
	34	Total liabilities and net assets/fund balances	10,444,594.	34	10,032,038.

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		
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 lines 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	
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?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 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 organizations the organization supports.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,339,338.	3,498,555.	3,937,068.	5,554,432.	6,147,247.	22,476,640.
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 - 3	3,339,338.	3,498,555.	3,937,068.	5,554,432.	6,147,247.	22,476,640.
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.						22,476,640.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	3,339,338.	3,498,555.	3,937,068.	5,554,432.	6,147,247.	22,476,640.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	76,484.	83,388.	117,437.	187,796.	145,140.	610,245.
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						23,086,885.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	97.36	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	97.62	%
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 - 2007. 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"/>

Schedule A (Form 990 or 990-EZ) 2008

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

UNITED WAY OF THE GREATER CAPITAL REGION

Employer identification number

14-1364505

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DAVID WINNE ESTATE <hr/> C/O HIGGINS ET AL, 1430 BALLTOWN ROAD <hr/> SCHENECTADY, NY 12309	\$ 374,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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 certified historic structure
 Preservation of open space

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 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 Trust, 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 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	666,068.				
b Contributions	12,228.				
c Investment earnings or losses	<87,411.>				
d Grants or scholarships	127.				
e Other expenditures for facilities and programs	22,251.				
f Administrative expenses					
g End of year balance	568,507.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ 24.46 %
 - b** Permanent endowment ▶ 75.54 %
 - 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 | X | |
| (ii) related organizations | | X |
- 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) Depreciation	(d) Book value
1a Land		102,300.		102,300.
b Buildings		804,526.	488,798.	315,728.
c Leasehold improvements				
d Equipment		202,574.	138,313.	64,261.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				482,289.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,348,606.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,325,416.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	23,190.
4	Net unrealized gains (losses) on investments	4	<260,921.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	280,786.
8	Other (Describe in Part XIV)	8	<315,663.>
9	Total adjustments (net). Add lines 4-8	9	<295,798.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<272,608.>

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	5,889,941.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<260,921.>
b	Donated services and use of facilities	2b	53,213.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<207,708.>
3	Subtract line 2e from line 1	3	6,097,649.
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	4,250,957.
c	Add lines 4a and 4b	4c	4,250,957.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	10,348,606.

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

1	Total expenses and losses per audited financial statements	1	6,127,672.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	53,213.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	53,213.
3	Subtract line 2e from line 1	3	6,074,459.
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	4,250,957.
c	Add lines 4a and 4b	4c	4,250,957.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	10,325,416.

Part XIV Supplemental Information

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

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 XI, LINE 8 - OTHER ADJUSTMENTS:

PENSION RELATED CHANGE IN ADDITIONAL MINIMUM LIABILITY: -315663.

Part XIV Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS NET AGAINST CONTRIBUTIONS FOR FINANCIAL
STATEMENTS: 4250957.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS SHOWN NET AGAINST CONTRIBUTIONS FOR FINANCIAL
STATEMENTS: 4250957.

COPY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		NONE (event type)	(event type)	(total number)	(Add col. (a) through col. (c))	
Revenue	1	Gross receipts				
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses				
	8	Direct expense summary. Add lines 4 through 7 in column (d)				()
	9	Net income summary. Combine lines 3 and 8 in column (d)				()

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				()

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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" on 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		5,742.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AIDS COUNCIL OF NENY, INC. 927 BROADWAY ALBANY, NY 12207	22-2684595		36,452.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ALBANY DAMIEN CENTER 12 SOUTH LAKE AVENUE ALBANY, NY 12203	22-3108995		17,092.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ALBANY MEDICAL CENTER FDN 43 NEW SCOTLAND AVE, MC 119 ALBANY, NY 12208	14-6023119		12,095.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ALBANY POLICE ATHLETIC LEAGUE PUBLIC SAFETY BLDG, 165 HENRY JOHNS ALBANY, NY 12210	14-1708276		5,882.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ALBANY THERAPEUTIC RIDING CENTER 182 MARTIN ROAD VOORHEESVILLE, NY 12186	22-2351589		10,222.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of section 501(c)(3) and government organizations **185.**

