

APRIL 24, 2019

UNITED WAY OF THE GREATER CAPITAL REGION  
ONE UNITED WAY, PO BOX 13865  
ALBANY, NY 12212  
ATTENTION: AMBER SCHILLER

DEAR MRS. SCHILLER

ENCLOSED IS THE ORGANIZATION'S 2017 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION ANNUAL REPORT IS ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2019.

NEW YORK FORM CHAR500:

THE NEW YORK FORM CHAR500 SHOULD BE MAILED ON OR BEFORE MAY 15, 2019 TO:

NYS OFFICE OF ATTORNEY GENERAL  
CHARITIES BUREAU REGISTRATION SECTION  
28 LIBERTY STREET  
NEW YORK, NY 10005

ENCLOSE A CHECK OR MONEY ORDER FOR \$275, PAYABLE TO DEPARTMENT OF LAW.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

SINCERELY,

BONADIO & CO., LLP

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2018

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**PREPARED FOR:**

UNITED WAY OF THE GREATER CAPITAL REGION  
ONE UNITED WAY, PO BOX 13865  
ALBANY, NY 12212

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**PREPARED BY:**

BONADIO & CO., LLP  
6 WEMBLEY CT  
ALBANY, NY 12205

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2019

IRS e-file Signature Authorization for an Exempt Organization

Form 8879-EO

For calendar year 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018

2017

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

UNITED WAY OF THE GREATER CAPITAL REGION

14-1364505

Name and title of officer

AMBER SCHILLER CFO

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

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

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, etc.). Row 1a is checked with amount 4,594,989.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete.

Officer's PIN: check one box only

[X] I authorize BONADIO & CO., LLP to enter my PIN 12212. Enter five numbers, but do not enter all zeros.

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\* Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

14227212205 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date

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

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF THE GREATER CAPITAL REGION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>ONE UNITED WAY, PO BOX 13865</b> City or town, state or province, country, and ZIP or foreign postal code <b>ALBANY, NY 12212</b> <b>F</b> Name and address of principal officer: <b>AMBER SCHILLER</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>14-1364505</b> <b>E</b> Telephone number <b>518-456-2200</b> <b>G</b> Gross receipts \$ <b>4,614,697.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.UNITEDWAYGCR.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1949</b> <b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>UNITED WAY OF THE GREATER CAPITAL REGION'S MISSION IS TO IMPROVE PEOPLES' LIVES THROUGH THE</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>31</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>31</b>
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>33</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>371</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>5,497,921.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>101,444.</b>	<b>97,956.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>166,930.</b>	<b>158,107.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,766,295.</b>	<b>4,594,989.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,457,147.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,171,518.</b>	<b>1,196,392.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>599,994.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>972,520.</b>	<b>1,122,895.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,601,185.</b>	<b>4,287,480.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>165,110.</b>	<b>307,509.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>7,663,495.</b>	<b>7,567,665.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>2,984,885.</b>	<b>2,430,691.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>4,678,610.</b>	<b>5,136,974.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>AMBER SCHILLER, CFO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KENNETH MCGIVNEY</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P01324731</b>
	Firm's name ▶ <b>BONADIO &amp; CO., LLP</b> Firm's address ▶ <b>6 WEMBLEY CT</b> <b>ALBANY, NY 12205</b>	Firm's EIN ▶ <b>16-1131146</b> Phone no. (518) <b>464-4080</b>

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1,788,036. including grants of \$ 1,219,445. ) (Revenue \$ ) UWGCR'S COMMUNITY IMPACT INITIATIVES ARE THE HEART OF OUR MISSION "TO ADVANCE THE COMMON GOOD." WITH EVERYONE'S HELP, UWGCR CREATES OPPORTUNITIES FOR A BETTER LIFE BY FOCUSING ON MEETING BASIC NEEDS, A QUALITY EDUCATION THAT LEADS TO A BETTER JOB, WHICH PROVIDES A STABLE FAMILY INCOME, AND GOOD HEALTH.

4b (Code: ) (Expenses \$ 748,748. including grants of \$ 748,748. ) (Revenue \$ ) DONORS CAN CHOOSE TO CONTRIBUTE TO UNITED WAY'S COMMUNITY CARE FUND (DISCUSSED ABOVE), OR TO A SPECIFIC UWGCR INITIATIVE (SOME OF WHICH ARE DISCUSSED BELOW). ADDITIONALLY, DONORS MAY CHOOSE TO DONATE TO OTHER NON-PROFIT 501(C)(3) AGENCIES. THESE FUNDS ARE COLLECTED, AND DISTRIBUTED QUARTERLY TO THE DESIGNATED AGENCIES.

4c (Code: ) (Expenses \$ 452,229. including grants of \$ ) (Revenue \$ ) 2-1-1 IS AN EASY-TO-REMEMBER PHONE NUMBER THAT CONNECTS CALLERS TO FREE INFORMATION ABOUT HEALTH AND HUMAN SERVICES AVAILABLE IN THEIR COMMUNITY. UNITED WAY'S 2-1-1 NORTHEAST REGION ACTIVITIES COVER 21 COUNTIES, ARE AVAILABLE 10 HOURS A DAY, 7 DAYS A WEEK, OR 24 HOURS A DAY ONLINE, WITH HELP AVAILABLE IN 240 LANGUAGES. WHEN PEOPLE GET ASSISTANCE TO OVERCOME LIFE'S CHALLENGES, THEY ARE LESS LIKELY TO EXPERIENCE LONG-TERM PROBLEMS THAT AFFECT THEIR FAMILIES AND COMMUNITY.

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

4e Total program service expenses 2,989,013.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.



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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 31		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b 31		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **AMBER SCHILLER - 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**

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CRAIG APPLE TREASURER	2.00	X		X				0.	0.	0.
(2) CHARLES CARLETTA BOARD MEMBER	2.00	X						0.	0.	0.
(3) CHRISTINE CALICCHIA VICE CHAIR GOVERNANCE COMMITTEE	2.00	X						0.	0.	0.
(4) ALEX DELL BOARD MEMBER	2.00	X						0.	0.	0.
(5) JOHN KEARNEY- EX-OFFICIO SECRETARY	2.00	X		X				0.	0.	0.
(6) PATRICK LYONS BOARD MEMBER	2.00	X						0.	0.	0.
(7) KATHARINE DORAN BOARD MEMBER	2.00	X						0.	0.	0.
(8) ERIC LACOPPOLA BOARD MEMBER	2.00	X						0.	0.	0.
(9) FRANK KONCEWICZ BOARD MEMBER	2.00	X						0.	0.	0.
(10) DANIEL SAUER VICE CHAIR COMMUNITY IMPACT AND INVE	2.00	X		X				0.	0.	0.
(11) RICHARD STACK VICE CHAIR FINANCE COMMITTEE	2.00	X		X				0.	0.	0.
(12) DAVID KRUPSKI BOARD MEMBER	2.00	X						0.	0.	0.
(13) CARM BASILE VICE CHAIR RESOURCE DEVELOPMENT COMM	2.00	X		X				0.	0.	0.
(14) ROBERT COOLIDGE BOARD MEMBER	2.00	X						0.	0.	0.
(15) ANNE DAVIS BOARD MEMBER	2.00	X						0.	0.	0.
(16) DAVID DEMARCO BOARD MEMBER	2.00	X						0.	0.	0.
(17) BRIAN O'GRADY BOARD CHAIR	2.00	X		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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HON. HELENA HEATH BOARD MEMBER	2.00	X						0.	0.	0.
(19) ANDREW KENNEDY BOARD MEMBER	2.00	X						0.	0.	0.
(20) CORNELIA CAHILL BOARD MEMBER	2.00	X						0.	0.	0.
(21) LAURIE BANGS BOARD MEMBER	2.00	X						0.	0.	0.
(22) JOHN BISHOP BOARD MEMBER	2.00	X						0.	0.	0.
(23) KATHARINE BRIAR-LAWSON BOARD MEMBER	2.00	X						0.	0.	0.
(24) JAMAAL JAMES BOARD MEMBER	2.00	X						0.	0.	0.
(25) BRANDI LANDY BOARD MEMBER	2.00	X						0.	0.	0.
(26) STEADY MOONO BOARD MEMBER	2.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								186,571.	0.	26,278.
<b>d Total (add lines 1b and 1c)</b>								186,571.	0.	26,278.

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (checkboxes for Individual trustee, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Brian Barr, Michael Guzzo, Richie Hunter, Todd Kerner, Brian Sano, Peter Gannon, Brian Hasset, Amber Schiller, and Michael Taglione.

Total to Part VII, Section A, line 1c ..... 186,571. 26,278.

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 281,056.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 28,408.				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 179,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 3,850,462.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h Total.</b> Add lines 1a-1f .....	▶ 4,338,926.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>				
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....	▶				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 97,956.			97,956.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross rents .....	(i) Real	44,581.			
		(ii) Personal				
		<b>b</b> Less: rental expenses .....	0.			
	<b>c</b> Rental income or (loss) .....	44,581.				
	<b>d</b> Net rental income or (loss) .....	▶ 44,581.			44,581.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....				
		<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....	▶				
	<b>8 a</b> Gross income from fundraising events (not including \$ 28,408. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 133,234.				
		<b>b</b> Less: direct expenses .....	<b>b</b> 19,708.			
<b>c</b> Net income or (loss) from fundraising events .....		▶ 113,526.			113,526.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> _____						
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....	▶				
<b>12 Total revenue.</b> See instructions. ....	▶ 4,594,989.	0.	0.	256,063.		

