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Form 990



Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/foi/m990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

UNITED WAY OF THE GREATER CAPITAL REGION

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

ONE UNITED WAY PO BOX 13865

City or town, state or province, country, and ZIP or foreign postal code

ALBANY, NY 12212

F Name and address of principal officer

BRIAN T HASSETT

ONE UNITED WAY PO BOX 13865

ALBANY, NY 12212

D Employer identification number

14-1364505

E Telephone number

(518) 456-2200

G Gross receipts \$ 5,974,227

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UNITEDWAYGCR ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1949

M State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

UNITED WAY OF THE GREATER CAPITAL REGION'S MISSION IS TO IMPROVE PEOPLES' LIVES THROUGH THE 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 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 34

3

4

5

6

7a

7b

36

36

33

974

0

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

5,712,203

0

60,218

98,002

5,870,423

Current Year

5,728,604

0

66,687

144,404

5,939,695

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶542,017

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

3,937,263

0

1,276,691

0

936,389

6,150,343

-279,920

3,669,276

0

1,541,243

0

912,769

6,123,288

-183,593

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

7,919,924

3,471,852

4,448,072

End of Year

7,541,959

3,255,052

4,286,907

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

BRIAN T HASSETT CEO

Type or print name and title

2017-02-08

Date

Paid Preparer Use Only

Print/Type preparer's name

KENNETH MCGIVNEY

Preparer's signature

KENNETH MCGIVNEY

Date

Check ☐ if self-employed

PTIN P01324731

Firm's name ▶ BONADIO & CO LLP

Firm's EIN ▶ 16-1131146

Firm's address ▶ 6 WEMBLEY COURT

ALBANY, NY 12205

Phone no (518) 464-4080

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

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
If "Yes," describe these new services on Schedule O

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 1,403,028 including grants of \$ 1,403,028) (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 \$ 2,266,247 including grants of \$ 2,266,247) (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 \$ 162,640 including grants of \$ 0) (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 ASSITANCE TO OVERCOME LIFE'S CHALLENGES, THEY ARE LESS LIKELY TO EXPERIENCE LONG-TERM PROBLEMS THAT AFFECT THEIR FAMILIES AND COMMUNITY

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 1,242,130 including grants of \$ 0) (Revenue \$)

4e **Total program service expenses** ▶ 5,074,045

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	No
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>	5	No
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> 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8	No
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> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10 Yes	
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> 	11a Yes	
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> 	11b	No
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> 	11c	No
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> 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	11e	No
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> 	11f	No
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> 	12a Yes	
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> 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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>	14b	No
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>	15	No
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>	16	No
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> (see instructions) 	17	No
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> 	18 Yes	
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> 	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

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>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	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>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a33		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a36		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b36		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records MARION FROWEIN ONE UNITED WAY PO BOX 13865 ALBANY, NY 12212 (518) 456-2200	

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

[illegible]

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	179,098			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,549,506			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f			5,728,604		
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		66,687		
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties					
6a		Gross rents	(i) Real 28,734	(ii) Personal			
b		Less rental expenses	0				
c		Rental income or (loss)	28,734				
d		Net rental income or (loss)		28,734			28,734
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	150,202			
b		Less direct expenses	b	34,532			
c		Net income or (loss) from fundraising events . . .		115,670			115,670
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory . . .					
		Miscellaneous Revenue	Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			5,939,695	0	0	211,091