3 Enter total number of other organizations **13.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

COPY

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPHA PREGNANCY CARE CENTER 518 CLINTON AVE ALBANY, NY 12206	14-1703551		7,749.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AMERICAN CANCER SOCIETY NYS CAPITAL DISTRICT REGION, 260 OSBORN LOUDONVILLE, NY 12211	16-0743902		52,673.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AMERICAN DIABETES ASSOCIATION, INC. - 4900 SEMINARY RD, STE 310 - ALEXANDRIA, VA 01867	13-1623888		7,310.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AMERICAN DIABETES ASSOCIATION EASTERN REGIONAL OFFICE, 7 WASHINGTON SQ - ALBANY, NY 12206-5512	13-1623888		6,779.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AMERICAN HEART ASSOCIATION 440 NEW KARNER RD ALBANY, NY 12205	13-5613797		32,387.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AMERICAN RED CROSS OF NENY, INC. 33 EVERETT RD ALBANY, NY 12205	53-0196605		45,511.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AMERICAN RED CROSS ADIRONDACK-SARATOGA CHAPTER - 74 WARREN ST - GLENS FALLS, NY 12801	14-1340127		8,960.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AMERICAN RED CROSS FEDERATION PO BOX 73857 CHICAGO, IL 60673-7857	53-0196605		5,833.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **27**

3 Enter total number of other organizations **27**

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY, VA 20151	54-1417077		149,549.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ANIMAL CHARITIES OF AMERICA PO BOX 45756 SAN FRANCISCO, CA 94145	94-3193389		16,897.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ANIMAL PROTECTIVE FOUNDATION OF SCHENECTADY - 53 MAPLE AVENUE - SCOTIA, NY 12302	14-0472728		26,960.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ANIMALOVERS PO BOX 6426 ALBANY, NY 12206	14-1784402		31,043.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ARC - RENSSELAER COUNTY CHAPTER 79 102ND STREET TROY, NY 12180	14-1485873		5,944.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AUTISM SOCIETY OF AMERICA ALBANY CHAPTER - PO BOX 3847 - SCHENECTADY, NY 12303-0847	52-1020149		6,126.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ARBOR HILL COMMUNITY CENTER 47 N LARK ST ALBANY, NY 12210	22-2577232		9,231.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ARBOR PARK CHILD CARE CENTER 96 SECOND STREET ALBANY, NY 12210	22-2514537		27,692.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **28**

3 Enter total number of other organizations **28**

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHESDA HOUSE 418 LIBERTY ST SCHENECTADY, NY 12305	31-1645415		81,376.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
BETHLEHEM FESTIVAL FUND PO BOX 341 DELMAR, NY 12054	14-1812445		5,298.	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		62,963.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
BOY SCOUTS OF AMERICA TWIN RIVERS COUNCIL - 253 WASHINGTON AVE EXT - ALBANY, NY 12205	14-1340028		43,952.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
BOYS & GIRLS CLUB - TROY 177 SEVENTH AVE TROY, NY 12180	14-1338574		37,317.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
BOYS & GIRLS CLUB - SCHENECTADY PO BOX 466 SCHENECTADY, NY 12301	14-1364595		7,005.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
BOYS & GIRLS CLUB - LANSINGBURGH 501 4TH AVE TROY, NY 12182	14-1338445		21,510.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
BOYS & GIRLS CLUB - SO. RENSSELAER 544 BROADWAY RENSSELAER, NY 12144	14-1471475		35,051.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **29**

