

**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 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<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>D</b> Employer identification number <b>14-1364505</b>  <b>E</b> Telephone number <b>518-456-2200</b>
<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>G</b> Gross receipts \$ <b>7,644,586.</b>
<b>J</b> Website: ▶ <b>WWW.UNITEDWAYGCR.ORG</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>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>26</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>26</b>
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>27</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1563</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 39	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>4,481,885.</b>	<b>5,266,314.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>108,157.</b>	<b>203,531.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>126,214.</b>	<b>-217,810.</b>
<b>12</b>			<b>4,716,256.</b>	<b>5,252,035.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,339,672.</b>	<b>2,881,952.</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>1,276,658.</b>	<b>1,002,616.</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>679,974.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,163,106.</b>	<b>1,085,372.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,779,436.</b>	<b>4,969,940.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-63,180.</b>	<b>282,095.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>7,320,646.</b>	<b>7,863,562.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>2,131,262.</b>	<b>2,442,271.</b>
	<b>22</b>		<b>5,189,384.</b>	<b>5,421,291.</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 \$ 2,135,319. including grants of \$ 2,005,252. ) (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 \$ 876,700. including grants of \$ 876,700. ) (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 \$ 883,191. 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 on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,895,210.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>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
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a 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 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
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

	Yes	No
<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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, 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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on 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

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

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

(A) 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) BRIAN O'GRADY BOARD MEMBER	2.00	X						0.	0.	0.
(2) DAVID DEMARCO TREASURER	2.00	X		X				0.	0.	0.
(3) JOHN KEARNEY SECRETARY	2.00	X		X				0.	0.	0.
(4) CHRISTY CALICCHIA GOVERNANCE CHAIR	2.00	X		X				0.	0.	0.
(5) JOHN BISHOP FINANCE CHAIR	2.00	X		X				0.	0.	0.
(6) CARM BASILE CHAIR-ELECT, RD CHAIR	2.00	X		X				0.	0.	0.
(7) BRANDI LANDY CIIC CHAIR	2.00	X		X				0.	0.	0.
(8) JIM MALATRAS BOARD MEMBER	2.00	X						0.	0.	0.
(9) BRIAN BARR BOARD MEMBER	2.00	X						0.	0.	0.
(10) KATHARINE BRIAR-LAWSON BOARD MEMBER	2.00	X						0.	0.	0.
(11) CORNELIA CAHILL BOARD MEMBER	2.00	X						0.	0.	0.
(12) CHARLES CARLETTA BOARD MEMBER	2.00	X						0.	0.	0.
(13) RYAN CASE BOARD MEMBER	2.00	X						0.	0.	0.
(14) RABBI CUTLER BOARD MEMBER	2.00	X						0.	0.	0.
(15) VERONICA HANLEY BOARD MEMBER	2.00	X						0.	0.	0.
(16) MICHAEL GUZZO BOARD MEMBER	2.00	X						0.	0.	0.
(17) HELENA HEATH BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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) RICHIE HUNTER BOARD MEMBER	2.00	X						0.	0.	0.
(19) TODD KERNER BOARD MEMBER	2.00	X						0.	0.	0.
(20) FRANK KONCEWICZ BOARD MEMBER	2.00	X						0.	0.	0.
(21) DAVID KRUPSKI BOARD MEMBER	2.00	X						0.	0.	0.
(22) ERIC LACOPPOLA BOARD MEMBER	2.00	X						0.	0.	0.
(23) ROGER RAMSAMMY BOARD MEMBER	2.00	X						0.	0.	0.
(24) BRIAN SANO BOARD MEMBER	2.00	X						0.	0.	0.
(25) MICHAEL AARON POINDEXTER BOARD MEMBER	2.00	X						0.	0.	0.
(26) RICHIE STACK BOARD MEMBER	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								262,654.	0.	32,285.
<b>d Total (add lines 1b and 1c)</b>								262,654.	0.	32,285.