**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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,968,193.	1,968,193.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	188,849.	45,767.	92,361.	50,721.
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	825,915.	240,138.	273,609.	312,168.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,313.	11,100.	22,290.	27,923.
9 Other employee benefits	120,315.	26,914.	64,722.	28,679.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	19,287.		19,287.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	232,594.	211,241.		21,353.
12 Advertising and promotion	184,424.	68,044.	68,044.	48,336.
13 Office expenses	35,261.	10,012.	10,002.	15,247.
14 Information technology	40,930.	11,622.	11,610.	17,698.
15 Royalties				
16 Occupancy	56,901.	16,450.	17,052.	23,399.
17 Travel	5,135.	767.	3,027.	1,341.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	9,070.		9,070.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,919.	9,063.	9,054.	13,802.
23 Insurance	13,868.	2,996.	6,310.	4,562.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>FEDERATED CAMPAIGN EXPE</b>	321,122.	321,122.		
b <b>DUES AND SUBSCRIPTIONS</b>	91,445.	39,815.	25,815.	25,815.
c <b>TRANSITIONAL EXPENSES</b>	60,019.		60,019.	
d <b>EMPLOYEE EXPENSE</b>	18,197.	5,167.	5,162.	7,868.
e All other expenses	2,723.	602.	1,039.	1,082.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>4,287,480.</b>	<b>2,989,013.</b>	<b>698,473.</b>	<b>599,994.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	538,228.	<b>1</b>	1,133,298.
	<b>2</b> Savings and temporary cash investments .....	55,464.	<b>2</b>	167,608.
	<b>3</b> Pledges and grants receivable, net .....	2,437,814.	<b>3</b>	1,707,815.
	<b>4</b> Accounts receivable, net .....	95,858.	<b>4</b>	82,502.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	61,424.	<b>9</b>	38,682.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,152,823.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 916,037.	267,898.	<b>10c</b> 236,786.
	<b>11</b> Investments - publicly traded securities .....	3,746,350.	<b>11</b>	3,721,247.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	460,459.	<b>15</b>	479,727.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	7,663,495.	<b>16</b>	7,567,665.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,550,229.	<b>17</b>	1,448,761.
	<b>18</b> Grants payable .....	1,200,222.	<b>18</b>	932,467.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	234,434.	<b>23</b>	49,463.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,984,885.	<b>26</b>	2,430,691.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	4,104,613.	<b>27</b>	4,543,709.
	<b>28</b> Temporarily restricted net assets .....	477.	<b>28</b>	477.
	<b>29</b> Permanently restricted net assets .....	573,520.	<b>29</b>	592,788.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	4,678,610.	<b>33</b>	5,136,974.	
<b>34</b> Total liabilities and net assets/fund balances .....	7,663,495.	<b>34</b>	7,567,665.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,594,989.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,287,480.
3	Revenue less expenses. Subtract line 2 from line 1	3	307,509.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,678,610.
5	Net unrealized gains (losses) on investments	5	150,855.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,136,974.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2017)



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

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: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4971117.	3877652.	3816096.	3622418.	4338926.	20626209.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4971117.	3877652.	3816096.	3622418.	4338926.	20626209.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						20626209.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	4971117.	3877652.	3816096.	3622418.	4338926.	20626209.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	87,137.	73,212.	95,421.	146,644.	97,956.	500,370.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						21126579.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	97.63 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	97.63 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017





**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization <b>UNITED WAY OF THE GREATER CAPITAL REGION</b>	Employer identification number <b>14-1364505</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GE MASTER ACCOUNT 1 RIVER ROAD, BUILDING 27, 6TH FLOOR SCHENECTADY , NY 12345	\$ 982,847.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GOLUB CORPORATION 461 NOTT STREET SCHENECTADY , NY 12308	\$ 290,415.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HANNAFORD - REGIONAL HEADQUARTERS 900 CENTRAL AVENUE ALBANY, NY 12207	\$ 216,979.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NAVAL NUCLEAR LABORATORY PO BOX 1072 SCHENECTADY , NY 12301	\$ 137,623.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	UPS 24 AVIS DRIVE LATHAM, NY 12110	\$ 115,028.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NYS DEPARTMENT OF TAXATION AND FINANCE STATE CAMPUS BUILDING 9 ALBANY, NY 12227	\$ 113,873.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UNITED WAY OF THE GREATER CAPITAL REGION</b>	Employer identification number <b>14-1364505</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RENSSELAER POLYTECHNIC INSTITUTE  110 8TH STREET  TROY, NY 12180	\$ 100,774.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	HANNAFORD SUPERMARKET - ALBANY (367)  900 CENTRAL AVENUE  ALBANY, NY 12207	\$ 100,000.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	NEW YORK INDEPENDENT SYSTEM OPERATOR  10 KREY BOULEVARD  RENSSELAER, NY 12144	\$ 93,298.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CAPITAL DISTRICT TRANSPORTATION  85 WATERVLIET AVENUE  ALBANY, NY 12206	\$ 92,192.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF THE GREATER CAPITAL REGION</b>	Employer identification number  <b>14-1364505</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>UNITED WAY OF THE GREATER CAPITAL REGION</b>	Employer identification number <b>14-1364505</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**  
**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" on Form 990, Part IV, line 6.

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

**Part II Conservation Easements.** Complete if the organization answered "Yes" on 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 education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on 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 XIII 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, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	3,444,867.	2,086,313.	2,093,713.	2,260,905.	1,271,472.
b Contributions	0.	1,133,000.	10,000.	14,349.	111,502.
c Net investment earnings, gains, and losses	223,327.	246,031.	-11,561.	-57,416.	1,020,197.
d Grants or scholarships					
e Other expenditures for facilities and programs		20,477.	5,839.	124,125.	119,206.
f Administrative expenses					
g End of year balance	3,668,194.	3,444,867.	2,086,313.	2,093,713.	2,260,905.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  83.40 %
  - b Permanent endowment  16.60 %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 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" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		102,300.		102,300.
b Buildings		873,844.	739,358.	134,486.
c Leasehold improvements				
d Equipment		176,679.	176,679.	0.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>236,786.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>BENEFICIAL INTEREST IN PERPETUAL TRUST</b>	<b>479,727.</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>479,727.</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	3,609,290.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	150,855.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	63,183.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	214,038.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	3,395,252.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,199,737.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,199,737.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	4,594,989.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	3,150,926.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	63,183.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	63,183.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	3,087,743.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,199,737.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,199,737.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	4,287,480.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

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

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

FUNDRAISING EXPENSES -19,708.

DONOR DESIGNATIONS NET AGAINST CONTRIBUTIONS FOR FINANCIAL STATEMENTS 1,219,445.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,199,737.

**Part XIII** Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS SHOWN NET AGAINST CONTRIBUTIONS FOR

FINANCIAL STATEMENTS	1,219,445.
FUNDRAISING EXPENSES	-19,708.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,199,737.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization

UNITED WAY OF THE GREATER CAPITAL REGION

Employer identification number

14-1364505

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total .....						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- 
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- 
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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		INDOOR GOLF (event type)	OUTDOOR GOLF (event type)	1 (total number)		
Revenue	1	Gross receipts	6,475.	20,233.	1,700.	28,408.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	6,475.	20,233.	1,700.	28,408.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	1,374.			1,374.
	6	Rent/facility costs	2,767.			2,767.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		15,567.		15,567.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				19,708.
	11	Net income summary. Subtract line 10 from line 3, column (d)				8,700.