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	3,669,276	3,669,276		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	222,108	41,984	127,744	52,380
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	834,548	442,530	143,955	248,063
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	264,193	129,315	58,102	76,776
9	Other employee benefits.	220,394	101,964	55,772	62,658
10	Payroll taxes.				
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	17,475		17,475	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	60,049	31,133	4,372	24,544
12	Advertising and promotion.	190,061	125,480	30,413	34,168
13	Office expenses.	30,882	12,402	8,703	9,777
14	Information technology.				
15	Royalties.				
16	Occupancy.	50,111	20,124	14,122	15,865
17	Travel.	18,361	7,374	5,174	5,813
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	5,499	2,208	1,550	1,741
20	Interest.	5,540	2,225	1,561	1,754
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	33,203	13,341	9,365	10,497
23	Insurance.	12,062	4,844	3,399	3,819
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	FEDERATED CAMPAIGN EXPE	271,632	271,632		
b	GRANTS AND TECHNICAL AS	132,399	132,399		
c	DUES AND SUBSCRIPTIONS	81,353	32,671	22,926	25,756
d	PROGRAM EXPENSES	29,835	29,835		
e	All other expenses	-25,693	3,308	2,593	-31,594
25	Total functional expenses. Add lines 1 through 24e.	6,123,288	5,074,045	507,226	542,017
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1	Cash—non-interest-bearing			653,640	1	678,920
	2	Savings and temporary cash investments			263,865	2	285,458
	3	Pledges and grants receivable, net			2,255,671	3	2,061,336
	4	Accounts receivable, net			93,703	4	85,402
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			65,910	9	51,383
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,151,551			
	b	Less—accumulated depreciation	10b	851,271	305,121	10c	300,280
	11	Investments—publicly traded securities			3,821,848	11	3,634,429
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			460,166	15	444,751
16	Total assets. Add lines 1 through 15 (must equal line 34)			7,919,924	16	7,541,959	
Liabilities	17	Accounts payable and accrued expenses			1,554,889	17	1,519,342
	18	Grants payable			1,825,416	18	1,435,710
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	300,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	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			91,547	25	0
	26	Total liabilities. Add lines 17 through 25			3,471,852	26	3,255,052
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			3,868,529	27	3,732,251
	28	Temporarily restricted net assets			6,316	28	10,477
	29	Permanently restricted net assets			573,227	29	544,179
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			4,448,072	33	4,286,907
	34	Total liabilities and net assets/fund balances			7,919,924	34	7,541,959

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	5,939,695
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,123,288
3	Revenue less expenses Subtract line 2 from line 1	3	-183,593
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,448,072
5	Net unrealized gains (losses) on investments	5	22,428
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,286,907

Part XII

Financial Statements and Reporting

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

✓

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 14-1364505

Name: UNITED WAY OF THE GREATER CAPITAL REGION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	28,017	including grants of \$	0) (Revenue \$)
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UWGCR LEADS AN INITIATIVE TO ADDRESS THE GAP IN MEALS AVAILABLE TO SCHOOL-AGE CHILDREN DURING THE SUMMER MONTHS OUR "UNITED AGAINST HUNGER" SUMMER MEALS PROGRAM SERVED 134,000 MEALS TO MORE THAN 3,200 CHILDREN IN 5 COUNTIES DURING SUMMER 2016, REPRESENTING A 300% INCREASE ABOVE OUR 2012 FIGURES

(Code) (Expenses \$	105,316	including grants of \$	0) (Revenue \$)
-------	----------------	---------	------------------------	-----------------	---

UWGCR IS A LEAD MEMBER AND FIDUCIARY OF THE CAPITAL REGION CA\$H COALITION (CREATING ASSETS, SAVINGS AND HOPE) WHICH PROVIDES FREE INCOME TAX PREPARATION TO LOW INCOME INDIVIDUALS AND FAMILIES LEADING 31 VITA (VOUNTARY INCOME TAX ASSISTANCE PROGRAM) SITES, AND 28 FSA (FACILITATED SELF-ASSISTANCE) SITES OUR VOLUNTEERS PREPARED MORE THAN 13,000 FEDERAL RETURNS, GENERATING \$18.2 MILLION IN FEDERAL TAX REFUNDS, AND SAVING TAXPAYERS OVER \$3.3 MILLION IN POTENTIAL PREPARERS' FEES

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	1,108,797	including grants of \$	0) (Revenue \$)
OTHER PROGRAMS						