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, 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 VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	255,119.				
	<b>1 b</b>	Membership dues					
	<b>1 c</b>	Fundraising events	138,613.				
	<b>1 d</b>	Related organizations					
	<b>1 e</b>	Government grants (contributions)	190,000.				
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above	4,682,582.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f		5,266,314.			
Program Service Revenue	<b>2 a</b>						
	<b>2 b</b>						
	<b>2 c</b>						
	<b>2 d</b>						
	<b>2 e</b>						
	<b>2 f</b>	All other program service revenue					
	<b>2 g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		107,100.		107,100.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real	47,800.			
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses	0.				
	<b>6 c</b>	Rental income or (loss)	47,800.				
	<b>6 d</b>	Net rental income or (loss)		47,800.		47,800.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	2,218,949.			
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses	2,122,518.				
	<b>7 c</b>	Gain or (loss)	96,431.				
<b>7 d</b>	Net gain or (loss)		96,431.		96,431.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 138,613. of contributions reported on line 1c). See Part IV, line 18		0.				
<b>8 b</b>	Less: direct expenses	270,033.					
<b>8 c</b>	Net income or (loss) from fundraising events		-270,033.		-270,033.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>9 b</b>	Less: direct expenses						
<b>9 c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
<b>10 c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS	900099	4,423.		4,423.	
	<b>11 b</b>						
	<b>11 c</b>						
	<b>11 d</b>	All other revenue					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d		4,423.			
<b>12</b>	<b>Total revenue.</b> See instructions		5,252,035.	0.	0.	-14,279.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,881,952.	2,881,952.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	294,938.	86,663.	117,846.	90,429.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	494,939.	78,720.	101,119.	315,100.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,160.	5,211.	3,806.	29,143.
<b>9</b> Other employee benefits	95,067.	20,828.	32,642.	41,597.
<b>10</b> Payroll taxes	79,512.	12,379.	21,227.	45,906.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	22,600.		22,600.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	409,668.	355,170.	29,724.	24,774.
<b>12</b> Advertising and promotion	64,170.	35,875.	8,034.	20,261.
<b>13</b> Office expenses	8,012.	5,850.	1,185.	977.
<b>14</b> Information technology	33,243.	12,593.	5,385.	15,265.
<b>15</b> Royalties				
<b>16</b> Occupancy	42,063.	13,467.	9,183.	19,413.
<b>17</b> Travel	8,308.	3,707.	2,620.	1,981.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	49,604.	16,603.	6,600.	26,401.
<b>23</b> Insurance	6,147.	2,122.	1,010.	3,015.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>FEDERATED CAMPAIGN EXPE</b>	173,284.	173,284.		
<b>b</b> <b>OTHER COMMUNITY DISTRIB</b>	130,565.	130,565.		
<b>c</b> <b>DUES AND SUBSCRIPTIONS</b>	66,461.	25,782.	19,764.	20,915.
<b>d</b> <b>TELEPHONE AND POSTAGE</b>	30,791.	7,230.	6,819.	16,742.
<b>e</b> All other expenses	40,456.	27,209.	5,192.	8,055.
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,969,940.	3,895,210.	394,756.	679,974.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	526,495.	<b>1</b>	1,361,115.
	<b>2</b> Savings and temporary cash investments .....	281,141.	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	1,611,477.	<b>3</b>	1,699,856.
	<b>4</b> Accounts receivable, net .....	330,098.	<b>4</b>	220,353.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<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 .....	49,750.	<b>9</b>	0.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,219,027.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,010,376.	240,711.	<b>10c</b> 208,651.
	<b>11</b> Investments - publicly traded securities .....	3,800,342.	<b>11</b>	3,898,088.
	<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 .....	480,632.	<b>15</b>	475,499.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	7,320,646.	<b>16</b>	7,863,562.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,212,962.	<b>17</b>	1,008,978.
	<b>18</b> Grants payable .....	918,300.	<b>18</b>	1,155,330.
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<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 .....	0.	<b>25</b>	277,963.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,131,262.	<b>26</b>	2,442,271.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	4,595,214.	<b>27</b>	4,769,802.
	<b>28</b> Net assets with donor restrictions .....	594,170.	<b>28</b>	651,489.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	5,189,384.	<b>32</b>	5,421,291.
<b>33</b> Total liabilities and net assets/fund balances .....	7,320,646.	<b>33</b>	7,863,562.	