**Part III Gaming.** Complete if the organization answered "Yes" on 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))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash 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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 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?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter 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?  Yes  No
- 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 of the third party:

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?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALBANY COMMUNITY ACTION PARTNERSHIP - 333 SHERIDAN AVENUE - ALBANY, NY 12206	14-6037204		10,814.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ALBANY DAMIEN CENTER 728 MADISON AVENUE ALBANY, NY 12208	22-3108995		23,938.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ALLIANCE FOR POSITIVE HEALTH 927 BROADWAY ALBANY, NY 12207	22-2684595		9,315.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AMERICAN CANCER SOCIETY - EASTERN DIVISION - 95 SCHWENK DRIVE - KINGSTON, NY 12401	16-0743902		7,752.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AZLHEIMER'S ASSOCIATION NENY/ ALBANY - 4 PINE WEST PLAZA SUITE 405 - ALBANY, NY 12205	13-3039601		5,892.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AMERICAN CIVIL LIBERTIES UNION 125 BROAD STREET, 18TH FLOOR NEW YORK, NY 10004	13-6213516		7,385.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table **▶** \_\_\_\_\_

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

Schedule I (Form 990) (2017)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOC./ ALBANY PINE WEST PLAZA SUITE 204 ALBANY, NY 12205	13-1623888		5,199.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AMERICAN RED CROSS/ ALBANY 33 EVERETT ROAD ALBANY, NY 12205	53-0196605		12,096.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ANIMAL PROTECTIVE FOUNDATION OF SCHENECTADY - 52 MAPLE AVENUE - SCOTIA, NY 12302	14-0472728		11,544.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ARBOR PARK CHILD CARE CENTER, INC. 96 SECOND STREET ALBANY, NY 12210	22-2514537		20,427.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ASPCA: AMERICAN SOC. FOR PREV OF CRUELTY ANI - 424 EAST 92ND STREET - NEW YORK, NY 10128	13-1623829		6,320.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
BETHESDA HOUSE OF SCHENECTADY 834 STATE STREET SCHENECTADY, NY 12307	31-1645415		8,870.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
BOYS & GIRLS CLUB OF ALBANY 21 DELAWARE AVE. ALBANY, NY 12210	14-1338303		14,818.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
BOY SCOUTS OF AMERICA/ALBANY 253 WASHINGTON AVE. EXT. ALBANY, NY 12205	14-1340028		9,929.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
BIG BROS BIG SISTERES/ CAPITAL REGION - 1698 CENTRAL AVE - ALBANY, NY 12205	14-6035512		23,577.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL DISTRICT HUMANE ASSOCIATION - 89 WEST STREET - MECHANICVILLE, NY 12118	22-2977788		9,462.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291		29,798.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPITAL CITY GOSPEL MISSION 259 S. PEARL STREET ALBANY, NY 12202	56-2663290		13,583.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CATHOLIC CHAR OF S'TOGA, WRN AND WASH COS - 142 REGENT STREET - SARATOGA SPRINGS, NY 12866	14-1340033		8,781.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CATHOLIC CHARITIES - DELAWARE, OTSEGO & SCHOHARIE COUNTIES - 489 WEST MAIN STREET - COBLESKILL, NY 12043	14-1340033		12,317.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CATHOLIC CHARITIES - DIOCESE OF ALBANY - 40 NORTH MAIN AVE. - ALBANY, NY 12203	14-1340033		11,313.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPITAIN COMMUNITY HUMAN SERVICES, INC. - 5 MUNICIPAL PLAZA, SUITE 3 - CLIFTON PARK, NY 12065	14-1637304		52,612.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CATHOLIC CHARITIES TRI-COUNTY SERVICES - 50 HERRICK STREET - RENSSELAER, NY 12144	14-1340033		26,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CENTER FOR COMMUNITY JUSTICE 144 BARRETT STREET SCHENECTADY, NY 12305	23-7391116		30,083.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIRCLES OF MERCY 11 WASHINGTON STREET RENSSELAER, NY 12144	01-0589987		11,103.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CITY MISSION OF SCHENECTADY 425 HAMILTON STREET SCHENECTADY, NY 12305	14-1403652		19,698.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CENTER FOR EMPLOYMENT OPPORTUNITIES - 41 STATE ST SUITE M109 - ALBANY, NY 12207	13-3843322		7,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
DOCTORS WITHOUT BORDERS 2ND FLOOR NEW YORK, NY 10001	13-3433452		11,440.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
DOUBLE 'H' HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888		12,232.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COMMUNITY HOSPICE 445 NEW KARNER ROAD ALBANY, NY 12205	14-1608921		7,872.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COMMUNITY MATERNITY SERVICES 27 NORTH MAIN AVENUE ALBANY, NY 12203	14-1340033		7,587.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
JUVENILE DIABETES RESEARCH FNDN. NENY - 950 NEW LOUDON ROAD - LATHAM, NY 12110	34-0762558		8,306.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
NORTHEAST HEALTH FOUNDATION 310 SOUTH MANNING BLVD ALBANY, NY 12208	22-2743478		28,333.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL COOPERATIVE EXTENSION - SCHENECTADY - 107 NOTT TERRACE #301 - SCHENECTADY, NY 12308	14-6036884		43,333.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
PLANNED PARENTHOOD FEDERATION OF AMERICA - 434 WEST 33RD ST - NEW YORK, NY 10001	13-1644147		10,752.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
EQUINOX, INC. 102 HACKETT BLVD ALBANY, NY 12209	14-1437421		38,119.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
FAMILY & CHILD SERVICES OF SCHENECTADY, INC. - 246 UNION STREET - SCHENECTADY, NY 12305	14-1338397		20,532.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
PUPPIES BEHIND BARS 263 WEST 38TH STREET 4TH FLOOR NEW YORK, NY 10018	13-3969389		6,555.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
FOOD PANTRIES FOR THE CAPITAL DISTRICT - 32 ESSEX STREET - ALBANY, NY 12206	14-1752164		29,167.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
REFUGEE AND IMMIGRANT SUPPORT SERVICES OF EMMAUS - 715 MORRIS ST - ALBANY, NY 12208	27-4809744		5,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
GIRLS INC. OF THE GREATER CAPITAL REGION - 962 ALBANY STREET - SCHENECTADY, NY 12307	14-1434157		8,874.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SARATOGA CARE INC. 211 CHURCH ST SARATOGA SPRINGS, NY 12866	14-1775218		10,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHENECTADY CITY MINSTRIES 1055 WENDELL AVENUE SCHENECTADY, NY 12308	14-1548263		25,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
HATAS - HOMELESS & TRAVELERS AID SOCIETY - 138 CENTRAL AVENUE - ALBANY, NY 12206	14-1482188		13,194.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
HOSPITALITY HOUSE THERAPEUTIC COMMUNITY, INC. - 271 CENTRAL AVENUE - ALBANY, NY 12206	14-1540533		17,220.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
INTERFAITH PARTNERSHIP FOR THE HOMELESS - 176 SHERIDAN AVENUE - ALBANY, NY 12210	14-1666321		11,705.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
JEWISH FAMILY SERVICES-NENY 877 MADISON AVE. ALBANY, NY 12208	14-1338308		6,729.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
JOSEPH'S HOUSE AND SHELTER 202 4TH STREET TROY, NY 12180	14-1636163		10,641.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
LITERACY NY-FULTON, MONTGOMERY, SCHOHARIE CTES - 107 CHAPEL STREET - COBLESKILL, NY 12043	22-2926011		8,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
LITERACY VOLUNTEERS OF RENSSELAER COUNTY - 71 FIRST STREET - TROY, NY 12180	23-7330119		8,571.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
MAKE A WISH FDN OF NORTHEAST NY 3 WASHINGTON SQUARE ALBANY, NY 12205	14-1703503		9,613.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MECHANICVILLE AREA COMMUNITY SERVICES CENTER - 6 SOUTH MAIN STREET - MECHANICVILLE, NY 12118	14-1536118		116,050.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
MOHAWK HUDSON HUMANE SOCIETY 3 OAKLAND AVENUE MENANDS, NY 12204	14-1338459		34,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
PARSONS CHILD/FAM CTR; NO. RIVERS FS - 60 ACADEMY ROAD - ALBANY, NY 12208	14-1347440		36,800.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
PLANNED PARENTHOOD MOHAWK HUDSON SCHDY - 1040 STATE STREET - SCHENECTADY, NY 12307	14-6004167		14,506.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
REGIONAL FOOD BANK OF NENY 965 ALBANY-SHAKER ROAD LATHAM, NY 12110	22-2470885		56,052.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
RENSSELAER COUNTY HOUSING RESOURCES - 415 RIVER STREET - TROY, NY 12180	14-1664058		8,716.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
RONALD MCDONALD HOUSE CHARITIES OF THE CAP RGN - 139 SOUTH LAKE AVENUE - ALBANY, NY 12208	22-2356004		13,760.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SAFE INC. OF SCHENECTADY 1344 ALBANY STREET SCHENECTADY, NY 12304	14-1794075		20,083.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SCHENECTADY COMMUNITY ACTION PROGRAM - 913 ALBANY STREET - SCHENECTADY, NY 12307	14-6034637		56,939.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH HOSPITAL- NY - 14 PENN PLAZA - NEW YORK, NY 10122	62-0646012		32,582.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SCHOHARIE COUNTY COMMUNITY ACTION PRGM - 795 E. MAIN STREET SUITE 5 - COBLESKILL, NY 12043	14-1490674		45,366.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SCHOHARIE RIVER CENTER 2047 BURTONVILLE ROAD ESPERANCE, NY 12066	14-1818532		19,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL- MEMPHIS - 501 ST. JUDE PL - MEMPHIS, TN 38105	35-1044585		8,844.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SENIOR SERVICES OF ALBANY 32 ESSEX STREET ALBANY, NY 12206	14-1392442		6,951.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SEXUAL ASSAULT & CRIME VICTIMS ASST - 2215 BURDETT AVE - TROY, NY 12180	14-1338544		10,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SOCIAL ENTERPRISE AND TRAINING CENTER - 131 STATE STREET - SCHENECTADY, NY 12305	14-1813190		7,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122		116,951.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
TROY AREA UNITED MINISTRIES 392 SECOND ST. TROY, NY 12180	14-1685408		5,967.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROY BOYS & GIRLS CLUB 1700 7TH AVENUE TROY, NY 12180	14-1338574		7,459.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITY HOUSE OF TROY, INC. 2431 6TH AVE TROY, NY 12180	23-2378930		72,517.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVE ALBANY, NY 12206	14-6000805		11,610.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
US COMMITTEE FOR REFUGEES & IMMIGRANTS - 99 PINE STREET - ALBANY, NY 12207	13-1878704		14,998.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
WATERVLIET CIVIC CENTER 14TH STREET AND 1ST AVENUE WATERVLIET, NY 12189	14-1387856		19,065.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
WELLSPRING 480 BROADWAY LL20 SARATOGA SPRINGS, NY 12866	14-1644567		14,601.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
WHISKERS ANIMAL BENEV. LEAGUE PO BOX 11190 ALBANY, NY 12211	22-2487926		9,228.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
WILDWOOD FOUNDATION 2995 CURRY ROAD EXT. SCHENECTADY, NY 12303	14-1808612		17,080.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
WILDWOOD PROGRAMS - PROGRAM SERVICE OFFICE - 1190 TROY-SCHENECTADY RD. - LATHAM, NY 12110	22-2132752		12,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	20-2370934		11,144.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
YWCA - GREATER CAPITAL REGION 21 FIRST STREET TROY, NY 12180	14-1338577		14,650.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
YWCA- NORTHEASTERN NY 44 WASHINGTON AVE SCHENECTADY, NY 12305	14-1340139		20,200.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION



**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated 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 noncash assistance

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

PART I, LINE 2:

COMMUNITY IMPACT STAFF PREPARE MEASURABLE PERFORMANCE TARGETS FOR GRANT  
 RECIPIENTS TO ACHIEVE. QUARTERLY PROGRESS REPORTS ARE SUBMITTED BY THE  
 AGENCIES REFLECTING GOAL ACHIEVEMENT. GRANT APPLICATIONS AND COMMITTEE  
 NOTES ARE USED TO CAPTURE INFORMATION FOR ACCOUNTING PURPOSES. THE  
 ACCOUNTING DEPARTMENT CHECKS WITH THE COMMUNITY IMPACT DEPARTMENT MONTHLY  
 TO SEE IF ANY AGENCIES ARE ON HOLD FOR NOT MEETING REQUIREMENTS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF THE GREATER CAPITAL REGION

Employer identification number

14-1364505

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRIAN HASSETT CEO (THROUGH 12/2018)	(i)	131,644.	0.	0.	12,938.	6,960.	151,542.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF THE GREATER CAPITAL REGION

Employer identification number

14-1364505

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

INVESTMENT OF COMMUNITY RESOURCES. THE VISION IS TO BE THE LEADER IN  
BRINGING PEOPLE AND RESOURCES TOGETHER TO ACHIEVE MEASURABLE AND  
SUSTAINABLE IMPROVEMENTS IN THE QUALITY OF LIFE IN OUR COMMUNITIES.

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

ANY INDIVIDUAL, PARTNERSHIP, OR CORPORATION CONTRIBUTING MONEY OR PROPERTY  
TO THE CORPORATION DURING ANY ANNUAL FUND RAISING CAMPAIGN SHALL BE A  
MEMBER OF THE CORPORATION, EACH OF WHOM OR WHICH SHALL HAVE ONE VOTE AT ANY  
MEETING OF THE MEMBERSHIP.

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

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

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

THE FORM 990 WILL BE REVIEWED INTERNALLY BY MANAGEMENT AND THEN BROUGHT TO  
THE FINANCE AND ADMINISTRATION COMMITTEE FOR ACCEPTANCE. IT WILL THEN GO TO  
THE EXECUTIVE COMMITTEE AND THEN TO THE BOARD OF DIRECTORS FOR ACCEPTANCE.

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.

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

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

THE EXECUTIVE COMMITTEE MEETS ANNUALLY AND DOES A PERFORMANCE REVIEW ON THE CEO. THEY REVIEW IT WITH THEM AND APPROVE ANY SALARY ADJUSTMENTS AT THAT TIME. THE BOARD IS INFORMED OF THE RESULTS.

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

THE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE UNITED WAY OF THE GREATER CAPITAL REGION'S WEBSITE.

FORM 990, PART XI, LINE 2C:

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

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.  <b>UNITED WAY OF THE GREATER CAPITAL REGION</b>	Employer identification number (EIN) or  <div style="text-align: center; font-size: large;">14-1364505</div>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>ONE UNITED WAY, PO BOX 13865</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ALBANY, NY 12212</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**AMBER SCHILLER**

• 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.

**1** I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**

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 page 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 "PageScaling" selection box in the Adobe "Print" dialog.

STATE COPY



# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

**FOR THE YEAR ENDING**

JUNE 30, 2018

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**PREPARED FOR:**

UNITED WAY OF THE GREATER CAPITAL REGION  
ONE UNITED WAY, PO BOX 13865  
ALBANY, NY 12212

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**PREPARED BY:**

BONADIO & CO., LLP  
6 WEMBLEY CT  
ALBANY, NY 12205

---

**AMOUNT OF TAX:**

BALANCE DUE OF \$275

---

**MAKE CHECK PAYABLE TO:**

DEPARTMENT OF LAW

---

**MAIL TAX RETURN TO:**

NYS OFFICE OF ATTORNEY GENERAL  
CHARITIES BUREAU REGISTRATION SECTION  
28 LIBERTY STREET  
NEW YORK, NY 10005

---

**RETURN MUST BE MAILED ON OR BEFORE:**

MAY 15, 2019

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**SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED  
INDIVIDUAL(S).

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

**2017**  
**Open to Public Inspection**

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) <b>07/01/2017</b> and Ending (mm/dd/yyyy) <b>06/30/2018</b>		
<input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>UNITED WAY OF THE GREATER CAPITAL REGION</b>	Employer Identification Number (EIN): <b>14-1364505</b>
	Mailing Address: <b>ONE UNITED WAY, PO BOX 13865</b>	NY Registration Number: <b>00-28-69</b>
	City / State / ZIP: <b>ALBANY, NY 12212</b>	Telephone: <b>518 456-2200</b>
	Website: <b>WWW.UNITEDWAYGCR.ORG</b>	Email:

Check your organization's registration category:  7A only  EPTL only  DUAL (7A & EPTL)  EXEMPT\* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*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.*

President or Authorized Officer:	<b>PETER GANNON</b> CEO	_____	_____
	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:	<b>AMBER SCHILLER</b> CFO	_____	_____
	Signature	Print Name and Title	Date

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, 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 the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

## 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>250.</u>	Total fee: \$ <u>275.</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
---	---------------------------------	------------------------------------	------------------------------	--

CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

# CHAR500

## Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
  - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
  - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
 Charities Bureau Registration Section  
 28 Liberty Street  
 New York, NY 10005

#### Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
 Call: (212) 416-8401  
 Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

# CHAR500

Schedule 4b: Government Grants  
www.CharitiesNYS.com

## 2017

**Open to Public  
Inspection**

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

**Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

### 1. Organization Information

Name of Organization:	NY Registration Number:
UNITED WAY OF THE GREATER CAPITAL REGION	00-28-69

### 2. Government Grants

Name of Government Agency	Amount of Grant
1. INTERNAL REVENUE SERVICE	1. 85,000.
2. OFFICE OF CHILDREN AND FAMILY SERVICES NYS 211 GRANT	2. 94,000.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 179,000.

**UNITED WAY OF THE GREATER CAPITAL REGION, INC.  
AND  
STATE EMPLOYEES FEDERATED APPEAL**

**Combined Financial Statements as of  
June 30, 2018  
Together with  
Independent Auditor's Report**

**Bonadio & Co., LLP**  
Certified Public Accountants

## **INDEPENDENT AUDITOR'S REPORT**

April 18, 2019

To the Board of Directors of  
United Way of the Greater Capital Region, Inc. and State Employees Federated  
Appeal:

### **Report on the Financial Statements**

We have audited the accompanying combined financial statements of United Way of the Greater Capital Region, Inc. (a New York State not-for-profit corporation) and State Employees Federated Appeal (collectively referred to as the Organization), which comprise the combined statement of financial position as of June 30, 2018, and the related combined statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the combined financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these combined financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

(Continued)

## **INDEPENDENT AUDITOR'S REPORT**

(Continued)

### ***Opinion***

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of United Way of the Greater Capital Region, Inc. and State Employees Federated Appeal as of June 30, 2018, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### **Report on Summarized Comparative Information**

We have previously audited the United Way of the Greater Capital Region, Inc. and State Employees Federated Appeal's 2017 combined financial statements, and we expressed an unmodified audit opinion on those audited combined financial statements in our report dated December 11, 2017. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2017 is consistent, in all material respects, with the audited combined financial statements from which it has been derived.

### **Report on Combining Information**

Our audit was conducted for the purpose of forming an opinion on the combined financial statements of United Way of the Greater Capital Region, Inc. and State Employees Federated Appeal as a whole. The combining information presented in Schedules I and II is presented for the purposes of additional analysis of the combined financial statements rather than to present the financial position and results of activities of the individual companies, and is not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the combined financial statements as a whole.