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
CRAIG APPLE BOARD MEMBER- TREASURER	2 00	X		X				0	0	0
MARY CULLINAN BOARD MEMBER - SECRETARY	2 00	X		X				0	0	0
CHARLES CARLETTA BOARD MEMBER	2 00	X						0	0	0
CHRISTINE CALICCHIA BOARD MEMBER	2 00	X						0	0	0
ALEX DELL BOARD MEMBER	2 00	X						0	0	0
THERESA HILL BOARD MEMBER	2 00	X						0	0	0
JOHN KEARNEY PAST BOARD CHAIR	2 00	X						0	0	0
PATRICK LYONS BOARD CHAIRMAN	2 00	X		X				0	0	0
KATHARINE DORAN BOARD MEMBER	2 00	X						0	0	0
ERIC LACOPPOLA BOARD MEMBER	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
FRANK KONCEWICZ BOARD MEMBER	2 00	X						0	0	0
DANIEL SAUER PAST BOARD CHAIR	2 00	X						0	0	0
RICHARD STACK FINANCE CHAIR	2 00	X						0	0	0
DAVID KRUPSKI BOARD MEMBER	2 00	X						0	0	0
RONALD E BAILEY BOARD MEMBER	2 00	X						0	0	0
CARM BASILE BOARD MEMBER	2 00	X						0	0	0
WAYNE BAYER BOARD MEMBER	2 00	X						0	0	0
ROBERT COOLIDGE BOARD MEMBER	2 00	X						0	0	0
ANNE DAVIS BOARD MEMBER	2 00	X						0	0	0
DAVID DEMARCO BOARD MEMBER	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
BRIAN O'GRADY BOARD MEMBER	2 00	X						0	0	0
HELENA HEATH BOARD MEMBER	2 00	X						0	0	0
ANDREW GNOINSKI BOARD MEMBER	2 00	X						0	0	0
ROBERT MUZERALL BOARD MEMBER	2 00	X						0	0	0
CORNELIA CAHILL BOARD MEMBER	2 00	X						0	0	0
LAURIE BANGS BOARD MEMBER	2 00	X						0	0	0
JOHN BISHOP BOARD MEMBER	2 00	X						0	0	0
CHRIS BOMBARDIER BOARD MEMBER	2 00	X						0	0	0
KATHARINE BRIAR-LAWSON BOARD MEMBER	2 00	X						0	0	0
MATTHEW CUTLER BOARD MEMBER	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
KELLY FLANAGIN BOARD MEMBER	2 00	X						0	0	0
MERODIE HANCOCK BOARD MEMBER	2 00	X						0	0	0
JAMAAL JAMES BOARD MEMBER	2 00	X						0	0	0
BRANDI MILLER BOARD MEMBER	2 00	X						0	0	0
STEADY MOONO BOARD MEMBER	2 00	X						0	0	0
CLIFF WOHL BOARD MEMBER	2 00	X						0	0	0
BRIAN HASSETT CEO	40 00			X				106,411	0	11,518
DANIEL KILMARTIN COO	40 00			X				98,654	0	5,525

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	4,551,462	4,056,460	4,971,117	3,877,652	3,816,096	21,272,787
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,551,462	4,056,460	4,971,117	3,877,652	3,816,096	21,272,787
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						21,272,787

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	4,551,462	4,056,460	4,971,117	3,877,652	3,816,096	21,272,787
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	123,767	91,987	87,137	73,212	95,421	471,524
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						21,744,311
12 Gross receipts from related activities, etc (see instructions)	<div><div>12</div></div>					
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <div><div></div></div>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<div><div>14</div></div>	97 830 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	<div><div>15</div></div>	97 960 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <div><div></div></div>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <div><div></div></div>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <div><div></div></div>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <div><div></div></div>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <div><div></div></div>		

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests—2014. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 <u>Activities Test</u> Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 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>		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

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

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

Section C - Distributable Amount		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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div>	
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	
a	Total number of conservation easements	Held at the End of the Year
b	Total acreage restricted by conservation easements	2a
c	Number of conservation easements on a certified historic structure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i)	Revenue included on Form 990, Part VIII, line 1	► \$
(ii)	Assets included in Form 990, Part X	► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	► \$

Part III

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

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

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 in Part XIII

☐

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	2,093,713	2,260,905	1,271,472	1,408,588	1,222,527
b Contributions	10,000	14,349	111,502	11,661	378,145
c Net investment earnings, gains, and losses	-11,561	-57,416	1,020,197	69,661	-30,314
d Grants or scholarships					
e Other expenditures for facilities and programs	5,839	124,125	119,206	218,438	161,770
f Administrative expenses					
g End of year balance	2,086,313	2,093,713	2,260,905	1,271,472	1,408,588

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶ 73 420 %

b

Permanent endowment ▶ 26 080 %

c

Temporarily restricted endowment ▶ 0 500 %

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

(i) unrelated organizations

(ii) related organizations

Yes

No

3a(i)

Yes

3a(ii)

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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" to 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		872,572	674,592	197,980
c Leasehold improvements				
d Equipment		176,679	176,679	0
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				300,280

Schedule D (Form 990) 2015

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	4,041,185
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	22,428
b	Donated services and use of facilities	2b	183,778
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	206,206
3	Subtract line 2e from line 1	3	3,834,979
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	2,104,716
c	Add lines 4a and 4b	4c	2,104,716
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	5,939,695

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	4,202,350
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	183,778
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	183,778
3	Subtract line 2e from line 1	3	4,018,572
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	2,104,716
c	Add lines 4a and 4b	4c	2,104,716
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)	5	6,123,288

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.