**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	5,252,035.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,969,940.
3	Revenue less expenses. Subtract line 2 from line 1	3	282,095.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,189,384.
5	Net unrealized gains (losses) on investments	5	-212,883.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	162,695.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,421,291.

**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 on 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2019)



**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3816096.	3622418.	4338926.	4481885.	5266314.	21525639.
<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 .....	3816096.	3622418.	4338926.	4481885.	5266314.	21525639.
<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.						21525639.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	3816096.	3622418.	4338926.	4481885.	5266314.	21525639.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	95,421.	146,644.	97,956.	108,157.	107,100.	555,278.
<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						22080917.
<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 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	97.49 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	97.48 %
<b>16a 33 1/3% support test - 2019.</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 - 2018.</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 - 2019.</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 - 2018.</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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <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)

Section D - Distributions	Current Year
<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 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			



**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

**2019**

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).

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	<u>GE MASTER ACCOUNT</u>  <u>1 RIVER ROAD, BUILDING 37, 6TH FLOOR</u>  <u>SCHENECTADY, NY 12345</u>	\$ <u>450,843.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>HANNAFORD - REGIONAL HEADQUARTERS</u>  <u>900 CENTRAL AVENUE</u>  <u>ALBANY, NY 12207</u>	\$ <u>131,396.</u>	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.)
_____	_____  _____  _____	\$ _____	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.

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

**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

**2019**

**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 (for example, 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 FASB 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 FASB 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 FASB 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) 2019

**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 make 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 program
  - 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	3,944,740.	3,668,194.	3,444,867.	2,086,313.	2,093,713.
b Contributions				1,133,000.	10,000.
c Net investment earnings, gains, and losses	-140,953.	276,546.	223,327.	246,031.	-11,561.
d Grants or scholarships					
e Other expenditures for facilities and programs				20,477.	5,839.
f Administrative expenses					
g End of year balance	3,803,787.	3,944,740.	3,668,194.	3,444,867.	2,086,313.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  84.53 %
  - b Permanent endowment  15.47 %
  - c Term 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		878,384.	802,571.	75,813.
c Leasehold improvements				
d Equipment		238,343.	207,805.	30,538.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				208,651.

**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) BENEFICIAL INTEREST IN PERPETUAL TRUST	475,499.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	475,499.

**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) PAYMENT PROTECTION PROGRAM LOAN	277,963.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	277,963.

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 FASB 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.

1	Total revenue, gains, and other support per audited financial statements		1	3,602,325.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-212,883.	
b	Donated services and use of facilities	2b	298,392.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	85,509.	
3	Subtract line 2e from line 1	3	3,516,816.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1,735,219.	
c	Add lines 4a and 4b	4c	1,735,219.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,252,035.	

**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.

1	Total expenses and losses per audited financial statements		1	3,533,113.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	298,392.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	298,392.	
3	Subtract line 2e from line 1	3	3,234,721.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1,735,219.	
c	Add lines 4a and 4b	4c	1,735,219.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,969,940.	

**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	-270,033.
DONOR DESIGNATIONS NET AGAINST CONTRIBUTIONS FOR FINANCIAL STATEMENTS	2,005,252.
<b>TOTAL TO SCHEDULE D, PART XI, LINE 4B</b>	<b>1,735,219.</b>

**Part XIII** Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS SHOWN NET AGAINST CONTRIBUTIONS FOR

FINANCIAL STATEMENTS	2,005,252.
FUNDRAISING EXPENSES	-270,033.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,735,219.



**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))	
		ANNUAL MEETING <small>(event type)</small>	PERFECT PITCH <small>(event type)</small>	<small>2</small> <small>(total number)</small>		
Revenue	1	Gross receipts	86,922.	20,795.	30,896.	138,613.
	2	Less: Contributions	86,922.	20,795.	30,896.	138,613.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	115,034.	44,085.	134,204.	293,323.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				293,323.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-293,323.