3 Enter total number of other organizations **29**

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF ALBANY 21 DELAWARE AVE ALBANY, NY 12210	14-1338303		63,332.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
BALLSTON AREA COMMUNITY CENTER 9 SCOTT ST BALLSTON SPA, NY 12020-1818	14-1622578		5,262.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAMP GOOD DAYS AND SPECIAL TIMES 1332 PITTSFORD MENDON ROAD MENDON, NY 14506	22-2329654		5,252.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
THE CAMPAIGN FOR RENSSELAER POLYTECHNIC INSTITUTE - PO BOX 3164 - BOSTON, MA 02241-3164			10,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CANCERCURE OF AMERICA PO BOX 445501 SAN FRANCISCO, CA 94145	81-0648432		16,874.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPITAL CITY RESCUE MISSION PO BOX 1999 ALBANY, NY 12201	56-2663290		30,943.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPITAL DISTRICT COMM GARDENS 40 RIVER ST TROY, NY 12180	14-1596291		15,597.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPITAL DISTRICT GAY & LESBIAN COMMUNITY - PO BOX 131 - ALBANY, NY 12201	14-1605106		11,931.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **3**
3 Enter total number of other organizations

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL DISTRICT HABITAT FOR HUMANITY - 454 NORTH PEARL ST - ALBANY, NY 12204	14-1708404		11,972.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPITAL DISTRICT HUMANE ASSOCIATION - PO BOX 11330 - LOUDONVILLE, NY 12211	22-2977788		17,102.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPITAL REGION SPONSOR A SCHOLAR PINE WEST PLAZA BLDG 3, WASHINGTON ALBANY, NY 12205	14-1823014		8,542.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPTAIN YOUTH & FAMILY SERVICE 5 MUNICIPAL PLAZA, #3 CLIFTON PARK, NY 12065-3831	14-1637304		12,445.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CATHOLIC CHARITIES OF ALBANY & RENSSALAER COUNTIES - 40 NORTH MAIN AVE - ALBANY, NY 12203	14-1340033		71,903.	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		25,096.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CATHOLIC CHARITIES OF SCHENECTADY COUNTY - 818 UNION ST - SCHENECTADY, NY 12308	14-1340033		88,567.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CENTER FOR DISABILITY SERVICES 314 S MANNING BLVD ALBANY, NY 12208	14-1425851		14,462.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **3** Enter total number of other organizations

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN FIRST - AMERICA'S CHARITIES - LOCKBOX #79570 SUNTRUST BANK - BALTIMORE, MD 21279	30-0186795		8,351.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CHILDREN'S CHARITIES OF AMERICA PO BOX 45757 SAN FRANCISCO, CA 94145	94-3148588		10,256.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CHILDREN'S MEDICAL CHARITIES PO BOX 45310 SAN FRANCISCO, CA 94145	27-0093393		5,417.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CHINESE COMMUNITY CENTER OF THE CAPITAL DISTRICT - 11 AVIS DRIVE - LATHAM, NY 12110	23-7314940		7,518.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CHRISTIAN CHARITIES USA PO BOX 45758 SAN FRANCISCO, CA 94145	94-3255961		5,796.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CHRISTIAN SERVICE CHARITIES C/O SUN TRUST BANK - L. BOX #79704 1000 STEWART AVE - BALTIMORE, MD 21279	94-3193374		9,782.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CITY MISSION OF SCHENECTADY 425 HAMILTON ST SCHENECTADY, NY 12305	14-1403652		30,263.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COBB LITERACY COUNCIL 463 COMMERCE PARK DR, SUITE 100 MARIETTA, GA 30060	58-2635833		6,839.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **3**
3 Enter total number of other organizations **3**

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COHOES COMMUNITY CENTER 22-40 REMSEN ST COHOES, NY 12047	14-6035977		13,591.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COLONIE SENIOR SERVICE CENTER SIX WINNERS CIRCLE COLONIE, NY 12205	22-2366576		5,863.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COLONIE YOUTH CENTER 272 MAXWELL DRIVE LATHAM, NY 12110	14-1492095		13,589.	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		273,894.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COMMUNITY CAREGIVERS, INC. 2113 WESTERN AVE GUILDERLAND, NY 12084	14-1778951		13,291.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
THE COMMUNITY FOUNDATION EXECUTIVE PARK DRIVE SIX TOWER PLAC ALBANY, NY 12203	14-1505623		48,601.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COMMUNITY HEALTH CHARITIES - NATIONAL - PO BOX 75153 - BALTIMORE, MD 21275-5153	13-6167225		30,812.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COMMUNITY HOSPICE OF SCHENECTADY 1411 UNION ST SCHENECTADY, NY 12308	14-1608921		5,560.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **3**
3 Enter total number of other organizations **3**

