

# Return of Organization Exempt From Income Tax

**2018**

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning 04/01, 2018, and ending 03/31, 20 19

**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 CAPITAL REGION  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
2235 Millennium Way  
 City or town, state or province, country, and ZIP or foreign postal code  
Enola, PA, 17025

**D** Employer identification number  
23-1352095

**E** Telephone number  
717-732-0700

**F** Name and address of principal officer: Timothy Fatzinger  
2235 Millennium Way, Enola, PA 17025

**G** Gross receipts \$ 11,152,970

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶ \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ www.uwcr.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1921 **M** State of legal domicile: PA

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>The mission of United Way of the Capital Region is to improve lives in Cumberland, Dauphin and Perry counties by identifying the most pressing community needs, finding solutions to those needs, and demonstrating how these solutions are making a difference.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>32</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>32</b>
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>32</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3,744</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <b>10,933,533</b>	Current Year <b>10,187,868</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>23,910</b>	<b>36,700</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>925,647</b>	<b>928,402</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0</b>	<b>0</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>11,883,090</b>	<b>11,152,970</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>8,364,411</b>	<b>7,115,830</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>1,705,383</b>	<b>1,801,347</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,139,400</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>1,069,536</b>	<b>1,598,263</b>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>11,139,330</b>	<b>10,515,440</b>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>743,760</b>	<b>637,530</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <b>28,211,297</b>	End of Year <b>27,784,066</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>5,025,028</b>	<b>4,221,681</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>23,186,269</b>	<b>23,562,385</b>

**Part II Signature Block**

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

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
Timothy Fatzinger, President & CEO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_  
 Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_  
 Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

United Way of the Capital Region (United Way) is governed by a volunteer board of directors and works year-round to improve lives in counties of Cumberland, Dauphin and Perry, Pennsylvania. United Way accomplishes this by identifying the most pressing community needs, finding solutions to those needs and demonstrating how these solutions are making a difference. United Way of  
(Continued on Schedule O, Statement 1)

**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 \$ 7,961,562 including grants of \$ 1,956,449 ) (Revenue \$ 36,700 )

The Community Impact and Fund Distribution program performs a periodic evaluation of community needs and engages community volunteers, experts in the community and program partners to determine how to distribute funds to address priority needs in the community, including basic needs in the areas of; food insecurity, domestic violence, emergency shelter, referrals to human services and case management.

**4b** (Code: ) (Expenses \$ 335,345 including grants of \$ 1,984 ) (Revenue \$ 0 )

The Ready for School, Ready to Succeed program prepares children academically and socially for kindergarten, by engaging families and children with school readiness workshops, connecting families to affordable preschool programs and early intervention support services, and improving reading proficiency of program participants in the capital region.

**4c** (Code: ) (Expenses \$ 214,819 including grants of \$ 32,500 ) (Revenue \$ 0 )

The Contact to Care program employs community health workers to assist un- and under-insured individuals in navigating the health care system, overcoming barriers to care and enrolling in an insurance program. Contact to Care helps these individuals establish a primary medical home and connect to providers for dental, vision, and any necessary behavioral health services in order to decrease emergency room usage for non-urgent needs by program participants.

**4d** Other program services (Describe in Schedule O.) See Schedule O, Statement 2  
(Expenses \$ 123,575 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses **▶** 8,635,301

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV. . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	✓
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	✓
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	✓
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	✓
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	8
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓

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

		Yes	No
<b>2a</b>	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	<b>2a</b>	32
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	✓
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	✓
<b>b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	✓

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

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</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? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► [PA](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

**Krystell L Fox, United Way of the Capital Region, (717)732-0700**  
 2235 Millennium Way, Enola, PA 17025

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
Laura Quick Board Member	1.00 0.00	✓						0	0	0
Jewel A Cooper Chair	1.00 0.00	✓		✓				0	0	0
Christopher Markley Chair - Elect	1.00 0.00	✓		✓				0	0	0
Michael R Gillespie Secretary/Treasurer	1.00 0.00	✓		✓				0	0	0
Dr Mukund Kulkarni Vice Chair - Governance	1.00 0.00	✓		✓				0	0	0
Juan Carter Vice-Chair Labor Participation	1.00 0.00	✓		✓				0	0	0
Susan S Hubley Vice-Chair Community Impact	1.00 0.00	✓		✓				0	0	0
Cassandra Pepinsky Vice Chair Resource Development	1.00 0.00	✓		✓				0	0	0
David Angle Board Member	1.00 0.00	✓						0	0	0
Gene Barr Board Member	1.00 0.00	✓						0	0	0
Robert Brandon Board Member	1.00 0.00	✓						0	0	0
Stuart Bretz Board Member	1.00 0.00	✓						0	0	0
Greg Cavoli Board Member	1.00 0.00	✓						0	0	0
Joyce M Davis Board Member	1.00 0.00	✓						0	0	0