The 2017 supplementary information is presented for purposes of additional analysis of the combined financial statements rather than to present the financial position and results of activities of the individual companies, and is not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2017 combined financial statements. The information has been subjected to the auditing procedures applied in the audit of those combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the 2017 supplementary information is fairly stated in all material respects in relation to the combined financial statements from which it has been derived.

**UNITED WAY OF THE GREATER CAPITAL REGION, INC. AND  
STATE EMPLOYEES FEDERATED APPEAL**

**COMBINED STATEMENT OF FINANCIAL POSITION  
JUNE 30, 2018**

(With Comparative Totals for 2017)

	<u>2018</u>	<u>2017</u>
<b>ASSETS</b>		
Cash and cash equivalents	\$ 1,300,906	\$ 593,692
Investments	3,721,247	3,746,350
Pledges receivable, net of allowance for uncollectible pledges	1,707,815	2,437,814
Other receivables	82,502	95,858
Prepaid expenses and other assets	38,682	61,424
Property and equipment, net	236,786	267,898
Beneficial interest in perpetual trust	<u>479,727</u>	<u>460,459</u>
	<u>\$ 7,567,665</u>	<u>\$ 7,663,495</u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>LIABILITIES:</b>		
Accounts payable and accrued expenses	\$ 157,705	\$ 168,658
Grants and investments payable	932,467	1,200,222
Due to designated agencies	1,291,056	1,381,571
Long-term debt	<u>49,463</u>	<u>234,434</u>
Total liabilities	<u>2,430,691</u>	<u>2,984,885</u>
<b>NET ASSETS:</b>		
Unrestricted -		
Undesignated	1,463,703	1,229,726
Board designated	<u>3,080,006</u>	<u>2,874,887</u>
Total unrestricted	4,543,709	4,104,613
Temporarily restricted	477	477
Permanently restricted	<u>592,788</u>	<u>573,520</u>
Total net assets	<u>5,136,974</u>	<u>4,678,610</u>
	<u>\$ 7,567,665</u>	<u>\$ 7,663,495</u>

The accompanying notes are an integral part of these statements.



**UNITED WAY OF THE GREATER CAPITAL REGION, INC. AND  
STATE EMPLOYEES FEDERATED APPEAL**

**COMBINED STATEMENT OF ACTIVITIES  
FOR THE YEAR ENDED JUNE 30, 2018  
(With Comparative Totals for 2017)**

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total 2018</u>	<u>2017</u>
<b>SUPPORT, REVENUE AND GAINS:</b>					
Support					
Contributions received - United Way Campaign	\$ 4,399,060	\$ -	\$ -	\$ 4,399,060	\$ 5,058,512
Less: Donor designations	(1,219,445)	-	-	(1,219,445)	(2,040,162)
Allowance for uncollectible pledges	(787,411)	-	-	(787,411)	(204,000)
Subtotal	<u>2,392,204</u>	<u>-</u>	<u>-</u>	<u>2,392,204</u>	<u>2,814,350</u>
Grants	356,083	-	-	356,083	276,890
Contributed goods and services	63,184	-	-	63,184	69,115
Legacies and bequests	19,470	-	-	19,470	19,846
Events	161,642	-	-	161,642	137,094
Net assets released from restrictions	-	-	-	-	-
Total support	<u>2,992,583</u>	<u>-</u>	<u>-</u>	<u>2,992,583</u>	<u>3,317,295</u>
Revenue and gains					
Federated campaign income	281,056	-	-	281,056	307,332
Donor designated service fees	42,259	-	-	42,259	39,341
Interest and dividends	97,956	-	-	97,956	101,444
Rental revenue	44,581	-	-	44,581	45,200
Gain on investments	131,587	-	-	131,587	197,252
Gain (Loss) permanently restricted	-	-	19,268	19,268	29,341
Total revenue and gains	<u>597,439</u>	<u>-</u>	<u>19,268</u>	<u>616,707</u>	<u>719,910</u>
Total support, revenue, and gains	<u>3,590,022</u>	<u>-</u>	<u>19,268</u>	<u>3,609,290</u>	<u>4,037,205</u>
<b>EXPENSES:</b>					
Program services:					
Community impact	1,351,034	-	-	1,351,034	2,036,879
SEFA and CFC	452,229	-	-	452,229	521,040
Total program services	<u>1,803,263</u>	<u>-</u>	<u>-</u>	<u>1,803,263</u>	<u>2,557,919</u>
Supporting services:					
Management and general	713,217	-	-	713,217	472,032
Fundraising	634,446	-	-	634,446	615,551
Total supporting services	<u>1,347,663</u>	<u>-</u>	<u>-</u>	<u>1,347,663</u>	<u>1,087,583</u>
Total expenses	<u>3,150,926</u>	<u>-</u>	<u>-</u>	<u>3,150,926</u>	<u>3,645,502</u>
CHANGE IN NET ASSETS	439,096	-	19,268	458,364	391,703
NET ASSETS - beginning of year	<u>4,104,613</u>	<u>477</u>	<u>573,520</u>	<u>4,678,610</u>	<u>4,286,907</u>
NET ASSETS - end of year	<u>\$ 4,543,709</u>	<u>\$ 477</u>	<u>\$ 592,788</u>	<u>\$ 5,136,974</u>	<u>\$ 4,678,610</u>

The accompanying notes are an integral part of these statements.

**UNITED WAY OF THE GREATER CAPITAL REGION, INC. AND  
STATE EMPLOYEES FEDERATED APPEAL**

**COMBINED STATEMENT OF FUNCTIONAL EXPENSES  
FOR THE YEAR ENDED JUNE 30, 2018**

(With Comparative Totals for 2017)

	Community Impact	SEFA/CFC	Management and General	Fundraising	Total 2018	2017
Salaries and payroll taxes	\$ 189,905	\$ 96,000	\$ 365,970	\$ 362,889	\$ 1,014,764	\$ 912,595
Retirement expenses	5,461	5,639	22,290	27,923	61,313	60,330
Other employee benefits	16,397	10,517	64,722	28,679	120,315	168,984
Temporary employees	-	-	-	-	-	29,609
Total salaries and related expenses	<u>211,763</u>	<u>112,156</u>	<u>452,982</u>	<u>419,491</u>	<u>1,196,392</u>	<u>1,171,518</u>
Community Care Fund allocations	748,748	-	-	-	748,748	1,300,000
Federated Campaign Expenses	-	321,122	-	-	321,122	404,841
Professional fees and services	211,241	-	19,287	21,353	251,881	259,434
Advertising, publicity, and special events	82,788	-	82,788	82,788	248,364	258,470
Subscriptions and dues	39,815	-	25,815	25,815	91,445	72,142
Transitional expenses	-	-	60,019	-	60,019	-
Occupancy	16,450	-	17,052	23,399	56,901	36,014
Equipment, software, and hardware	11,622	-	11,610	17,698	40,930	-
Depreciation	9,063	-	9,054	13,802	31,919	32,382
Telephone and postage	7,803	-	7,795	11,883	27,481	23,336
Loaned executive expense	-	18,951	-	-	18,951	21,718
Employee expenses	5,167	-	5,162	7,868	18,197	9,456
Insurance	2,996	-	6,310	4,562	13,868	10,731
Interest expense	-	-	9,070	-	9,070	18,901
General office supplies and printing	2,209	-	2,207	3,364	7,780	4,927
Travel and related costs	767	-	3,027	1,341	5,135	13,659
Miscellaneous	602	-	1,039	1,082	2,723	7,973
	<u>\$ 1,351,034</u>	<u>\$ 452,229</u>	<u>\$ 713,217</u>	<u>\$ 634,446</u>	<u>\$ 3,150,926</u>	<u>\$ 3,645,502</u>

The accompanying notes are an integral part of these statements.

**UNITED WAY OF THE GREATER CAPITAL REGION, INC. AND  
STATE EMPLOYEES FEDERATED APPEAL**

**COMBINED STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED JUNE 30, 2018  
(With Comparative Totals for 2017)**

	<u>2018</u>	<u>2017</u>
CASH FLOW FROM OPERATING ACTIVITIES:		
Change in net assets	\$ 458,364	\$ 391,703
Adjustments to reconcile change in net assets to net cash from operating activities:		
Depreciation	33,019	32,382
Interest expenses on amortization of debt issuance costs	2,820	2,820
Provision for bad debts	(787,411)	-
(Gain) on investments	(131,587)	(197,252)
Loss (gain) on permanently restricted	(19,268)	(29,341)
Changes in:		
Pledges receivable	1,517,410	(376,478)
Other receivables	13,356	(10,456)
Prepaid expenses and other assets	22,742	3,593
Accounts payable and accrued expenses	(10,953)	12,739
Grants and investments payable	(267,755)	(235,488)
Due to designated agencies	<u>(90,515)</u>	<u>18,148</u>
Net cash flow from operating activities	<u>740,222</u>	<u>(387,630)</u>
CASH FLOW FROM INVESTING ACTIVITIES:		
Purchases of investments	(3,672)	(1,211,592)
Proceeds from sales of investments	160,362	1,296,922
Purchases of property and equipment	<u>(1,907)</u>	<u>-</u>
Net cash flow from investing activities	<u>154,783</u>	<u>85,330</u>
CASH FLOW FROM FINANCING ACTIVITIES:		
Payments on long-term debt	<u>(187,791)</u>	<u>(68,386)</u>
Net cash flow from financing activities	<u>(187,791)</u>	<u>(68,386)</u>
CHANGE IN CASH AND CASH EQUIVALENTS	707,214	(370,686)
CASH AND CASH EQUIVALENTS - beginning of year	<u>593,692</u>	<u>964,378</u>
CASH AND CASH EQUIVALENTS - end of year	<u>\$ 1,300,906</u>	<u>\$ 593,692</u>

The accompanying notes are an integral part of these statements.