**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: \_\_\_\_\_







**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

**2019**

**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
AIM SERVICES, INC. 4227 ROUTE 50 SARATOGA SPRINGS, NY 12866	14-1609398		7,834.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ALBANY COMMUNITY ACTION PARTNERSHIP - 333 SHERIDAN AVENUE - ALBANY, NY 12206	14-6037204		10,146.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ALBANY DAMIEN CENTER 728 MADISON AVENUE ALBANY, NY 12208	22-3108995		17,625.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ALBANY INSTITUTE OF HISTORY AND ART - 125 WASHINGTON AVE. - ALBANY, NY 12210	14-1343061		5,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVE ALBANY, NY 12208	14-6023119		5,695.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ALBANY PROMISE STATE UNIVERSITY PLAZA ALBANY, NY 12246	14-1368361		12,500.	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 ▶ 105.

**3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2019)

**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
ALBANYCANCODE 75 TROY RD EAST GREENBUSH, NY 12061	81-2893882		10,140.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AMERICAN CANCER SOC - CAP REGION 1 PENNY LANE STE 1 LATHAM, NY 12110	13-1788491		7,856.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AMERICAN RED CROSS/ALBANY 33 EVERETT ROAD ALBANY, NY 12205	53-0196605		14,088.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AMERICA'S BEST CHARITIES 1100 LANDING CIRCLE CIRCLE, CA 94939	94-3067804		72,595.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AMERICA'S CHARITIES 14150 NEWBROOK DR #110 CHANTILLY, VA 20151	54-1517707		48,272.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ANIMAL CHARITIES OF AMERICA 1100 LANDING CIRCLE LARKSPUR, CA 94939	94-3067804		16,080.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ANIMAL PROTECTIVE FDN OF SCHENECTADY - 53 MAPLE AVE - SCOTIA, NY 12302	14-0472728		11,464.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ARBOR PARK CHILD CARE CENTER 96 SECOND ST. ALBANY, NY 12210	22-2514537		16,518.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
BERKSHIRE UNITED WAY 200 SOUTH STREET PITTSFIELD, MA 01201	04-2104785		10,479.	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
BETTER NEIGHBORHOODS, INC. 120 EMMONS STREET SCHENECTADY, NY 12304	14-1504550		15,001.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
BIG BROTHERS BIG SISTERS OF THE CAPITAL - 1698 CENTRAL AVENUE - ALBANY, NY 12205	14-6035512		20,117.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
BOY SCOUTS OF AMERICA/ALBANY 253 WASHINGTON AVE EXT. ALBANY, NY 12206	14-1340028		10,064.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
BOYS & GIRLS CLUB OF THE CAPITAL AREA - 21 DELAWARE AVE. - ALBANY, NY 12210	14-1338303		10,414.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPITAL CITY GOSPEL MISSION 259 S. PEARL STREET ALBANY, NY 12202	56-2663290		17,613.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPITAL DISTRICT HABITAT FOR HUMANITY - 207 SHERIDAN AVENUE - ALBANY, NY 12210	14-1708404		5,301.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPITAL DISTRICT HUMANE ASSOCIATION - PO BOX 11330 - LOUDONVILLE, NY 12211	22-2977788		7,902.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPITAL ROOTS 594 RIVER ST TROY, NY 12180	14-1596291		27,500.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPTAIN YOUTH & FAMILY SERVICE 543 SARATOGA ROAD GLENNVILLE, NY 12302	14-1637304		40,169.	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