**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			
Jennifer Delaye	1.00									
Board Member	0.00	✓					0	0	0	
William R Feist IV	1.00									
Board Member	0.00	✓					0	0	0	
Greg Gunn	1.00									
Board Member	0.00	✓					0	0	0	
Andrew W Helmer	1.00									
Board Member	0.00	✓					0	0	0	
Susan Henderson	1.00									
Board Member	0.00	✓					0	0	0	
David Kleppinger	1.00									
Board Member	0.00	✓					0	0	0	
G Michael Leader	1.00									
Board Member	1.00	✓					0	0	0	
Cindy Mortzfeldt	1.00									
Board Member	0.00	✓					0	0	0	
Lisa Myers	1.00									
Board Member	0.00	✓					0	0	0	
William C Papa	1.00									
Board Member	0.00	✓					0	0	0	
Jeannine D Peterson	1.00									
Board Member	0.00	✓					0	0	0	
Mark Smith	1.00									
Board Member	0.00	✓					0	0	0	
Janice Snyder	1.00									
Board Member	0.00	✓					0	0	0	
Rebecca Stevenson McClure	1.00									
Board Member	0.00	✓					0	0	0	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
Robert Torres Board Member	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
Linda Toth Board Member	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
Audrey Utley Board Member	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
Randie Yeager Board Member	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
Timothy Fatzinger President & CEO	40.00 0.00			<input checked="" type="checkbox"/>				144,110	0	13,612
<b>1b Sub-total</b>								144,110	0	13,612
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								144,110	0	13,612

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	0					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>	0					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	0					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	295,705					
	<b>e</b>	Government grants (contributions)	<b>1e</b>	50,490					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	9,841,673					
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		51,694					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		10,187,868					
<b>Program Service Revenue</b>				<b>Business Code</b>					
	<b>2a</b>	Celebration Reception		900099	19,200	19,200	0		
	<b>b</b>	Annual Meeting		900099	17,500	17,500	0		
	<b>c</b>								
	<b>d</b>								
	<b>e</b>								
	<b>f</b>	All other program service revenue . . . . .			0	0	0		
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶			36,700					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		928,402	0	0	928,402		
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0		
	<b>5</b>	Royalties . . . . . ▶		0	0	0	0		
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal					
			0	0					
			<b>b</b>	Less: rental expenses . . . . .	0	0			
			<b>c</b>	Rental income or (loss) . . . . .	0	0			
	<b>d</b>	Net rental income or (loss) . . . . . ▶			0	0	0	0	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			0	0					
			<b>b</b>	Less: cost or other basis and sales expenses . . . . .	0	0			
			<b>c</b>	Gain or (loss) . . . . .	0	0			
	<b>d</b>	Net gain or (loss) . . . . . ▶			0	0	0	0	
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	0					
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>	0					
	<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶			0	0	0	0	
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>	0					
<b>b</b>			Less: direct expenses . . . . .	<b>b</b>	0				
<b>c</b>			Net income or (loss) from gaming activities . . . . . ▶			0	0	0	
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0						
		<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>	0				
		<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶			0	0	0	
Miscellaneous Revenue			<b>Business Code</b>						
<b>11a</b>									
<b>b</b>									
<b>c</b>									
<b>d</b>	All other revenue . . . . .								
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶			0					
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶			11,152,970	36,700	0	928,402		