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HOSPICE 295 VALLEY VIEW BLVD RENSSELAER, NY 12144	14-1608921		25,432.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COMMUNITY MATERNITY SERVICES 27 NORTH MAIN AVE ALBANY, NY 12203	14-1340033		9,323.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COMMUNITY WORKS OF NYS INC. 50 COLVIN AVE, STE 203 ALBANY, NY 12206	22-3255675		40,869.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COPS CARE 102 HACKETT BLVD ALBANY, NY 12209	43-1997207		17,150.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CARES INC. 85 WATERVLIET AVE ALBANY, NY 12206	52-1780404		24,344.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CORNELL COOPERATIVE EXTENSION OF ALBANY - 24 MARTIN RD - VOORHEESVILLE, NE 12186	14-6036881		9,231.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CORNELL COOPERATIVE EXTENSION- SCHENECTADY - 107 NOTT TERRACE #301 - SCHENECTADY, NY 12308-3170	14-6036884		12,195.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CIRCLES OF MERCY 7 WASHINGTON ST RENSSELAER, NY 12144	01-0589987		9,231.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **34**

3 Enter total number of other organizations **34**

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF RENSSELAER COUNTY - 9 TH STREET & INGALLS AVE - TROY, NY 12180	14-1340033		44,308.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COMMUNITY LAND TRUST 1677 VAN VRAKEN AVE SCHENECTADY, NY 12308	14-1747722		20,077.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPITAL DISTRICT C-CARE COORDINATION COUNCIL - 91 BROADWAY - MENANDS, NY 12204	14-1648493		56,860.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
THE CAREGIVERS SUPPORT SERVICE 100 SLINGERLANDS ST ALBANY, NY 12203	14-1340033		35,908.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ALBANY COMMUNITY ACTION PARTNERSHIP - 333 SHERIDAN AVE - ALBANY, NE 12206-3133	14-6037204		39,473.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CENTER FOR LAW & JUSTICE, INC. PINE WEST PLAZA BLDG 2, WASHINGTON ALBANY, NY 12205	22-3078866		7,385.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COHOES SENIOR CITIZENS CENTER 10 CAYUGA PLACE COHOES, NY 12047	14-1499330		5,538.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COMMISSION ON ECONOMIC OPP GREATER CAPITAL REGION - 2331 FIFTH AVE - TROY, NY 12180	14-1490509		18,861.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **35**

3 Enter total number of other organizations **35**

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HUMAN SERVICES 543 SARATOGA RD GLENVILLE, NY 12302	14-1598568		25,846.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CENTER FOR GOVERNMENTAL RESEARCH INC - 1 S WASHINGTON ST STE 400 - ROCHESTER, NY 14614	16-0754774		50,000.	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		22,095.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
DOWLING COLLEGE 150 IDLE HOUR BLVD OAKDALE, NY 11769	11-2157078		15,000.	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		13,754.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
DEPAUL HOUSING MGMT CORP 41 NORTH MAIN AVE ALBANY, NY 12203	14-1610773		17,923.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
EARTH SHARE OF NY DEPT 4016 WASHINGTON, DC 20042-4016	13-3632209		70,670.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ELIZABETH NASH FOUNDATION PO BOX 1260 LOS GATOS, CA 95031	20-2274813		9,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **3**
3 Enter total number of other organizations