CATHOLIC CHARITIES - DIOCESE OF ALBANY - 40 NORTH MAIN AVENUE - ALBANY, NY 12203	14-1340033		22,444.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CATHOLIC CHARITIES OF DELAWARE & OTSEGO - 915 SOUTH MAIN - ONEONTA, NY 13820	14-1340033		17,442.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CATHOLIC CHARITIES TRI-COUNTY SERVICES - 50 HERRICK ST PO BOX 28 - RENSSELAER, NY 12144	14-1340033		17,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CENTER FOR EMPLOYMENT OPPORTUNITIES - 41 STATE STREET SUITE M-109 - ALBANY, NY 12207	13-3843322		10,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CHILDRENS CHARITIES OF AMERICA FED. - P.O. BOX 45757 - SAN FRANCISCO, CA 94145	94-3148588		8,373.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CIRCLES OF MERCY 11 WASHINGTON STREET RENSSELAER, NY 12144	01-0589987		10,301.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CITY MISSION OF SCHENECTADY, INC. 425 HAMILTON ST. SCHENECTADY, NY 12305	14-1403652		31,182.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COLUMBIA GREENE HUMANE SOCIETY INC. - 111 HUMANE SOCIETY RD. - HUDSON, NY 12534	14-1487056		6,846.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COMMUNITY HEALTH CHARITIES OF NY PO BOX 75153 BALTIMORE, MD 21275	22-2570476		89,648.	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
COMMUNITY HOSPICE 295 VALLEY VIEW BLVD BLVD, NY 12144	14-1608921		9,301.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COMMUNITY WORKS OF NYS 56 MAPLE AVENUE VOORHEESVILLE, NY 12186	22-3255675		58,295.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CORNELL COOPERATIVE EXTENSION - SCHENECTA - 107 NOTT TERRACE #301 - SCHENECTADY, NY 12308	14-6036884		15,000.	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		7,848.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
EARTHSHARE NEW YORK DEPARTMENT #4016 WASHINGTON, DC 20042	13-3632209		16,621.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
EAST SIDE NEIGHBORHOOD REC. CENTER 596 PAWLING AVE. TROY, NY 12180	14-1503403		8,021.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
EQUINOX, INC. 102 HACKETT BLVD ALBANY, NY 12209	14-1437821		23,485.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
FAMILY & CHILD SERVICES OF SCHENECTADY - 246 UNION STREET - SCHENECTADY, NY 12305	14-1338397		10,682.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
FOOD PANTRIES FOR THE CAPITAL DISTRICT - 32 ESSEX STREET - ALBANY, NY 12206	14-1752164		40,160.	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
GIRLS INC. OF THE GREATER CAPITAL REGION - 962 ALBANY STREET - SCHENECTADY, NY 12307	14-1434157		6,398.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
GLOBAL IMPACT FILE 2326 1801 W OLYMPIC BLVD. PASADENA, CA 91199	52-1273585		31,669.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
HATAS - HOMELESS & TRAVELERS AID SOCIETY - 138 CENTRAL AVENUE - ALBANY, NY 12206	14-1482188		5,160.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
HEALTH & MEDICAL RESEARCH CHARITIES - 1100 LANDING CIRCLE - LARKSPUR, CA 94939	94-3217739		15,256.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
HOSPITALITY HOUSE THERAPEUTIC COMMUNITY, - 271 CENTRAL AVENUE - ALBANY, NY 12206	14-1540533		12,162.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
HUBBARD HALL - CAMBRIDGE NY 25 EAST MAIN STREET CAMBRIDGE, NY 12816	22-2188736		5,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
JEWISH FAMILY SERVICES OF NENY 877 MADISON AVE. ALBANY, NY 12208	14-1338308		5,857.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
JOSEPH'S HOUSE AND SHELTER 74 FERRY STREET TROY, NY 12180	14-1636163		7,336.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
LA SALLE INSTITUTE 174 WILLIAMS RD. TROY, NY 12180	14-1338447		5,470.	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
LEGAL AID SOCIETY OF CLEVELAND 1223 WEST SIXTH STREET CLEVELAND, OH 44113	34-0866026		5,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
LITERACY NY-FULTON, MONTGOMERY, SCHOHARIE - P.O. BOX 852 - COBLESKILL, NY 12043	22-2926011		8,310.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
MAKE-A-WISH FOUNDATION OF NENY 3 WASHINGTON SQUARE ALBANY, NY 12205	14-1703503		9,161.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
MECHANICVILLE AREA COMMUNITY SERVICE CTR - P.O. BOX 30 6 SOUTH MAIN ST. - MECHANICVILLE, NY 12118	14-1536118		115,590.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
MOHAWK HUDSON HUMANE SOCIETY 3 OAKLAND AVENUE MENANDS, NY 12204	14-1338459		5,977.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