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	7,115,830	7,115,830		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0	0		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	157,722	56,780	42,585	58,357
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b> Other salaries and wages . . . . .	1,244,549	333,677	387,696	523,176
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	83,911	26,744	26,801	30,366
<b>9</b> Other employee benefits . . . . .	196,105	64,115	71,336	60,654
<b>10</b> Payroll taxes . . . . .	119,060	33,993	36,411	48,656
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0	0	0	0
<b>b</b> Legal . . . . .	1,500	1,500	0	0
<b>c</b> Accounting . . . . .	29,849	0	29,849	0
<b>d</b> Lobbying . . . . .	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0			0
<b>f</b> Investment management fees . . . . .	0	0	0	0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	48,608	29,235	9,013	10,360
<b>12</b> Advertising and promotion . . . . .	173,820	42,466	11,743	119,611
<b>13</b> Office expenses . . . . .	54,795	12,892	14,257	27,646
<b>14</b> Information technology . . . . .	77,663	24,281	19,884	33,498
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	57,374	18,343	17,441	21,590
<b>17</b> Travel . . . . .	18,095	6,429	1,116	10,550
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	13,439	4,413	6,895	2,131
<b>20</b> Interest . . . . .	0	0	0	0
<b>21</b> Payments to affiliates . . . . .	133,325	42,765	40,249	50,311
<b>22</b> Depreciation, depletion, and amortization . . . . .	63,210	25,142	16,917	21,151
<b>23</b> Insurance . . . . .	13,006	4,160	3,952	4,894
<b>24</b> 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.)				
<b>a</b> <u>Postage &amp; Shipping</u> . . . . .	10,489	3,250	2,351	4,888
<b>b</b> <u>Program &amp; Event Supplies</u> . . . . .	160,396	85,368	1,099	73,929
<b>c</b> <u>Awards &amp; Raffle Prizes</u> . . . . .	37,104	0	106	36,998
<b>d</b> <u>Community Initiative Program Services</u> . . . . .	699,814	699,814	0	0
<b>e</b> All other expenses . . . . .	5,776	4,104	1,038	634
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	10,515,440	8,635,301	740,739	1,139,400
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,553,756	<b>1</b>	2,302,502
	<b>2</b> Savings and temporary cash investments . . . . .	6,628,482	<b>2</b>	6,588,490
	<b>3</b> Pledges and grants receivable, net . . . . .	6,025,982	<b>3</b>	5,141,666
	<b>4</b> Accounts receivable, net . . . . .	47,177	<b>4</b>	56,112
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	25,605	<b>9</b>	52,920
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,319,824		
	<b>b</b> Less: accumulated depreciation . . . . .	1,119,194	<b>10c</b>	1,200,630
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	12,735,834	<b>15</b>	12,441,746
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	28,211,297	<b>16</b>	27,784,066	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	197,240	<b>17</b>	199,796
	<b>18</b> Grants payable . . . . .	4,827,788	<b>18</b>	4,021,885
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	5,025,028	<b>26</b>	4,221,681
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	5,226,585	<b>27</b>	6,311,025
	<b>28</b> Temporarily restricted net assets . . . . .	5,223,850	<b>28</b>	4,809,614
	<b>29</b> Permanently restricted net assets . . . . .	12,735,834	<b>29</b>	12,441,746
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	23,186,269	<b>33</b>	23,562,385	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	28,211,297	<b>34</b>	27,784,066	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	11,152,970
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	10,515,440
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	637,530
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	23,186,269
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-261,414
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	23,562,385

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> 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.			
<b>2a</b> 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	<b>2a</b>		✓
<b>b</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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	✓	
<b>c</b> 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.	<b>2c</b>	✓	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	<b>3a</b>		✓
<b>b</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.	<b>3b</b>		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

<b>Name of the organization</b> UNITED WAY OF THE CAPITAL REGION	<b>Employer identification number</b> 23-1352095
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	12,227,784	11,226,175	11,272,460	11,206,709	10,095,842	56,028,970
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	12,227,784	11,226,175	11,272,460	11,206,709	10,095,842	56,028,970
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						56,028,970

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 . . . . .	12,227,784	11,226,175	11,272,460	11,206,709	10,095,842	56,028,970
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	123,041	119,894	116,342	182,825	151,361	693,463
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	750,162	763,549	746,831	742,822	777,041	3,780,405
<b>11 Total support.</b> Add lines 7 through 10						60,502,838
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .				12		0
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	92.61 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	93.13 %
<b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . .
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . .



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			





SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: UNITED WAY OF THE CAPITAL REGION; Employer identification number: 23-1352095

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. Includes questions 1-6 regarding donor advised funds and grant purposes.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Includes questions 1-9 regarding conservation easements and a table for held at the end of the tax year.

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. Includes questions 1a-2 regarding art and historical treasures.

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

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

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other .....

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	12,735,834	12,112,454	11,315,372	12,387,695	12,337,892
<b>b</b> Contributions	0	0	0	0	0
<b>c</b> Net investment earnings, gains, and losses	-294,088	623,380	797,082	-1,072,323	49,803
<b>d</b> Grants or scholarships	0	0	0	0	0
<b>e</b> Other expenditures for facilities and programs	0	0	0	0	0
<b>f</b> Administrative expenses	0	0	0	0	0
<b>g</b> End of year balance	12,441,746	12,735,834	12,112,454	11,315,372	12,387,695

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

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 100 %
- c** Temporarily restricted endowment ▶ 0 %

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
<b>3a(i)</b>	✓	
<b>3a(ii)</b>		✓
<b>3b</b>		

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

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	134,000	0	134,000
<b>b</b> Buildings	0	1,682,824	711,661	971,163
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	0	503,000	407,533	95,467
<b>e</b> Other	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,200,630

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) <b>Beneficial Interest in Perpetual Trusts</b>	<b>12,441,746</b>
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	<b>12,441,746</b>

**Part X Other Liabilities.**

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

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

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





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

23-1352095

**UNITED WAY OF THE CAPITAL REGION**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
<b>(1)</b> Sch I, Stmt 1							
<b>(2)</b>							
<b>(3)</b>							
<b>(4)</b>							
<b>(5)</b>							
<b>(6)</b>							
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 175