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPILESY FOUNDATION OF NENY, INC. 3 WASHINGTON SQ ALBANY, NY 12205	14-1637156		7,688.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
EQUINOX, INC. 95 CENTRAL AVE ALBANY, NY 12206	14-1554346		92,323.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
FAMILY & CHILDREN'S SERVICE OF THE CAPITAL REGION, INC. - 650 WARREN ST - ALBANY, NY 12208	14-1338477		331,777.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
FOOD PANTRIES FOR THE CAPITAL DISTRICT - 32 ESSEX ST - ALBANY, NY 12206	14-1752164		61,493.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
FAMILIES TOGETHER IN ALBANY COUNTY 737 MADISON AVE ALBANY, NY 12208	14-1786202		9,231.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
FAMILY & CHILD SERVICES OF SCHENECTADY - 246 UNION ST - SCHENECTADY, NY 12305	14-1338397		75,770.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
FRIENDSHIP COMMUNITY DEVELOPMENT 407 UNION ST SCHENECTADY, NY 12305	14-4818665		21,831.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
GILDA'S CLUB - CAPITAL REGION 1 PENNY LANE LATHAM, NY 12110	14-1818645		9,017.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **37**

3 Enter total number of other organizations **37**

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS - NENY - HUDSON VALLEY 8 MOUNTAIN VIEW AVE ALBANY, NY 12205	14-1438466		19,126.	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		9,698.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
GLOBAL IMPACT 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA, VA 22314	52-1273585		140,311.	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		11,077.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
HABITAT FOR HUMANITY 82 THIRD ST TROY, NY 12180	14-1790210		10,627.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
HABITAT FOR HUMANITY - SCHENECTADY PO BOX 9043 SCHENECTADY, NY 12309	14-1765200		8,611.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
HAMILTON HILL ARTS CENTER 409 SCHENECTADY ST SCHENECTADY, NY 12307	14-1577799		17,937.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA - PO BOX 45763 - SAN FRANCISCO, CA 94145	94-3217739		17,780.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **3**
3 Enter total number of other organizations

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMAN/CIVIL RIGHTS ORD OF AMERICA 10 CHESNUT ST SALEM, MA 01970-3131	94-3193388		8,178.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
HISPANIC OUTREACH SERVICES 40 NORTH MAIN AVE ALBANY, NY 12203	22-3091969		10,200.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
HATAS 138 CENTRAL AVE ALBANY, NY 12206	14-1482188		20,308.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
HOSPITALITY HOUSE THRERAPEUTIC COMMUNITY INC - 271 CENTRAL AVE - ALBANY, NY 12206	14-1540533		34,154.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
INDEPENDENT CHARITIES OF AMERICA PO BOX 45753 SAN FRANCISCO, CA 94145	94-3067804		180,750.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVE - ALBANY, NY 12210	14-1666321		5,429.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
JEWISH FAMILY SERVICES - NENY 877 MADISON AVE ALBANY, NY 12208	14-1338308		16,504.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DEISGNATION
JOSEPH'S HOUSE AND SHELTER 74 FERRY ST TROY, NY 12180	14-1636163		33,035.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL - NENY CHAPTER - 6 GREENWOOD DRIVE - EAST GREENBUSH, NY 12061	23-1907729		5,247.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
JEWISH COMMUNITY CENTER 2565 BALLTOWN RD SCHEENCTADY, NY 12309	14-1374498		5,154.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
LASALLE SCHOOL FOR BOYS 391 WESTERN AVE ALBANY, NY 12203	22-3125348		7,305.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
LEGAL AID SOCIETY OF NENY 55 COLVIN AVE ALBANY, NY 12206	14-1338448		8,174.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
LEGAL PROJECT CAPITAL DISTRICT 6 EXECUTIVE PARK DRIVE ALBANY, NY 12203	13-3841519		7,300.	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		23,900.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
LITERACY VOLUNTEERS OF AMERICA 1510 CENTRAL AVE SUITE 305 ALBANY, NY 12205	23-7409758		113,021.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CENTER FOR COMMUNITY JUSTICE 144 BARRETT ST SCHEENCTADY, NY 12305	23-7391116		48,304.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **40**