Return Reference	Explanation
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 XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS SHOWN NET AGAINST CONTRIBUTIONS FOR FINANCIAL STATEMENTS 2,139,248 FUNDRAISING EXPENSES -34,532

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
UNITED WAY OF THE GREATER CAPITAL REGION

Employer identification number
14-1364505

Part I Fundraising Activities

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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)
		INDOOR GOLF (event type)	OUTDOOR GOLF (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	35,988	41,033	73,181	150,202
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	35,988	41,033	73,181	150,202
Direct Expenses	4 Cash prizes	200			200
	5 Noncash prizes	134	174		308
	6 Rent/facility costs	6,791	12,084		18,875
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	15,149			15,149
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				34,532
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				115,670

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

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

14

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

Name ▶

Address ▶

15a

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

☐ **Yes** ☐ **No**

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

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

☐ **Yes** ☐ **No**

b

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

Part IV

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

Return Reference	Explanation
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Schedule G (Form 990 or 990-EZ) 2015

**Open to Public
Inspection**

14-1364505

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

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 non-cash assistance

Part IV

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

Return Reference	Explanation
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

Additional Data

Software ID:
Software Version:
EIN: 14-1364505
Name: UNITED WAY OF THE GREATER CAPITAL REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ADDICTIONS CARE CENTER OF ALBANY INC 90 MCCARTY AVENUE ALBANY,NY 12202	14-1501404		15,038				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ALLIANCE FOR POSITIVE HEALTH 927 BROADWAY ALBANY,NY 12207	22-2684595		13,764				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ALBANY DAMIEN CENTER 646 STATE STREET ALBANY,NY 12203	22-3108995		36,203				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY - EASTERN DIVISION 2 LYON PLACE WHITE PLAINS, NY 10601	13-1788491		6,908				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
32004 AMERICAN RED CROSS OF NE NY INC 33 EVERETT ROAD ALBANY, NY 12205	53-0196605		16,236				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
AMERICA'S CHARITIES PO BOX 75083 BALTIMORE, MD 212755083	54-1517707		33,947				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ANIMAL CHARITIES OF AMERICA - SEFA 2014 1100 LARKSPUR LANDING CIRCLE LARKSPUR, CA 94939	94-3193389		23,233				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ANIMAL CHARITIES OF AMERICA - SEFA 2015 1100 LARKSPUR LANDING CIRCLE LARKSPUR, CA 94939	94-3193389		5,009				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ANIMAL PROTECTIVE FDN OF SCHENECTADY 53 MAPLE AVENUE SCOTIA, NY 12302	14-0472728		16,460				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ANIMALOVERS PO BOX 6426 ALBANY, NY 12206	14-1784402		6,853				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
ARBOR PARK CHILD CARE CENTER 96 SECOND STREET ALBANY, NY 12210	22-2514537		32,554				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
THE BABY INSTITUTE 138 CLINTON AVE ALBANY, NY 12210	37-1781615		9,000				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BETHESDA HOUSE 834 STATE ST SCHENECTADY, NY 12307	31-1645415		17,386				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION 1698 CENTRAL AVENUE ALBANY, NY 12205	14-6035512		39,212				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