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



## Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
<b>Name and address</b>	YWCA of Greater Harrisburg 1101 Market Street Harrisburg, PA 17103	23-1370514	700,800	0
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>				
<b>Name and address</b>	American Red Cross Central PA 1804 North Sixth Street Harrisburg, PA 17110	53-0196605	653,109	0
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>				
<b>Name and address</b>	Pressley Ridge 141 East Market Street York, PA 17401	25-0965460	485,684	0
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>				
<b>Name and address</b>	Boys & Girls Club of Harrisburg Inc 1227 Berryhill Street Harrisburg, PA 17104	23-1352043	449,241	0
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>				
<b>Name and address</b>	Harrisburg Area YMCA 805 N Front St Harrisburg, PA 17102-3409	23-1665437	307,039	0
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>				
<b>Name and address</b>	Catholic Charities of the Diocese of Harrisburg PA Inc 4800 Union Deposit Road Harrisburg, PA 17111	23-1494791	280,528	0
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>				
<b>Name and address</b>	Pinnacle Health Foundation PO Box 8700 Harrisburg, PA 17105	22-2691718	278,504	0
<b>IRC code section</b>				
<b>Method of valuation</b>				

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Central Pennsylvania Food Bank 3908 Corey Road Harrisburg, PA 17109	23-2202250	262,660	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Hospice of Central Pennsylvania 1320 Linglestown Road Harrisburg, PA 17110	23-2106895	178,971	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	The Salvation Army Harrisburg Capital City Region PO Box 61798 Harrisburg, PA 17106	13-5562351	166,939	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Girl Scouts in the Heart of Pennsylvania 350 Hale Avenue Harrisburg, PA 17104-1518	24-0795960	163,217	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	UCP Central PA 55 Utley Dr Camp Hill, PA 17011	23-1433882	156,392	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Pennsylvania State University-Main Campus Office of Annual Giving 27 Old Main University Park, PA 16802	24-6000376	153,600	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	MidPenn Legal Services Inc 213 A North Front Street Harrisburg, PA 17101-1406	23-7101191	136,270	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Schedule I, Part IV, Statement 1

UNITED WAY OF THE CAPITAL REGION

<b>Name and address</b>	Christian Churches United of the Tri-County Area 413 S 19th St Harrisburg, PA 17104	23-2085603	134,677	0
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IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

<b>Name and address</b>	United Way Worldwide 701 North Fairfax Street Alexandria, VA 22314-2045	13-1635294	133,342	0
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IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

<b>Name and address</b>	The PROGRAM It's About Change 1515 Derry Street Harrisburg, PA 17104	25-1580223	123,733	0
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IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

<b>Name and address</b>	Vision Resources of Central Pennsylvania 1130 South 19th Street Harrisburg, PA 17104	23-1352259	121,078	0
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IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

<b>Name and address</b>	Perry Human Services Incorporated PO Box 436 New Bloomfield, PA 17068	23-1953159	114,857	0
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IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

<b>Name and address</b>	The Arc of Dauphin County 2569 Walnut Street Harrisburg, PA 17103	23-1508343	108,689	0
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IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

<b>Name and address</b>	Domestic Violence Services of Cumberland & Perry Counties PO Box 1039 Carlisle, PA 17013	25-1629910	106,518	0
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IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

<b>Name and address</b>	Latino Hispanic American Community Center 1301 Derry Street Harrisburg, PA 17104	27-1032748	100,236	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

<b>Name and address</b>	Humane Society of Harrisburg 7790 Grayson Road Harrisburg, PA 17111	23-1365361	99,696	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

<b>Name and address</b>	Keystone Human Services 4391 Sturbridge Dr Harrisburg, PA 17110	23-1915567	95,074	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

<b>Name and address</b>	Boy Scouts of America-New Birth of Freedom Council One Baden Powell Ln Mechanicsburg, PA 17050	22-1576300	94,537	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

<b>Name and address</b>	Visiting Nurse Association of Central Pennsylvania 3315 Derry Street Harrisburg, PA 17111-1811	23-1352571	90,341	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

<b>Name and address</b>	The Arc of Cumberland and Perry Counties 71 Ashland Avenue Carlisle, PA 17013	23-1489837	89,467	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

<b>Name and address</b>	Big Brothers Big Sisters of the Capital Region 1500 North Second St Ste H 3rd Flr Harrisburg, PA 17102	23-2260248	87,965	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

<b>Name and address</b>	Foundation for Enhancing Communities 200 N Third St 8th Fl Harrisburg, PA 17101	01-0564355	84,668	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Schedule I, Part IV, Statement 1

UNITED WAY OF THE CAPITAL REGION

**Name and address** Upper Dauphin Human Services Center Incorporated 23-2058911 82,330 0  
 517 Main Street  
 Lykens, PA 17048

IRC code section  
 Method of valuation  
 Desc. of Non-Cash Asst.  
 Purpose of grant