3 Enter total number of other organizations

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MECHANICVILLE AREA COMMUNITY SERVICES CENTER - PO BOX 30 6 SOUTH MAIN ST - MECHANICVILLE, NY 12118	14-1536118		141,711.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
MEDIATION MATTERS 10 N RUSSELL RD STE 11 ALBANY, NY 12206	14-1641368		30,067.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
MEDICAL RESEARCH CHARITIES C/O SUN TRUST BANK - L. BOX #79703 1000 STEWART AVE - BALTIMORE, MD 21279	94-3148591		7,035.	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		19,441.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
MOHAWK & HUDSON RIVER HUMANE SOCIETY - OAKLAND AVE - MENANDS, NY 12204	14-1338459		50,043.	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		14,606.	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		71,739.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
NEW YORK STATE LABOR RELIGION COALITION - 800 TROY SCHENECTADY RD - LATHAM, NY 12110	14-1798943		5,437.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **3** Enter total number of other organizations

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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		58,844.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
PEPERTREE RESCUE PO BOX 2396 ALBANY, NY 12220-0396	14-1809956		10,974.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
PLANNED PARENTHOOD - MOHAWK HUDSON - CLIFTON PARK - 1040 STATE ST - SCHENECTADY, NY 12307-1508	14-6004167		19,241.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
PLANNED PARENTHOOD - UPPER HUDSON 259 LARK ST ALBANY, NY 12210	14-6000805		46,847.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
QUEST, INC. 1131 VAN ANTWERP RD SCHENECTADY, NY 133862213	13-3862213		68,552.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
REGIONAL FOOD BANK OF NENY 965 ALBANY SHAKER RD LATHAM, NY 12110	22-2470885		62,573.	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		27,931.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **▶**

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

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPCA OF UPSTATE NY PO BOX 171 HUDSON FALLS, NY 12839	14-1649520		10,863.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SALVATION ARMY - ALBANY CORPS PO BOX 1787 ALBANY, NY 12201	13-5562351		7,869.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SARATOGA CENTER FOR THE FAMILY 359 BALLSTON AVE SARATOGA SPRINGS, NY 12866	14-1604339		20,852.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SCHENECTADY COMMUNITY ACTION PROGRAM - 913 ALBANY ST - SCHENECTADY, NY 12307	14-6034637		120,241.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SCHENECTADY DAY NURSERY 25 LAFAYETTE ST SCHENECTADY, NY 12305	14-1364596		18,441.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SCHENECTADY INNER CITY MINISTRY 930 ALBANY ST SCHENECTADY, NY 12307-1514	14-1548263		12,811.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SENIOR SERVICES OF ALBANY FOUNDATION - 25 DELAWARE AVE - ALBANY, NY 12212	14-1392442		75,525.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SIENA COLLEGE ANNUAL FUND 515 LOUDON RD ALBANY, NY 12210	14-1338498		7,500.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **3**
3 Enter total number of other organizations

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS NY 504 BALLTOWN RD SCHENECTADY, NY 12304	23-7061382		14,555.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ST ANNE INSTITUTE 160 N MAIN AVE ALBANY, NY 12206	14-1340098		6,762.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ST CATHERINE'S CENTER FOR CHILDREN 40 NORTH MAIN AVE ALBANY, NY 12203	14-1338455		11,397.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ST JOHN'S/ST. ANN'S CENTER 157 FRANKLIN ST ALBANY, NY 12202	14-1601786		9,337.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SUNNYVIEW HOSPITAL & REHABILITATION CENTER FOUNDATION - 1270 BELMONT AVE - SCHENECTADY, NY 12308	22-2505127		6,570.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SAFE, INC. 1344 ALBANY ST SCHENECTADY, NY 12304	14-1794075		9,554.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SAMARITAN COUNSELING CENTER 220 NORTH BALLSTON AVE SCOTIA, NY 12302	14-1655253		14,750.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SAMARITAN HOSPITAL 2215 BURDETT AVE TROY, NY 12180	14-1338544		51,440.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **4**