NEIGHBOR TO NATION 1199 N FAIRFAX ST SUITE 600 ALEXANDRIA, VA 22314	54-1879282		10,384.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
PLANNED PARENTHOOD MOHAWK HUDSON, INC. - 1040 STATE STREET - SCHENECTADY, NY 12307	14-6004167		12,324.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
REBUILDING TOGETHER - SARATOGA COUNTY - 132 MILTON AVENUE - BALLSTON SPA, NY 12020	20-0530683		9,879.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
REFUGEE IMMIGRANT SUPPORT SVCS OF EMMAUS - 715 MORRIS ST. - ALBANY, NY 12208	27-4809744		11,550.	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
REGIONAL FOOD BANK OF NENY 965 ALBANY-SHAKER ROAD LATHAM, NY 12110	22-2470885		51,938.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
RONALD MCDONALD HOUSE CHARITIES - CAP REG - 139 SOUTH LAKE AVENUE - ALBANY, NY 12208	22-2356004		16,972.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SAFE INC. OF SCHENECTADY 1344 ALBANY STREET SCHENECTADY, NY 12304	14-1794075		10,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SALVATION ARMY - SCHENECTADY 222 LAFAYETTE ST SCHENECTADY, NY 12301	13-5562351		11,541.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SARATOGA HOSPITAL FOUNDATION 211 CHURCH STREET SARATOGA SPRINGS, NY 12866	14-1775218		10,002.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SCHENECTADY COMMUNITY ACTION PROGRAM - 913 ALBANY STREET - SCOTIA, NY 12302	14-6034637		56,444.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SCHENECTADY COMMUNITY MINISTRIES 1055 WENDELL AVENUE SCHENECTADY, NY 12308	14-1548263		27,358.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SCHOHARIE COUNTY COMMUNITY ACTION PRGM - 795 E. MAIN STREET SUITE 5 - COBLESKILL, NY 12043	14-1459277		44,738.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SCHOHARIE RIVER CENTER 2047 BURTONVILLE RD. SCHENECTADY, NY 12309	14-1818532		14,000.	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
SENIOR CITIZEN CTR OF SARATOGA SPRINGS - 5 WILLIAMS STREET - SARATOGA SPRINGS, NY 12866	14-1458762		5,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SENIOR SERVICES OF ALBANY 32 ESSEX STREET ALBANY, NY 12206	14-1392442		5,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SIENA COLLEGE ANNUAL FUND 515 LOUDON RD LOUDONVILLE, NY 12211	22-2262947		5,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SOCIAL ENTERPRISE AND TRAINING (SEAT) CTR - 131 STATE STREET - SCHENECTADY, NY 12305	14-1813190		7,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ST. JUDE CHILDREN'S RSRCH HOSP- MEMPHIS - 501 ST JUDE PLACE - MEMPHIS, TN 38105	35-1044585		10,602.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
STREAM OF DREAMS-SOUTHEND CHILDREN'S CAFE - 6457 CHURCH STREET - DOUGLASVILLE, GA 30134	30-0704003		10,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
THE CENTER FOR COMMUNITY JUSTICE 144 BARRETT STREET SCHENECTADY, NY 12305	23-7391116		15,183.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
THE PRIDE CENTER OF THE CAPITAL REGION - 332 HUDSON AVE - ALBANY, NY 12210	14-1605106		5,212.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
TRI-COUNTY UNITED WAY 696 UPPER GLEN STREET QUEENSBURY, NY 12804	14-6022433		10,414.	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
TRINITY ALLIANCE OF THE CAPITAL REGION - 15 TRINITY PLACE - ALBANY, NY 12202	14-1340122		103,010.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
TROY BOYS & GIRLS CLUB 1700 SEVENTH AVENUE TROY, NY 12180	14-1338574		18,901.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