TWIN RIVERS COUNCIL INCBOY SCOUTS OF AMERICA 253 WASHINGTON AVE EXT ALBANY, NY 12206	14-1340028		13,392				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOYS & GIRLS CLUB OF ALBANY 21 DELAWARE AVE ALBANY, NY 12210	14-1338303		16,198				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET TROY, NY 12180	14-1340095		10,057				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPITAL CITY RESCUE MISSION 259 SOUTH PEARL STREET PO BOX 1999 ALBANY, NY 12201	56-2663290		20,019				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CAPITAL DIST CHILD CARE COORDINATING COUNCIL INC 91 BROADWAY MENANDS, NY 12204	14-1648493		144,638				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180	14-1596291		53,144				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CAPITAL DISTRICT HUMANE ASSOCIATION PO BOX 11330 LOUDONVILLE, NY 12211	22-2977788		11,502				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CAPTAIN YOUTH & FAMILY SERVICE 5 MUNICIPAL PLAZA 3 CLIFTON PARK, NY 12065	14-1637304		91,482				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CATHOLIC CHAR OF S'TOGA WRN AND WASH COS 142 REGENT STREET SARATOGA SPRINGS, NY 12866	14-1340033		11,417				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CATHOLIC CHARITIES - DELAWARE OTSEGO & SCHOHARIE COUNTIES 489 WEST MAIN STREET COBLESKILL, NY 12043	14-1340033		21,275				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CATHOLIC CHARITIES TRI-COUNTY SERVICES 50 HERRICK STREET RENSSELAER, NY 12144	14-1340034		72,690				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CATHOLIC CHARITIES - DIOCESE OF ALBANY 40 NORTH MAIN AVE ALBANY, NY 12203	14-1340033		10,749				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
THE CENTER FOR COMMUNITY JUSTICE 144 BARRETT STREET SCHENECTADY, NY 12305	23-7391116		41,796				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHILDRENS CHARITIES OF AMERICA - SEFA 2014 1100 LARKSPUR LANDING CIRCLE LARKSPUR, CA 94939	94-3148588		12,575				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CIRCLES OF MERCY 11 WASHINGTON STREET RENSSELAER, NY 12144	01-0589987		17,815				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CITY MISSION OF SCHENECTADY 425 HAMILTON STREET SCHENECTADY, NY 12305	14-1403652		18,416				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMM ON ECO OPPOR OF THE GTR CAP RGN 2331 FIFTH AVENUE TROY, NY 12180	14-1490509		15,692				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COLUMBIA GREENE HUMANE SOCIETY INC 125 HUMANE SOCIETY RD HUDSON, NY 12534	14-1487056		6,928				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COMMUNITY HEALTH CHARITIES OF NY PO BOX 75153 BALTIMORE, MD 212755153	22-2570476		153,666				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY HOSPICE OF ALBANY 295 VALLEY VIEW BLVD RENSSELAER, NY 12144	22-2692940		15,499				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COMMUNITY MATERNITY SERVICES 27 NORTH MAIN AVENUE ALBANY, NY 12203	14-1340033		10,981				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
COMMUNITY WORKS OF NYS INC 56 MAPLE AVENUE VOORHEESVILLE, NY 12186	22-3255675		19,520				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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COMPANION ANIMAL PLACEMENT PROGRAM 279 TROY ROAD STE 9 RENSSELAER, NY 12144	14-1809228		5,280				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CORNELL COOPERATIVE EXTENSION - SCHENECTADY 107 NOTT TERRACE 301 SCHENECTADY, NY 12308	14-6036884		30,694				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
CATHOLIC CHARITIES SENIOR & CAREGIVERS SUPPORT SERVICES 40 NORTH MAIN AVENUE 3RD FL ALBANY, NY 12203	14-1340034		10,360				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WELLSPRING 480 BROADWAY LL20 SARATOGA SPRINGS, NY 12866	14-1644567		18,460				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
EARTH SHARE OF NEW YORK DEPARTMENT 6056 WASHINGTON, DC 200426056	27-3918694		24,003				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
EQUINOX INC 95 CENTRAL AVENUE ALBANY, NY 12206	14-1437421		72,686				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FAMILY & CHILD SERVICES OF SCHENECTADY INC 246 UNION STREET SCHENECTADY, NY 12305	14-1338397		32,312				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
FOOD PANTRIES FOR THE CAPITAL DISTRICT 32 ESSEX STREET ALBANY, NY 12206	14-1752164		53,049				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
GIRL SCOUTS OF NORTHEASTERN NY INC 8 MOUNTAIN VIEW AVENUE ALBANY, NY 12205	14-1438466		5,565				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GIRLS INC OF THE GREATER CAPITAL REGION 962 ALBANY STREET SCHENECTADY, NY 12307	14-1434157		6,763				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