# **UNITED WAY OF THE GREATER CAPITAL REGION, INC., AND STATE EMPLOYEES FEDERATED APPEAL**

## **NOTES TO COMBINED FINANCIAL STATEMENTS JUNE 30, 2018**

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### **1. ORGANIZATION AND HISTORY**

United Way of the Greater Capital Region, Inc. (UWGCR), a New York not-for-profit corporation, provides services to individuals and corporations in the Capital Region. Our mission is to improve lives and advance the common good in the Capital Region by mobilizing the caring power of donors, volunteers, and community partners to give, volunteer, and advocate for people in need within our region.

Our vision is to be a recognized leader in the development and investment of philanthropic and volunteer resources in programs and initiatives that improve the quality of life for children, families, elders, and people in need. We will accomplish this by investing resources in programs that address needs in the area of early childhood education and health, income, and financial stability of low income families and individuals, and for the Basic Needs of our communities most vulnerable.

United Way of the Greater Capital Region, Inc. is a member of the United Way WorldWide. To maintain membership within this Organization, United Way of the Greater Capital Region, Inc. must make a membership investment to United Way WorldWide based on a percentage of annual contributions received. This membership fee paid to United Way WorldWide was \$49,802 and \$51,581 for the years ended June 30, 2018 and 2017, respectively.

UWGCR focuses on improving lives and community conditions across the Greater Capital Region. We do this by investing in programs and participating in initiatives that bring partners together around issues that require a collective response. Our work is based on the belief that together, united, we achieve far more than any single person or agency could alone.

During 2018, UWGCR issued grants to 69 local programs and special initiatives representing 55 agencies. More than 100,000 Greater Capital Region residents benefited from United Way-funded programs in 2017-2018.

UWGCR also helped mobilize more than 387 volunteers who contributed their time and expertise to community projects, organizational leadership and planning, fundraising and more.

### **EDUCATION**

United Way invested in early childhood development programs, academic support for school-age children, employment training and skill building, adult literacy programs, parent support, school partnerships and more. Through our Bright Starts for Brilliant Futures initiative, UWGCR invested in three home visiting programs, two regional coalitions to improve early childhood success and positive educational outcomes, and made a concentrated effort to improve quality early childcare in Rensselaer County.

## 1. ORGANIZATION AND HISTORY (Continued)

### INCOME

United Way invested in programs that help families gain financial stability through asset and debt management, programs helping the homeless achieve independence, and tax preparation and counsel for income-eligible families. Much of this work is accomplished through the CASH Coalition, a United Way-led partnership that helps low and moderate income families benefit from the Earned Income Tax Credit and other savings and learn financial management skills. United Way also supports programs that help people meet their basic needs by providing food, safe shelter and other critical assistance.

### HEALTH

United Way invested in programs that address health related issues such as independent living, challenges facing older adults, persons with disabilities, and mental health.

### BASIC NEEDS

United Way invested in safety net services that provide food, shelter, and safety to people with physical and developmental disabilities, and safe places for children after school. United Way also invested in United Way 2-1-1 Northeast Region, a free and confidential telephone information and referral service that connects callers with community resources. Through our United Against Hunger Initiative, we invested with five local summer food service providers to serve 135,000 meals in neighborhoods with concentrations of poverty.

### STATE EMPLOYEES FEDERATED APPEAL (SEFA)

Workplace fund-raising campaigns - UWGCR is responsible for developing, implementing, and evaluating fund-raising programs with respective volunteer committees for the 12 county area.

#### **State Employees Federated Appeal (SEFA)**

State Employees Federated Appeal (SEFA) is an annual fund-raising campaign that occurs during the fall season. The program was established to accommodate the wishes of New York State employees who wanted a single fund-raising campaign that would reduce multiple charitable solicitations. Participating federations in the campaign include United Way of the Greater Capital Region, Inc., Community Health Charities of New York, Independent Charities of America and Global Impact to name a few. In addition to the aforementioned federations, over 400 independent agencies also participate in the campaign.

New York State regulations assign the responsibility of campaign oversight to the Capital Region SEFA Committee whose members include state employees and representatives of charitable agencies. Campaign administrative and fiscal management services are performed by personnel of United Way of the Greater Capital Region, Inc.

#### **Principles of Combination**

The amounts in the combined financial statements include the accounts of the United Way of the Greater Capital Region, Inc. (UWGCR) and State Employees Federated Appeal (SEFA). All significant intercompany balances and transactions have been eliminated in the combination. The financial statements have been combined because of common control and interrelated operating activities.

These organizations are hereafter referred to as “the Organization”.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### **Basis of Accounting**

The accompanying combined financial statements were prepared in accordance with accounting principles generally accepted in the United States of America. The significant accounting policies followed by United Way of the Greater Capital Region, Inc. and State Employees Federal Appeal, are described below to enhance the usefulness of the combined financial statements.

### **Use of Estimates**

Management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the combined financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

### **Cash and Cash Equivalents**

Cash and cash equivalents include bank demand deposit accounts, money market accounts and all highly liquid debt instruments purchased with a maturity of three months or less. The Organization's cash balances may at times exceed federally insured limits. The Organization has not experienced any losses in these accounts and believes it is not exposed to any significant risk with respect to cash and cash equivalents.

### **Investments**

All investments in publicly traded equity and fixed income mutual funds are stated at fair value. Fair value is determined using quoted market prices. All realized and unrealized gains and losses are reported directly in the accompanying combined statement of activities.

Marketable securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain marketable securities, it is at least reasonably possible that changes in the values of marketable securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying combined financial statements.

### **Pledges Receivable**

The Organization provides an allowance for uncollectible pledges based upon collection history and a review of open accounts by management. Open accounts are written off after all collection efforts have been exhausted and the pledge is determined to be uncollectible. The allowance for uncollectible pledges was \$309,000 and \$260,540 as of June 30, 2018 and 2017, respectively.

Although management has reviewed the collection history while projecting the allowance, it is reasonably possible that actual uncollectible pledges may differ from the estimated allowance.

### **Property and Equipment**

Property and equipment are stated at cost, except for donated assets, which are recorded at their fair market value at the date of the gift. The Organization does not imply a time restriction, based on the assets' estimated useful lives, on donations of property and equipment that are restricted as to their use by the donor. Accordingly, those donations are recorded as support, increasing unrestricted net assets.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### **Property and Equipment (Continued)**

Expenditures for acquisitions, renewals, and betterments are capitalized, whereas maintenance and repair costs are expensed as incurred. When property and equipment are disposed of, the appropriate accounts are relieved of costs, and accumulated depreciation and any resultant gain or loss is reported as a change in net assets.

Depreciation is computed on a straight-line basis using the estimated useful lives (2 to 40 years) of the various assets.

### **Long-Lived Assets**

The Organization assesses its long-lived assets for impairment when events or circumstances indicate their carrying amounts may not be recoverable. This is accomplished by comparing the expected undiscounted future cash flows of the long-lived assets with the respective carrying amount as of the date of assessment. If the expected undiscounted future cash flows exceed the respective carrying amount as of the date of assessment, the long-lived assets are considered not to be impaired. If the expected undiscounted future cash flows are less than the carrying value, an impairment loss is recognized and measured as the difference between the carrying value and the fair value of the long-lived assets. No impairment of long-lived assets was recognized in 2018 or 2017.

### **Debt Issuance Costs**

Debt Issuance costs are amortized and recognized as interest expenses on a straight-line basis over the periods of the related debt. The unexpensed debt issuance costs approximated \$7,994 and \$10,814 at June 30, 2018 and 2017, respectively, and are netted against long-term debt on the statements of financial position. Interest expenses on amortization of debt issuance cost was \$2,820 for the years ended June 30, 2018 and 2017. Interest expenses on amortization is expected to be approximately \$2,800 each year through 2019.

### **Due to Affiliated Agencies/Pledge Income**

Contributions which are designated to a specific third-party beneficiary are recorded as a liability at the fair market value at the time the contribution is received, net of campaign costs and allowance for uncollectible pledges. All pledges received by SEFA are considered donor-designated. These pledges are passed directly to the designated recipients and are excluded from the Organizations' revenue and expenses, except for a small portion that is allocated to revenue to cover direct campaign costs.

### **Recognition of Donor Restrictions**

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is received. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets depending on the nature of the restriction. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

### **Financial Reporting**

The Organization reports its activities and the related net assets using three net asset categories: unrestricted, temporarily restricted, and permanently restricted.