3 Enter total number of other organizations **4**

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOHARIE COUNTY COMMUNITY ACTION 795 E MAIN ST SUITE 5 COBLESKILL, NY 12043	14-1490674		50,769.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SCHOHARIE RIVER CENTER 2047 BURTONVILLE RD ESPERANCE, NY 12066	14-1818532		28,231.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
TROOPER FOUNDATION OF NYS 3 AIRPORT PARK BLVD LATHAM, NY 12110	22-2552895		11,811.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
TROY YOUTH ASSOCIATION, INC. PO BOX 867 TROY, NY 12181	22-2203966		14,746.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
TRINITY INSTITUTION 15 TRINITY PLACE ALBANY, NY 12202	14-1340122		98,308.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
TROY AREA UNITED MINISTRIES 392 SECOND ST TROY, NY 12180	14-1685408		8,631.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED JEWISH FEDERATION 184 WASHINGTON AVE EXT ALBANY, NY 12203	22-2805163		11,895.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW - MONTGOMERY COUNTY PO BOX 709 AMSTERDAM, NY 12010	14-1364468		21,213.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **45**

3 Enter total number of other organizations **5**

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERSHIRE UW PO BOX 3808 PITTSFIELD, MA 01202	04-2104841		10,145.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF BROOME CO. PO BOX 550 BINGHAMTON, NY 13902-0550	15-0564074		7,519.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF BUFFALO & ERIE 742 DELAWARE AVE BUFFALO, NY 14209	16-0743969		10,989.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF CENTRAL AND NE CT 30 LAUREL ST HARTFORD, CT 06106	06-0646653		12,032.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF CENTRAL MASSACHUSETTS 483 MAIN ST, SUITE 300 WORCHESTER, MA 01608-1880	04-2104017		18,480.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF CENTRAL NY PO BOX 2129 SYRACUSE, NY 13220-2129	15-0532073		21,460.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF CHITTENDEN CO 412 FARRELL ST SUITE 200 SOUTH BURLINGTON, VT 05403	03-0217229		9,234.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF CLINTON & ESSEX CO 45 TOM MILLER RD PLATTSBURGH, NY 12901	14-1368185		14,023.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **▶**

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

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UW OF COLUMBIA & GREENE CO PO BOX 52 HUDSON, NY 12534-0052	14-6000482		55,138.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF DUTCHESS CO 75 MARKET ST POUGHKEEPSIE, NY 12601-4015	14-1344805		28,851.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF FULTON CO PO BOX 911 GLOVERSVILLE, NY 12078-0911	14-1744886		20,721.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115-1819	34-6516654		14,726.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF GREATER ROCHESTER 75 COLLEGE AVENUE ROCHESTER, NY 14607	16-1015782		8,780.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF GREATER OSWEGO CO ONE SOUTH FIRST ST FULTON, NY 13069	15-0532224		5,051.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF GREATER PORTLAND PO BOX 15200 PORTLAND, ME 04112-5200	01-0241767		11,011.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF GREATER UTICA 270 GENESEE ST UTICA, NY 13502	15-0532074		15,682.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **47**

3 Enter total number of other organizations **47**

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UW OF GREEN MOUNTAIN 963 PAINE TURNPIKE NORTH #2 MONTPELIER, VT 05602	03-0261384		6,841.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW - LACKAWANNA COUNTY 615 JEFFERSON AVE PO BOX 526 SCRANTON, PA 18501	24-0824164		9,310.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF LICKING COUNTY 68 WEST CHURCH ST SUITE 203 NEWARK, OK 40358	31-4379455		13,294.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	11-6042392		5,247.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF NORTHERN NY 200 WASHINGTON ST, STE 402A WATERTOWN, NY 13601	15-0543356		8,294.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF NEW CONNECTICUT PO BOX 1001 TORRINGTON, CT 06790-1001	06-6009309		6,440.	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		7,408.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF RUTLAND CO 6 CHURCH ST SUITE 1 RUTLAND, VT 05701	03-6000224		7,507.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **48**