**Name and address** Goodwill Keystone Area 23-1365338 70,811 0  
 1150 Goodwill Drive  
 Harrisburg, PA 17101

IRC code section  
 Method of valuation  
 Desc. of Non-Cash Asst.  
 Purpose of grant

**Name and address** Penn State Milton S Hershey Medical Center 25-1854772 68,832 0  
 500 University Drive  
 Hershey, PA 17033

IRC code section  
 Method of valuation  
 Desc. of Non-Cash Asst.  
 Purpose of grant

**Name and address** Pressley Ridge 23-2140849 64,606 0  
 141 East Market Street  
 York, PA 17401

IRC code section  
 Method of valuation  
 Desc. of Non-Cash Asst.  
 Purpose of grant

**Name and address** Sanskruti Foundation 77-0315501 64,352 0  
 Attn Ramanik Patel  
 805 Clonmel Drive  
 Matthews, NC 28104

IRC code section  
 Method of valuation  
 Desc. of Non-Cash Asst.  
 Purpose of grant

**Name and address** RSVP of the Capital Region Inc 23-7242872 64,077 0  
 50 Utley Drive Suite 500  
 Camp Hill, PA 17011

IRC code section  
 Method of valuation  
 Desc. of Non-Cash Asst.  
 Purpose of grant

**Name and address** United Way of Lancaster County 23-1352093 62,468 0  
 1910 Harrington Dr  
 Lancaster, PA 17601

IRC code section  
 Method of valuation  
 Desc. of Non-Cash Asst.  
 Purpose of grant

**Name and address** Joshua Group 31-1672530 59,084 0  
 1442 Market Street  
 Harrisburg, PA 17103



## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Neighborhood Center of the United Methodist Church 1801 North 3rd Street Harrisburg, PA 17102	23-1381402	57,988	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	CONTACT Helpline PO Box 90035 Harrisburg, PA 17109-0035	23-7083169	57,596	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Jewish Family Service of Greater Harrisburg Inc 3333 N Front St Harrisburg, PA 17110	23-2894802	53,244	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Shalom House 9 South 15th Street Harrisburg, PA 17104	23-2447254	52,486	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	American Cancer Society-Hershey PO Box 897 Hershey, PA 17033	13-1788491	51,752	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	New Hope Ministries Inc 5228 East Trindle Road Mechanicsburg, PA 17050	23-2223120	50,849	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	YWCA of Carlisle 301 G Street Carlisle, PA 17013	23-1429866	50,509	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Northern Dauphin YMCA 500 North Church Street Elizabethville, PA 17023	23-1665437	48,620	0
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>				
<b>Name and address</b>	Trinity High School 3601 Simpson Ferry Road Camp Hill, PA 17011	23-1494791	48,107	0
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>				
<b>Name and address</b>	Hamilton Health Center Inc 110 S 17th St Harrisburg, PA 17104	23-1858363	46,295	0
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>				
<b>Name and address</b>	Harrisburg Symphony Association 800 Corporate Circle Suite 101 Harrisburg, PA 17110-9346	23-1355180	45,990	0
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>				
<b>Name and address</b>	United Way of Greater Philadelphia and Southern New Jersey 1709 Benjamin Franklin Parkway Philadelphia, PA 19103	23-1556045	43,182	0
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>				
<b>Name and address</b>	Bethesda Mission of Harrisburg PO Box 3041 Harrisburg, PA 17105	23-1389397	41,146	0
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>				
<b>Name and address</b>	United Way Bay Area 550 Kearney Street Suite 1000 San Francisco, CA 94108	94-1312348	39,007	0
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>				
<b>Name and address</b>	Greater Twin Cities United Way 404 South 8th Street Minneapolis, MN 55404	41-1973442	38,752	0

## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	American Diabetes Association (Harrisburg) 1701 North Beuregard Street Alexandria, VA 22311	13-1623888	37,883	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Jewish Federation of Greater Harrisburg 3301 North Front Street Harrisburg, PA 17110	23-1352338	37,210	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Nativity School of Harrisburg 2135 North Sixth Street Harrisburg, PA 17110-2404	25-1886666	36,561	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	National Multiple Sclerosis Society Pennsylvania Keystone Chapter 2000 Linglestown Road Suite 201 Harrisburg, PA 17110	25-1066473	36,192	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	The Leukemia & Lymphoma Society Central PA Chapter 101 Erford Rd Ste 201 Camp Hill, PA 17011	23-7094067	34,951	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Alzheimer's Association Greater Pennsylvania Chapter 2595 Interstate Drive Suite 100 Harrisburg, PA 17110-9638	13-3039601	34,380	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Cystic Fibrosis Foundation Central PA Chapter 2408 Park Drive Suite A Harrisburg, PA 17110	13-1930701	33,973	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