Unrestricted net assets are not restricted by donors or other outside agencies. The Board of Directors can authorize use of these assets, as it desires, to carry on the purposes of the Organization according to its bylaws. The Board of Directors has also designated that a portion of these monies be used to supplement program expenses.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### **Financial Reporting (Continued)**

Temporarily restricted net assets represent donor-imposed restrictions that permit the donee organization to use up or expend the donated assets as specified. This temporary restriction is satisfied by the passage of time or actions by the Organization.

Permanently restricted net assets represent donor-imposed restrictions that stipulate that resources be maintained permanently, but permit the Organization to use up or expend part or all of the income derived from the donated assets.

Permanently restricted net assets consist of a beneficial interest in a perpetual trust (see Note 9) as well as bequests that require investments in perpetuity.

### **Donated and Contributed Services**

A number of “loaned executives” have donated 947 and 1,073 hours to the Organization’s fundraising campaigns during the years ended June 30, 2018 and 2017, respectively. The services donated require specialized skills and are reflected in the combined statement of activities at their fair value. For the years ended June 30, 2018 and 2017, the amount recognized was \$63,184 and \$69,115, respectively.

### **Statement of Functional Expenses**

The costs of providing various programs and supporting services have been summarized on a functional basis in the combined statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

### **Advertising**

The Organization expenses advertising costs as incurred. Advertising expense was \$248,364 and \$258,470 for the years ended June 30, 2018 and 2017, respectively.

### **Financial Instruments Measured at Fair Value**

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAP provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The asset or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The valuation methodology used for the Organization’s assets measured at fair value is to value the investments at quoted market prices on the last business day of the fiscal year.

The fair value of the beneficial interest in perpetual trusts is determined to be a level 2 measurement using the market approach as the carrying amount of these investments approximates fair value based on the value of similar assets at which the Organization could invest in.

### **Income Taxes**

United Way of the Greater Capital Region, Inc. and SEFA are exempt from federal income tax as a not-for-profit organization under Section 501(c)(3) of the Internal Revenue Code and have been classified as an entity that is not a private foundation.



## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### Reclassifications

Certain reclassifications have been made to the prior year information to conform to the current year presentation.

### Comparative Financial Information

The combined financial statements include certain prior-year summarized comparative information in total but not by net asset class and functional expense classification. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's combined financial statements for the year ended June 30, 2017, from which the summarized information was derived.

## 3. INVESTMENTS

Investments are managed in accordance with an investment policy that was approved by the Board of Directors. A summary of investments as of June 30, 2018 and 2017 is as follows:

	<u>2018</u>	<u>2017</u>
Mutual funds- equities	\$ 2,364,441	\$ 2,241,293
Mutual funds- fixed income	<u>1,355,565</u>	<u>1,505,057</u>
	<u>\$ 3,720,006</u>	<u>\$ 3,746,350</u>

For the years ended June 30, 2018 and 2017, the investments earned interest and dividends of \$97,980 and \$101,444, respectively. There were no investment management fees incurred for the years ended June 30, 2018 and 2017.

#### 4. FAIR VALUE MEASUREMENTS

The Organizations investments at fair value, within the fair value hierarchy, are as follows as of June 30:

<u>Description</u>	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>	<u>Total</u>
June 30, 2018:				
Mutual funds- equities	\$ 2,364,441	\$ -	\$ -	\$ 2,364,441
Mutual funds- fixed income	1,355,565	-	-	1,355,565
Beneficial interest in perpetual trust	-	479,727	-	479,727
	<u>\$ 3,720,006</u>	<u>\$ 479,727</u>	<u>\$ -</u>	<u>\$ 4,199,733</u>
June 30, 2017:				
Mutual funds- equities	\$ 2,241,293	\$ -	\$ -	\$ 2,241,293
Mutual funds- fixed income	1,505,057	-	-	1,505,057
Beneficial interest in perpetual trust	-	460,459	-	460,459
	<u>\$ 3,746,350</u>	<u>\$ 460,459</u>	<u>\$ -</u>	<u>\$ 4,206,809</u>

#### 5. PROPERTY AND EQUIPMENT

Property and equipment consisted of the following as of June 30:

	<u>2018</u>	<u>2017</u>
Land	\$ 102,300	\$ 102,300
Building and building improvements	872,572	872,572
Office equipment	<u>178,587</u>	<u>176,679</u>
	1,153,459	1,151,551
Less: Accumulated depreciation	<u>(916,673)</u>	<u>(883,653)</u>
	<u>\$ 236,786</u>	<u>\$ 267,898</u>

Depreciation expense for the years ended June 30, 2018 and 2017 was approximately \$32,400.

## 6. LONG-TERM DEBT

The Organization entered into a mortgage payable with a bank. It consists of monthly payments of \$3,125 including interest of 4.61%, secured by all assets of the Organization. Final payment is due June 2021, however management expects to pay off the amount due in 2019.

The future maturities of long-term debt over the next five years are as follows:

2019	\$	28,493
2020		<u>28,964</u>
Total		57,457
Less debt issuance cost		<u>(7,994)</u>
Long term debt, net	\$	<u><u>49,463</u></u>

The Organization must comply with certain financial covenants per their debt agreements. These covenants were not met as of June 30, 2018, however a waiver was granted from the financial institution.

## 7. LINE-OF-CREDIT

The Organization has a secured \$250,000 line-of-credit with Pioneer Savings Bank. Borrowings against the line are due on demand and interest is payable monthly at the Bank's prime rate plus one percent (6% at June 30, 2018), with a floor percentage rate of 5.25%. The balance is secured by all assets of the Organization. At June 30, 2018 and 2017 there was no outstanding balance on the line of credit.

## 8. TEMPORARILY RESTRICTED AND BOARD DESIGNATED NET ASSETS

Temporarily restricted net assets are available for the following purposes at June 30:

	<u>2018</u>	<u>2017</u>
United in action	\$ <u>477</u>	\$ <u>477</u>
	\$ <u><u>477</u></u>	\$ <u><u>477</u></u>

Unrestricted – Board designated net assets are available for the following purposes at June 30:

	<u>2018</u>	<u>2017</u>
ELAP	\$ 4,600	\$ 3,540
Funds functioning as endowment	<u>3,075,406</u>	<u>2,871,347</u>
	\$ <u><u>3,080,006</u></u>	\$ <u><u>2,874,887</u></u>

## **9. PERMANENTLY RESTRICTED NET ASSETS**

### **Beneficial Interest in Perpetual Trusts**

The Organization is the beneficiary of the Percy Waller Perpetual Charitable Trust (Trust). The Trust provides for annual distributions of eleven percent of the income earned on the Trust's assets. The donor has placed no restrictions as to the use of the distributions. The Trust is administered by an independent third-party trustee.

The value of the beneficial interest in perpetual trust is recorded at eleven percent of the fair market value of the Trust's assets. The Organization recognized a gain (loss) in the value of this Trust in the amount of \$19,268 and \$29,341 for the year ended June 30, 2018 and 2017, respectively.

### **Other Permanently Restricted Net Assets**

The Organization is the beneficiary of two bequests from estates for which the donor restricted the funds to be held in perpetuity. There are no restrictions placed on the income derived from these funds. The total amounts reported as permanently restricted for these contributions are \$113,061 for both years ending June 30, 2018 and 2017.

## **10. EMPLOYER RETIREMENT PLANS**

On January 1, 2009, the Organization established a 403(b) plan for its employees. Employer contributions to the Plan are determined annually by the Board of Directors. The Board of Directors approved a revision to the Plan, effective January 1, 2012, which includes an employer match of up to 4% of salary on employee contributions to the Plan. In addition, the Plan includes a service weighted automatic contribution of 3% of salary for employees with up to 10 years of service, and a 5% contribution for employees of over 10 years of service.

A one year waiting period is required for participation in the match and automatic contribution portions of the Plan. During the years ended June 30, 2018 and 2017, the employer contribution was \$54,092 and \$38,445 respectively.

The Organization had a noncontributory, combination pension and welfare plan available to all employees 21 years of age or older, who completed one year of service. The Plan was a defined benefit plan, which provided benefits that were generally based on years of service and final average salary. The plan was terminated as of June 30, 2016. There were no plan assets as of June 30, 2016 as the plan was terminated and all plan assets were paid to participants. The Board made a resolution to make 11 annual contributions of \$6,703 to one employee that hasn't been paid out yet, there are 5 remaining payments to be made as of June 30, 2018. These contributions are the Organization's assets until the employment is terminated. The Organization contributed approximately \$6,700 to this Plan for both of the years ended June 30, 2018 and 2017.

## **11. ENDOWMENT**

The Organization's endowment consists of funds established to provide investment income to be used for fundraising and operating costs so that a higher percentage of donor contributions can be directed to the Community Care Fund. Its endowment includes donor-restricted and board designated endowments. As required by generally accepted accounting principles, net assets associated with endowment funds including funds, designated by the Board of Directors to function as endowments, are classified and reported based on the existence of donor-imposed restrictions.