TROY REHABILITATION & IMPROVEMENT PROGRAM - 415 RIVER ST - TROY, NY 12180	14-1503655		14,000.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF BROOME COUNTY, INC. P.O. BOX 550 BINGHAMTON, NY 13902	15-0564074		9,461.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF CENTRAL & NORTHEASTERN CT. - 30 LAUREL STREET - HARTFORD, CT 06106	06-0646653		6,061.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF CENTRAL MASSACHUSETTS - 484 MAIN STREET - WORCHESTER, MA 01608	04-2104017		11,007.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF CENTRAL NEW YORK, INC. - 980 JAMES STREET - SYRACUSE, NY 13203	15-0532073		11,216.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF DUTCHESS- ORANGE REGION - 75 MARKET STREET - POUGHKEEPSIE, NY 12601	06-1045698		14,333.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF FULTON COUNTY, INC. P.O. BOX 911 110-112 N. MAIN ST. GLOVERSVILLE, NY 12078	14-1744886		5,384.	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
UNITED WAY OF GREATER ROCHESTER 75 COLLEGE AVE ROCHESTER, NY 14607	16-1015782		16,239.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF GREATER ROCHESTER, INC. - 75 COLLEGE AVENUE - ROCHESTER, NY 14607	16-1015782		9,643.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF LACKAWANNA & WAYNE 615 JEFFERSON AVENUE PO BOX 526 SCRANTON, PA 18501	24-0824164		7,457.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF LICKING COUNTY PO BOX 4490 NEWARK, OH 43058	31-4379455		13,656.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF NORTHERN NY 200 WASHINGTON ST WATERTOWN, NY 13601	15-0543356		11,515.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF NORTHWEST VERMONT 412 FARRELL STREET STE 200 SOUTH BURLINGTON, NY 05403	03-0217229		9,939.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF THE ADIRONDACK REGION - 45 TOM MILLER RD. - PLATTSBURGH, NY 12901	14-1368185		7,698.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF THE VALLEY & GR. UTICA/ROME - 201 LAFAYETTE ST SUITE 201 - UTICA, NY 13502	15-0532074		12,126.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF WESTCHESTER AND PUTNAM - 336 CENTRAL PARK AVE - WHITE PLAINS, NY 10606	13-1997636		13,506.	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
UNITED WAY SERVICES OF GREATER CLEVELAND - 1331 EUCLID AVENUE - CLEVELAND, OH 44115	34-6516654		11,209.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITY HOUSE OF TROY, INC. 2431 6TH AVE TROY, NY 12180	23-2378930		76,028.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UPPER HUDSON PLANNED PARENTHOOD, TROY - 200 BROADWAY SUITE 201 - TROY, NY 12180	14-6000805		5,015.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UPPER HUDSON PLANNED PARENTHOOD/ ALBANY - 855 CENTRAL AVE - ALBANY, NY 12206	14-6000805		10,114.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
US COMMITTEE FOR REFUGEES & IMMIGRANTS - 99 PINE STREET. SUITE 101 - ALBANY, NY 12207	13-1878704		14,736.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
WATERVLIET CIVIC CENTER 14TH STREET AND 1ST AVENUE WATERVLIET, NY 12189	14-1387856		9,431.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
WHISKERS ANIMAL BENEVOLENT LEAGURE PO BOX 11190 ALBANY, NY 12211	22-2487926		9,489.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
WILDWOOD FOUNDATION 2995 CURRY RD. EXT. SCHENECTADY, NY 12303	14-1808612		10,284.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
YWCA NORTHEASTERN NY 44 WASHINGTON AVE. SCHENECTADY, NY 12305	14-1340139		17,763.	0.			COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Schedule I (Form 990)

**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

**2019**

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 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 checked="" 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019



**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) PETER GANNON PRESIDENT AND CEO	(i)	169,295.	0.	0.	7,956.	19,990.	197,241.	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)							



**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

**2019**

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.



# 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

## 2019

**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: <b>UNITED WAY OF THE GREATER CAPITAL REGION</b>	NY Registration Number: <b>00-28-69</b>
--	--

### 2. Government Grants

Name of Government Agency	Amount of Grant
1. WP 1000.02	1. 190,000.
2.	2.
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: 190,000.