## Schedule I, Part IV, Statement 1

## UNITED WAY OF THE CAPITAL REGION

<b>Name and address</b>	WITF Incorporated 4801 Lindle Rd Harrisburg, PA 17111	23-1629016	33,191	0
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>				
<b>Name and address</b>	United Way of Lebanon County PO Box 1164 Lebanon, PA 17042-1164	23-1465632	30,276	0
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>				
<b>Name and address</b>	Bishop McDevitt High School One Crusader Way Harrisburg, PA 17111	23-1424025	29,676	0
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>				
<b>Name and address</b>	Mechanicsburg Learning Center 606 East Simpson Street Rear Mechanicsburg, PA 17055	23-1982624	29,191	0
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>				
<b>Name and address</b>	Channels Food Rescue 3305 North 6th Street Harrisburg, PA 17110	23-2574867	28,776	0
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>				
<b>Name and address</b>	Hindu American Religious Institute 301 Steigerwalt Hollow Road New Cumberland, PA 17070	23-1966089	28,284	0
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>				
<b>Name and address</b>	United Way of York County PA 800 East King Street York, PA 17403	23-1352588	27,902	0
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>				
<b>Name and address</b>	Derry Presbyterian Church 248 East Derry Road Hershey, PA 17033	23-1971692	27,040	0

## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Hope Within Community Health Center 4748 East Harrisburg Pike Elizabethtown, PA 17022	16-1643004	26,004	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Salvation Army Harrisburg Service Extension Department PO Box 61798 Harrisburg, PA 17106	13-5562351	25,899	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Harrisburg Area Community College Foundation 1 HACC Drive Harrisburg, PA 17110	23-2353614	25,488	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Children's Miracle Network Hershey Hershey Medical Center A190 Office of University Development Hershey, PA 17033	24-6000376	23,933	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	St Theresa of the Infant Jesus Parish 1300 Bridge Street New Cumberland, PA 17070	24-1494791	23,205	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Rite Aid Foundation 30 Hunter Lane Camp Hill, PA 17011	25-1892843	22,744	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Cultural Enrichment Fund PO Box 12084 Harrisburg, PA 17108	23-2327546	21,838	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	American Heart Association-Capital Region Division 4250 Crums Mill Rd Harrisburg, PA 17112	13-5613797	21,742	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	United Way of Pennsylvania 909 Green Street Unit Basement Harrisburg, PA 17102	23-1672348	21,691	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Ronald McDonald House Charities of Central PA 745 West Governor Road Hershey, PA 17033-2304	23-2204761	21,095	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	United Way of Forsyth County (NC) 301 North Main Street Suite 1700 Winston Salem, NC 27101	23-7357234	20,613	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Messiah College One College Ave Mechanicsburg, PA 17055	23-1352661	20,575	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	United Way of the Greater Triangle Inc 2400 Perimeter Park Drive Suite 150 Morrisville, NC 27560	56-1949103	20,092	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	The Kidney Foundation of Central PA 900 S Arlington Ave Ste 134A Harrisburg, PA 17109	23-2113424	19,871	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Khambhati Charity International 7 Summerhill Drive	20-3545294	19,501	0
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Warren, NJ 07059

## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	NHS Human Services The Stevens Center 33 State Avenue Carlisle, PA 17013	25-1878857	19,010	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	St Theresa of the Infant Jesus Church School 1200 Bridge Street New Cumberland, PA 17070	23-1494791	18,325	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	St Stephen's Episcopal Church of Harrisburg 221 North Front Street Harrisburg, PA 17101	23-1381416	17,566	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Ned Smith Center for Nature & Art 176 Water Company Road Millersburg, PA 17061	25-1735097	17,539	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	United Way of Greater High Point Inc 201 Church Avenue High Point, NC 27262-4805	56-0547486	17,464	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	United Way of the Capital Region 2235 Millennium Way Enola, PA 17025	23-1352095	16,721	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	American Cancer Society-National 250 Williams Street NW Atlanta, GA 30303	13-1788491	16,642	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	United Way of Carlisle & Cumberland County 145 South Hanover Street Carlisle, PA 17013	23-1552261	16,210	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Pushti Margiya Vaishnav Samaj of North America 15 Manor Road Schuylkill Haven, PA 17972	54-1414079	16,002	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Breakthrough Manchester 2108 River Road Manchester, NH 03104	02-0265542	16,000	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	United Way of Greater Greensboro 1500 Yanceyville Street Greensboro, NC 27405-6932	56-0668555	15,219	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Pine Street Presbyterian Church 310 North Third Street Harrisburg, PA 17101	23-1433867	14,400	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	International Service Center 21 South River Street Harrisburg, PA 17101	23-2052374	14,350	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Homeland Center 1901 North 5th Street Harrisburg, PA 17102	23-1365148	14,018	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Camp Hill United Methodist Church 417 South 22nd Street	23-1619527	13,965	0
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Camp Hill, PA 17011

## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	United Way of the Columbia-Willamette 619 SW 11th Avenue Suite 300 Portland, OR 97205-2646	93-0582124	13,847	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Carlisle Alliance Church & Missionary Alliance 237 East North Street Carlisle, PA 17013	23-7179757	13,693	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Celebration Community Church 1048 S Mountain Road Dillsburg, PA 17019	20-4472486	13,000	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Trinity United Methodist Church 415 Bridge Street New Cumberland, PA 17070	23-1365307	12,618	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Susquehanna Art Museum 1401 North Third Street Harrisburg, PA 17102	25-1601081	12,372	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Human Enrichment By Love And Peace Inc (Help) 29 Priscilla Lane Englewood Cliffs, NJ 07632	54-1590719	12,101	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	United Way of the Greater Lehigh Valley 1110 American Parkway NE Allentown, PA 18109	23-2657933	12,028	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Winterstown United Methodist Church 12184 Winterstown Rd Felton, PA 17322	23-2049298	11,957	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Harrisburg University of Science And Technology 326 Market Street Harrisburg, PA 17101-2116	25-1900793	11,860	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	United Negro College Fund-Central PA Campaign PO Box 10442 Harrisburg, PA 17105	13-1624241	11,418	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	St Joan of Arc Church 359 West Areba Avenue Hershey, PA 17033	23-1494791	10,949	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	United Way of Richland County 35 Park Street N Ste 179 Mansfield, OH 44902	34-0714455	10,901	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	United Way of Southwestern Pennsylvania PO Box 735 Pittsburgh, PA 15230	25-1043578	10,725	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	United Way of Greater Kansas City 801 West 47th Street 500 Kansas City, MO 64112	44-0545812	10,621	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Jewish Community Foundation of Central PA 3301 North Front Street	23-1352587	10,400	0
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Harrisburg, PA 17110

## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Centre County United Way PO Box 664 Pine Grove Mills, PA 16868	25-1215290	10,385	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	United Way of Berks County 501 Washington Street Suite 6 Reading, PA 19601-3455	23-1655375	10,312	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	St Joseph's School (Mechanicsburg) 420 East Simpson Street Mechanicsburg, PA 17055	23-1494791	10,238	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	First United Methodist Church (Mechanicsburg) 135 West Simpson Street Mechanicsburg, PA 17055	23-6396152	10,114	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	University of Southern California Trousdale Parkway 3551 ATT Center T2500 Los Angeles, CA 90089	95-1642394	10,112	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Baughman United Methodist Church 228 Bridge Street New Cumberland, PA 17070	23-1401517	10,000	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Northwestern Human Services Foundation Inc 620 E Germantown Pike Lafayette Hill, PA 19444	23-3005583	9,920	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Downtown Daily Bread 310 N Third Street Harrisburg, PA 17101	23-1433867	9,836	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Open Stage Of Harrisburg 25 N Court St Harrisburg, PA 17101-1732	23-2290559	9,592	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Four Diamonds at Penn State Children's Hospital PO Box 852 1249 Cocoa Ave Ste 115 Hershey, PA 17033	25-1854772	9,565	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Elizabethtown Church of the Brethren 777 South Mount Joy Street Elizabethtown, PA 17022	23-6005480	9,300	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Holy Name of Jesus Roman Catholic Church 6150 Allentown Boulevard Harrisburg, PA 17112	23-1494791	9,150	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	United Way Foundation of the Capital Region (GENERAL FUND) 2235 Millennium Way Enola, PA 17025	25-1733405	8,793	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Silence Of Mary Home 850 State Street 2nd Floor Lemoyne, PA 17043	25-1867023	8,721	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Schedule I, Part IV, Statement 1