GLOBAL IMPACT 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA, VA 22314	52-1273585		53,623				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
GREATER ADIRONDACK HOME AIDES INC 25 WILLOWBROOK RD STE 4 QUEENSBURY, NY 128043137	14-1491972		7,022				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HABITAT FOR HUMANITY CAPITAL DISTRICT 325 WASHINGTON AVE EXT STE 1 ALBANY, NY 12205	14-1708404		7,189				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
HATAS - HOMELESS & TRAVELERS AID SOCIETY 138 CENTRAL AVENUE ALBANY, NY 12206	14-1482188		5,147				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
HLTH & MED RSRCH CHARAMERICA - SEFA 2014 1100 LARKSPUR LANDING CIRCLE LARKSPUR, CA 94939	94-3217739		22,004				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HEALTHY FAMILIES OF RENS CTYNE HLTH FDN 2224 BURDETT AVE TROY, NY 12180	22-2743478		30,694				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
HOMEWARD BOUND DOG RESCUE-NY PO BOX 5782 ALBANY, NY 12205	20-0962481		7,383				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
HOSPITALITY HOUSE THERAPEUTIC COMMUNITY INC 271 CENTRAL AVENUE ALBANY, NY 12206	14-1540533		23,883				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INDEPENDENT CHARITIES AMERICA - SEFA 2015 1100 LARKSPUR LANDING CIRCLE LARKSPUR,CA 94939	94-3067804		11,021				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
INTERFAITH PARTNERSHIP FOR THE HOMELESS 176 SHERIDAN AVENUE ALBANY,NY 12210	14-1666321		18,420				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
JEWISH FAMILY SERVICES-NENY 877 MADISON AVE ALBANY,NY 12208	14-1338308		13,298				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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JOSEPH'S HOUSE AND SHELTER 74 FERRY STREET TROY, NY 12180	14-1636163		13,965				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
JUNIOR ACHIEVEMENT OF NENY INC 8 STANLEY CIRCLE LATHAM, NY 12110	14-1429763		5,118				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
LEGAL AID SOCIETY OF NORTHEASTERN NY 55 COLVIN AVENUE ALBANY, NY 12206	14-1338448		34,813				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LITERACY VOLUNTEERS OF RENSSELAER COUNTY 1915 FIFTH AVENUE TROY, NY 12180	23-7330119		13,347				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
LITERACY NY- FULTONMONTGOMERYSCHOHARIE CTES PO BOX 852 COBLESKILL, NY 12043	22-2926011		9,287				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
MAKE A WISH FDN OF NORTHEAST NY 3 WASHINGTON SQUARE ALBANY, NY 12205	14-1703503		11,260				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MARY'S SHELTER PO BOX 10433 SANTA ANA, CA 92711	33-0203768		6,986				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
MECHANICVILLE AREA COMMUNITY SERVICES CENTER PO BOX 30 6 SOUTH MAIN ST MECHANICVILLE, NY 12118	14-1536118		129,813				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
MOHAWK HUDSON HUMANE SOCIETY 3 OAKLAND AVENUE MENANDS, NY 12204	14-1338459		49,839				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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MOUNT GREYLOCK BAPTIST CHURCH 35 NOTCH ROAD NORTH ADAMS, MA 01247	22-2518483		5,256				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
NEIGHBOR TO NATION CO SUN TRUST BANK PO BOX 79991 BALTIMORE, MD 21279	54-1879282		21,740				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
NORTHEAST PARENT & CHILD SOCIETY 530 FRANKLIN ST 3RD FLOOR SCHENECTADY, NY 12305	14-1646198		11,786				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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PARSONS CHILDFAM CTR NO RIVERS FS 60 ACADEMY ROAD ALBANY, NY 12208	14-1347440		43,705				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
PEPPERTREE RESCUE PO BOX 2396 ALBANY, NY 122200396	14-1809956		6,675				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UPPER HUDSON PLANNED PARENTHOOD 855 CENTRAL AVE ALBANY, NY 12206	14-6000805		18,325				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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PLANNED PARENTHOOD MOHAWK HUDSON SCHDY 1040 STATE STREET SCHENECTADY, NY 12307	14-6004167		5,431				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
REGIONAL FOOD BANK OF NENY 965 ALBANY-SHAKER ROAD LATHAM, NY 12110	22-2470885		86,273				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