3 Enter total number of other organizations

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UW OF SULLIVAN CO PO BOX 1036 MONTICELLO, NY 12701	14-1664789		5,846.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF TRI-COUNTY 696 UPPER GLEN ST QUEENSBURY, NY 12804-2097	14-6022433		48,543.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF ULSTER CO INC. 450 ALBANY AVE KINGSTON, NY 12401-2139	14-1409654		5,080.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF UPPER OHIO VALLEY 51 11TH ST WHEELING, WV 26003	55-0479446		6,595.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UW OF WYOMING VALLEY 450 MELLON BANK CENTER 8 WEST MARKE WILKES-BARRE, PA 18711	24-0831490		11,600.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITY HOUSE 33 2ND ST, STE 2 TROY, NY 12180	23-2378930		114,428.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
WATERVLIET CIVIC CHEST, INC. 14TH ST AND 1ST AVE WATERVLIET, NY 12189	14-1387856		22,402.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
WHISKERS ANIMAL BENEV LEAGUE PO BOX 11190 ALBANY, NY 12211	22-2487926		34,014.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **49**

3 Enter total number of other organizations

**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
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**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 U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILDWOOD FOUNDATION 2996 CURRY ROAD EXT. SCHENECTADY, NY 12303	14-1808612		45,922.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
WATERFORD YOUTH COUNCIL INC. 65 BROADSTREET ST WATERFORD, NY 12188	14-6030628		6,988.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
WATERVLIET SENIOR CITIZEN CENTER 1501 BROADWAY WATERVLIET, NY 12189	23-7129577		10,154.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
YMCA - CAPITAL DISTRICT ADMIN 465 NE KARNER RD 2ND FL ALBANY, NY 12205	14-1726531		13,175.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
YWCA - SCHENECTADY COUNTY 44 WASHINGTON AVE SCHENECTADY, NY 12305	14-1340139		31,723.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
YMCA - SARATOGA PO BOX 4610 SARATOGA SPRINGS, NY 12866	14-1427442		13,702.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
YWCA - TROY/COHOES 21 FIRST ST TROY, NY 12180	14-1338577		7,385.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

2 Enter total number of Section 501(c)(3) and government organizations **50**

3 Enter total number of other organizations **50**

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

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 A, LINE 10: 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 15: THE EXECUTIVE COMMITTEE MEETS ANNUALLY AND DOES A PERFORMANCE REVIEW ON THE CEO. THEY REVIEW IT WITH HER

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

Schedule O (Form 990) 2008

832211
12-18-08

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITED WAY OF THE GREATER CAPITAL REGION

Employer identification number

14-1364505

AND APPROVE ANY SALARY ADJUSTMENTS AT THAT TIME. THE BOARD IS INFORMED OF THE RESULTS.

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE UNITED WAY OF THE GREATER CAPITAL REGION'S WEBSITE. 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.

FORM 990, PAGE 1, QUESTION B:

AMENDED RETURN

THE ORIGINALLY FILED FORM 990 IS BEING AMENDED TO REPORT ADDITIONAL CONTRIBUTIONS OF \$489,172 RELATED TO UNDESIGNATED PLEDGES THAT SHOULD HAVE BEEN RECOGNIZED AS REVENUE. THERE IS ALSO A PRIOR PERIOD ADJUSTMENT OF \$280,786 ASSOCIATED WITH THE CORRECTION OF A LIABILITY, DUE TO DESIGNATED AGENCIES. THESE ADJUSTMENTS HAVE THE EFFECT OF INCREASING NET ASSETS FOR THE PERIOD ENDED JUNE 30, 2009 BY \$769,958.

FORM 990 PART I (SUMMARY), PART VIII (STATEMENT OF REVENUE), PART X (BALANCE SHEET), AND SCHEDULE D PARTS XI AND XII CHANGED AS A RESULT OF THE ABOVE CORRECTIONS.

• 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 File by the extended due date for filing the return. See instructions.	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.				For IRS use only
ONE UNITED WAY, PO BOX 13865					
City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
ALBANY, NY 12212					

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

MICHELE HANNAH

• The books are in the care of **▶ 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, 2010**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

6 If this tax year 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
ALL OF THE INFORMATION FOR A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

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	\$
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	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

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 **▶ CPA** Date **▶**

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.oag.state.ny.us/bureaus/charities/about.html	2008
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) 07/01/2008 and ending (mm/dd/yyyy) 06/30/2009		
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 checked="" 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 type="checkbox"/> Yes* <input checked="" 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 <u>single</u> 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)