## 11. ENDOWMENT (Continued)

Endowment net asset composition by fund type as of June 30, 2018 and 2017 is as follows:

	<u>Board Designated</u>	<u>Permanently Restricted</u>	<u>Total</u>
<u>June 30, 2018:</u>			
Endowment funds	<u>\$ 3,075,406</u>	<u>\$ 592,788</u>	<u>\$ 3,668,194</u>
<u>June 30, 2017:</u>			
Endowment funds	<u>\$ 2,871,347</u>	<u>\$ 573,520</u>	<u>\$ 3,444,867</u>

Changes in endowment net assets for the years ended June 30, 2018 and 2017 are as follows:

<u>Description</u>	<u>Board Designated</u>	<u>Permanently Restricted</u>	<u>Total</u>
Endowment net assets - July 1, 2016	\$ 1,521,657	\$ 544,179	\$ 2,065,836
Contributions	1,133,000	-	1,133,000
Net appreciation	<u>216,690</u>	<u>29,341</u>	<u>246,031</u>
Endowment net assets - June 30, 2017	<u>\$ 2,871,347</u>	<u>\$ 573,520</u>	<u>\$ 3,444,867</u>
Net appreciation	<u>204,059</u>	<u>19,268</u>	<u>223,327</u>
Endowment net assets - June 30, 2018	<u>\$ 3,075,406</u>	<u>\$ 592,788</u>	<u>\$ 3,668,194</u>

### Return Objectives and Risk Parameters

Investments of the Board-designated funds are made for the purpose of providing supplemental funding of fundraising and operational activities. The permanently restricted assets are those donor-restricted funds that the Organization must hold in perpetuity.

The Organization recognizes that risk (i.e. the uncertainty of future events), volatility (i.e. the potential for variability of asset values), and the possibility of loss in purchasing power (due to inflation) are present to some degree in all types of investment vehicles. While high levels of risk are to be avoided, the assumption of some risk is warranted in order to allow the investment manager the opportunity to achieve satisfactory long term results consistent with the objectives of the fund.

### Strategies Employed for Achieving Objectives

The Organization has adopted investment and spending policies for endowment assets that attempt to maintain the corpus of the fund while allowing the account to grow in order to provide a resource for occasional funding to programs supported by its endowment. Endowment assets include only unrestricted and permanently restricted funds as of June 30, 2018 and 2017. Under this policy, as approved by the Board of Directors, the endowment assets are invested primarily in stocks (generally targeted at 40-60% of the fund), bonds (38-52%) and commodities (2-8%). No target growth rate is stated or implied by the Organization's investment objectives. Actual investment returns in any given year may vary.

## **11. ENDOWMENT (Continued)**

### **Strategies Employed for Achieving Objectives (Continued)**

To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation (see information above) that places a greater emphasis on equity and bond based investments to achieve its long-term return objectives with prudent risk constraints.

Management periodically presents system level initiatives that they feel worthy of Organization support. The Organization's Board reviews these suggestions and appropriates money on occasion for items they deem worthwhile. There is no annual target for expenditures.

The governing board has interpreted the applicable provisions of New York Not-for-Profit Corporation Law to mean that the classification of appreciation on its permanently restricted endowment gifts, beyond the original gift amount, follows the donor's restrictions on the use of the related income (interest and dividends), and income is classified as temporarily restricted until appropriated for expenditure. As of June 30, 2018, all income related to permanently restricted net assets has been expended consistent with donor intent.

## **12. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through April 18, 2019, which is the date these combined financial statements were available to be issued.

**UNITED WAY OF THE GREATER CAPITAL REGION, INC.  
STATE EMPLOYEES FEDERATED APPEAL**

Schedule I

**COMBINING SCHEDULE OF FINANCIAL POSITION  
FOR THE YEAR ENDED JUNE 30, 2018  
(With Comparative Totals for 2017)**

	United Way of the Greater Capital Region, Inc.	State Employees Federated Appeal	Eliminations	Total 2018	2017
<b>ASSETS</b>					
Cash and cash equivalents	\$ 804,249	\$ 496,657	\$ -	\$ 1,300,906	\$ 593,692
Investments	3,721,247	-	-	3,721,247	3,746,350
Pledges receivable, net	1,362,492	469,015	(123,692)	1,707,815	2,437,814
Other receivables	82,502	-	-	82,502	95,858
Prepaid expenses and other assets	38,682	-	-	38,682	61,424
Property and equipment, net	236,786	-	-	236,786	267,898
Beneficial interest in perpetual trust	479,727	-	-	479,727	460,459
	<u>\$ 6,725,685</u>	<u>\$ 965,672</u>	<u>\$ (123,692)</u>	<u>\$ 7,567,665</u>	<u>\$ 7,663,495</u>
<b>LIABILITIES AND NET ASSETS</b>					
<b>LIABILITIES:</b>					
Accounts payable and accrued expenses	\$ 147,412	\$ 10,293	\$ -	\$ 157,705	\$ 168,658
Due to affiliated agencies	932,467	123,692	(123,692)	932,467	1,200,222
Due to designated agencies	465,466	825,590	-	1,291,056	1,381,571
Debt	43,481	5,982	-	49,463	234,434
	<u>1,588,826</u>	<u>965,557</u>	<u>(123,692)</u>	<u>2,430,691</u>	<u>2,984,885</u>
<b>NET ASSETS:</b>					
Unrestricted -					
Undesignated	1,463,588	115	-	1,463,703	1,229,726
Board designated	3,080,006	-	-	3,080,006	2,874,887
Total unrestricted	4,543,594	115	-	4,543,709	4,104,613
Temporarily restricted	477	-	-	477	477
Permanently restricted	592,788	-	-	592,788	573,520
	<u>5,136,859</u>	<u>115</u>	<u>-</u>	<u>5,136,974</u>	<u>4,678,610</u>
Total net assets	<u>\$ 6,725,685</u>	<u>\$ 965,672</u>	<u>\$ (123,692)</u>	<u>\$ 7,567,665</u>	<u>\$ 7,663,495</u>

The accompanying notes are an integral part of these schedules.

**UNITED WAY OF THE GREATER CAPITAL REGION, INC. AND  
STATE EMPLOYEES FEDERATED APPEAL**

Schedule II

**COMBINING SCHEDULE OF ACTIVITIES  
FOR THE YEAR ENDED JUNE 30, 2018  
(With Comparative Totals for 2017)**

	United Way of the Greater Capital Region, Inc.				State Employees Federated Appeal		Totals	2017
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Eliminations		
<b>SUPPORT, REVENUE AND GAINS:</b>								
Support								
Contributions received - United Way Campaign	\$ 3,049,607	\$ -	\$ -	\$ 3,049,607	1,349,453	\$ -	\$ 4,399,060	\$ 5,058,512
Less: Donor designations	(339,447)	-	-	(339,447)	(879,998)	-	(1,219,445)	(2,040,162)
Allowance for uncollectible pledges	(532,769)	-	-	(532,769)	(254,642)	-	(787,411)	(204,000)
Subtotal	2,177,391	-	-	2,177,391	214,813	-	2,392,204	2,814,350
Grants	356,083	-	-	356,083	-	-	356,083	276,890
Contributed goods and services	44,233	-	-	44,233	18,951	-	63,184	69,115
Legacies and bequests	19,470	-	-	19,470	-	-	19,470	19,846
Events	161,642	-	-	161,642	-	-	161,642	137,094
Net assets released from restrictions	-	-	-	-	-	-	-	-
Total support	2,758,819	-	-	2,758,819	233,764	-	2,992,583	3,317,295
Revenue and gains								
Federated campaign income	281,056	-	-	281,056	-	-	281,056	307,332
Donor designated service fees	42,259	-	-	42,259	-	-	42,259	39,341
Interest and dividends	97,516	-	-	97,516	440	-	97,956	101,444
Rental revenue	44,581	-	-	44,581	-	-	44,581	45,200
Gain on investments	131,587	-	-	131,587	-	-	131,587	197,252
Gain (loss) on permanently restricted	-	-	19,268	19,268	-	-	19,268	29,341
Total revenue and gains	596,999	-	19,268	616,267	440	-	616,707	719,910
Total support, revenue, and gains	3,355,818	-	19,268	3,375,086	234,204	-	3,609,290	4,037,205
<b>EXPENSES:</b>								
Program services:								
Community impact	1,351,034	-	-	1,351,034	-	-	1,351,034	2,036,879
SEFA and CFC	241,172	-	-	241,172	211,057	-	452,229	521,040
Total program services	1,592,206	-	-	1,592,206	211,057	-	1,803,263	2,557,919
Supporting services:								
Management and general	709,117	-	-	709,117	4,100	-	713,217	472,032
Fundraising	615,495	-	-	615,495	18,951	-	634,446	615,551
Total supporting services	1,324,612	-	-	1,324,612	23,051	-	1,347,663	1,087,583
Total expenses	2,916,818	-	-	2,916,818	234,108	-	3,150,926	3,645,502
CHANGE IN NET ASSETS	439,000	-	19,268	458,268	96	-	458,364	391,703
NET ASSETS - beginning of year	4,104,594	477	573,520	4,678,591	19	-	4,678,610	4,286,907
NET ASSETS - end of year	\$ 4,543,594	\$ 477	\$ 592,788	\$ 5,136,859	\$ 115	\$ -	\$ 5,136,974	\$ 4,678,610

The accompanying notes are an integral part of these schedules.