RENSSELAER COUNTY HOUSING RESOURCES 415 RIVER STREET TROY, NY 12180	14-1664058		20,687				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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UNIVERSITY AT ALBANY FDN ALBANY PROMISE 1400 WASHINGTON AVE UAB 226 ALBANY, NY 12222	14-1503972		27,121				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
RESEARCH FDN - SUNY COBLESKILL PO BOX 935 STATE STREET ALBANY, NY 12201	14-1368361		5,578				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
RONALD MCDONALD HOUSE CHARITIES OF THE CAP RGN 139 SOUTH LAKE AVENUE ALBANY, NY 12208	22-2356004		23,085				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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MONTGOMERY COUNTY SPCA PO BOX 484 AMSTERDAM, NY 12010	14-1383470		5,657				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SAFE INC OF SCHENECTADY 1344 ALBANY STREET SCHENECTADY, NY 12304	14-1794075		41,792				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SEXUAL ASSAULT & CRIME VICTIMS ASST PRGNNE HLTH FDN 2224 BURDETT AVE TROY, NY 12180	22-2743478		11,940				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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SCHENECTADY COMMUNITY ACTION PROGRAM 913 ALBANY STREET SCHENECTADY, NY 12307	14-6034637		47,264				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SCHENECTADY INNER CITY MINISTRY 1055 WENDELL AVENUE SCHENECTADY, NY 12308	14-1548263		41,137				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SCHOHARIE COUNTY COMMUNITY ACTION PRGM 795 E MAIN STREET SUITE 5 COBLESKILL, NY 12043	14-1490674		61,069				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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SENIOR SERVICES OF ALBANY 32 ESSEX STREET ALBANY, NY 12206	14-1392442		34,493				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SHELTERS OF SARATOGA INC 14 WALWORTH STREET PO BOX 3089 SARATOGA SPRINGS, NY 12866	14-1758441		30,498				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
FDN OF ST CATHERINE'S CTR FOR CHILDREN 40 NORTH MAIN AVENUE ALBANY, NY 12203	14-1738782		5,531				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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TRINITY ALLIANCE OF THE CAPITAL REGION 15 TRINITY PLACE ALBANY, NY 12202	14-1340122		141,745				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
TROY AREA UNITED MINISTRIES 392 SECOND ST TROY, NY 12180	14-1685408		9,046				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
TROY BOYS & GIRLS CLUB 1700 7TH AVENUE TROY, NY 12180	14-1338574		6,677				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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UNITED WAY OF NORTHWEST VERMONT 412 FARRELL STREET STE200 SO BURLINGTON,VT 05403	03-0217229		7,299				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
BERKSHIRE UNITED WAY 200 SOUTH STREET PITTSFIELD,MA 01201	04-2104841		8,665				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
GREEN MOUNTAIN UNITED WAY 1 CONTI CIRCLE UNIT 3 BARRE,VT 05641	03-0261384		6,907				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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UNITED WAY OF BROOME CO PO BOX 550 BINGHAMTON, NY 13902	15-0564074		7,613				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
SEFA 857NIAGARA FRONTIER CO UW-BUFFALO 742 DELAWARE AVENUE BUFFALO, NY 14209	16-0743969		8,060				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF CENTRAL AND NORTHEASTERN CT 30 LAUREL STREET HARTFORD, CT 06106	06-0646653		9,198				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET SUITE 300 WORCESTER, MA 01608	04-2104017		13,402				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF CENTRAL NEW YORK PO BOX 2129 SYRACUSE, NY 13220	15-0532073		11,764				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF THE ADIRONDACK REGION INC 45 TOM MILLER RD PLATTSBURGH, NY 12901	14-1368185		9,392				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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UNITED WAY COLUMBIA & GREENE886 PO BOX 718 CATSKILL,NY 12414	14-6000482		8,156				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF FULTON COUNTY PO BOX 911 GLOVERSVILLE,NY 12078	14-1744886		7,803				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND,OH 44115	34-6516654		9,757				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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UNITED WAY OF GR ROCHESTER 75 COLLEGE AVENUE ROCHESTER, NY 14607	16-1015782		7,379				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF THE VALLEY & GREATER UTICA AREA 201 LAFAYETTE STREET SUITE 201 UTICA, NY 13502	15-0532074		14,209				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF LAMOILLE COUNTY 30 MORRISVILLE PLAZA STE B MORRISVILLE, VT 05661	22-2774485		5,476				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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UNITED WAY OF LICKING COUNTY PO BOX 4490 NEWARK, OH 43058	31-4379455		9,663				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF NEW YORK STATE 800 TROY SCHENECTADY RD 2ND FL LATHAM, NY 12110	14-1705108		20,486				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF NORTHERN NEW YORK 200 WASHINGTON ST STE 402A WATERTOWN, NY 13601	15-0543356		17,441				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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UNITED WAY OF THE DUTCHESS-ORANGE REGION 75 MARKET STREET POUGHKEEPSIE, NY 12601	06-1045698		12,845				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
TRI-COUNTY UNITED WAY 696 UPPER GLEN STREET QUEENSBURY, NY 12804	14-6022433		36,906				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITED WAY OF TRI-COUNTY (MA) 46 PARK STREET FRAMINGHAM, MA 01702	04-2104231		10,058				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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UNITED WAY OF WYOMING VALLEY & SUSQUEHANNA CTY 100 N PENNSYLVANIA AVE 2ND FL WILKESBARRE, PA 18701	24-0831490		6,135				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNITY HOUSE OF TROY INC 2431 6TH AVE TROY, NY 12180	23-2378930		83,128				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
US COMMITTEE FOR REFUGEES & IMMIGRANTS 991 BROADWAY ALBANY, NY 12204	13-1878704		43,662				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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WATERVLIET CIVIC CHEST INC 14TH STREET AND 1ST AVENUE WATERVLIET, NY 12189	14-1387856		21,234				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
WHISKERS ANIMAL BENEV LEAGUE PO BOX 11190 ALBANY, NY 12211	22-2487926		17,295				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
WILDWOOD FOUNDATION 2995 CURRY ROAD EXT SCHENECTADY, NY 12303	14-1808612		20,135				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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WILDWOOD PROGRAMS - PROGRAM SERVICE OFFICE 1190 TROY-SCHENECTADY RD LATHAM,NY 12110	22-2132752		21,276				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
WOMEN'S FUND - CAPITAL REGION C/O COMMUNITY FOUNDATION 6 TOWER PLACE ALBANY,NY 12203	14-1505623		7,685				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE,FL 32256	20-2370934		24,450				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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YWCA - NORTHEASTERN NY 44 WASHINGTON AVE SCHENECTADY, NY 12305	14-1340139		41,969				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
YWCA - GREATER CAPITAL REGION 21 FIRST STREET TROY, NY 12180	14-1338577		24,479				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
IND CHARITIES OF AMERICA- SEFA 2014 1100 LARKSPUR LANDING CIRCLE LARKSPUR, CA 94939	94-3067804		49,985				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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SCHOHARIE RIVER CENTER 2047 BURTONVILLE ROAD ESPERANCE, NY 12066	14-1818532		27,602				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION
UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVE UAB 226 ALBANY, NY 12222	14-1503972		25,000				COMMUNITY CARE FUND INVESTMENT AND/OR DONOR DESIGNATION

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
UNITED WAY OF THE GREATER CAPITAL REGION**Employer identification number**

14-1364505

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WILL BE REVIEWED INTERNALLY BY MANAGEMENT AND THEN BROUGHT TO THE FINANCE AND ADMINISTRATION COMMITTEE FOR ACCEPTANCE IT WILL THEN GO TO THE EXECUTIVE COMMITTEE AND THEN TO THE BOARD OF DIRECTORS FOR ACCEPTANCE
FORM 990, PART VI, SECTION B, LINE 12C	AT THE BEGINNING OF EVERY FISCAL YEAR, ALL BOARD MEMBERS AND VOLUNTEERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST THROUGH A CONFLICT OF INTEREST QUESTIONNAIRE/FORM IF THERE ARE ANY CONFLICTS, IT IS TAKEN TO THE GOVERNANCE COMMITTEE FOR CONSIDERATION AND THE BOARD MEMBER/VOLUNTEER MAY BE ASKED TO STEP DOWN

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 2C	THERE HAS BEEN NO CHANGE IN THE PROCESS FOR REVIEWING FORM 990