UNITED WAY OF THE CAPITAL REGION

**Name and address** Lycoming County United Way  
1 West Third Street Ste 208  
Williamsport, PA 17701

24-0828149 8,716 0

IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

**Name and address** Brethren Housing Association  
219 Hummel Street  
Harrisburg, PA 17104

25-1636220 8,596 0

IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

**Name and address** Easter Seals - Western and Central Pennsylvania  
2525 Railroad Street  
Pittsburgh, PA 15222

25-0965215 8,374 0

IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

**Name and address** United Way of Wyoming Valley  
100 North Pennsylvania Ave 2nd Flr  
Wilkes Barre, PA 18701-3503

24-0831490 8,315 0

IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

**Name and address** Grace Evangelical Lutheran Church  
1610 Carlisle Road  
Camp Hill, PA 17011

23-6050521 8,250 0

IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

**Name and address** Geisinger Holy Spirit  
503 North 21st Street  
Camp Hill, PA 17011

25-1865142 8,237 0

IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

**Name and address** Dauphin County Library System  
101 Walnut Street  
Harrisburg, PA 17101

23-1352317 8,180 0

IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

**Name and address** Cornerstone Community Ministries Inc  
95 S Wilson Ave  
Elizabethtown, PA 17022

25-1900867 8,000 0

IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Habitat For Humanity of the Greater Harrisburg Area 900 South Arlington Avenue Room 235 Harrisburg, PA 17109	58-1735541	7,916	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Camp Hill Presbyterian Church 101 North 23rd Street Camp Hill, PA 17011	23-6393377	7,900	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Planned Parenthood Keystone PO Box 813 Trexlerstown, PA 18087	23-2450112	7,834	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	St Jude Children's Research Hospital 501 St Jude Place Memphis, TN 38105	62-0646012	7,757	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	United Way of Lackawanna and Wayne Counties 615 Jefferson Avenue Scranton, PA 18510	24-0824164	7,603	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Project Forward Leap 1706 Race St 2nd Floor Philadelphia, PA 19103	23-2537550	7,500	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	St Margaret Mary Church 2848 Herr Street Harrisburg, PA 17103	23-1494791	7,485	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

Schedule I, Part IV, Statement 1

UNITED WAY OF THE CAPITAL REGION

<b>Name and address</b>	Church of the Good Shepherd 3435 Trindle Road Camp Hill, PA 17011	23-1494791	7,429	0
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IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

<b>Name and address</b>	Community Check-Up Center of South Harrisburg Inc 38 C Hall Manor Harrisburg, PA 17104	25-1724315	7,322	0
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IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

<b>Name and address</b>	Arthritis Foundation Central PA 4811 Jonestown Road Suite 230 Harrisburg, PA 17109	58-1341679	7,299	0
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IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

<b>Name and address</b>	Capital Area Therapeutic Riding Association PO Box 339 Grantville, PA 17028	23-2381558	7,226	0
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IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

<b>Name and address</b>	Project Forward Leap 1706 Race St 2nd Floor Philadelphia, PA 19103	23-2537550	7,000	0
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IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

<b>Name and address</b>	LGBT Community Center Coalition of Central PA 1306 North Third Street Harrisburg, PA 17102	25-1897350	6,950	0
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IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

<b>Name and address</b>	St Elizabeth Ann Seton Catholic Church 310 Hertzler Road Mechanicsburg, PA 17055	23-1494791	6,781	0
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IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

<b>Name and address</b>	Whitaker Center for Science & the Arts 222 Market Street Harrisburg, PA 17101	25-1724566	6,671	0
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IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Salvation Army of Greater Philadelphia and Eastern Pennsylvania 701 North Broad Street Philadelphia, PA 19123	13-5562351	6,617	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Hershey Food Bank & Community Outreach 120 East Derry Road Hershey, PA 17033-1426	23-2873568	6,540	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Elizabethtown College One Alpha Drive Elizabethtown, PA 17022-2290	23-1352632	6,500	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	New Hope Ministries Inc 5228 East Trindle Road Mechanicsburg, PA 17050	23-2223120	6,396	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	United Methodist Home for Children Inc 5120 Simpson Ferry Road Mechanicsburg, PA 17050	23-2939369	6,275	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Pennsylvania Coalition Against Rape 2101 N Front St Bldg 2 Harrisburg, PA 17110	23-2067636	6,227	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Vickie's Angel Walk Inc 511 Bridge Street New Cumberland, PA 17070	20-8755452	6,217	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant



Schedule I, Part IV, Statement 1

UNITED WAY OF THE CAPITAL REGION

**Name and address** Catholic Relief Services Inc  
228 West Lexington Street  
Baltimore, MD 21201

13-5563422 6,142 0

IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

**Name and address** ALS Association (Greater Philadelphia Chapter)  
321 Norristown Road Suite 260  
Ambler, PA 19002

23-2387205 6,031 0

IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

**Name and address** Juvenile Diabetes Research Foundation-Central PA Chapter  
3009 Market Street  
Camp Hill, PA 17011

23-1907729 6,030 0

IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

**Name and address** Foodbank Of Monmouth And Ocean Counties  
3300 Route 66  
Neptune, NJ 07753

22-2622522 6,000 0

IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

**Name and address** American Lung Association of the Mid-Atlantic  
3001 Gettysburg Road  
Camp Hill, PA 17011

25-1825116 5,984 0

IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

**Name and address** United Way of Miami-Dade  
Ansin Building  
3250 SW Third Avenue  
Miami, FL 33129-2712

59-0830840 5,940 0

IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

**Name and address** Salvation Army of York  
50 East King Street  
York, PA 17405

23-1352533 5,906 0

IRC code section  
Method of valuation  
Desc. of Non-Cash Asst.  
Purpose of grant

**Name and address** Sweet Briar College  
PO Box 1057  
Sweet Briar, VA 24595-1057

54-0534105 5,800 0

## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	United Way of Adams County 123 Buford Avenue Gettysburg, PA 17325	23-1663379	5,695	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	American Heart Association-National 7272 Greenville Avenue Dallas, TX 75231	13-5613797	5,671	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Country Meadows Co-Worker Foundation 830 Cherry Drive Hershey, PA 17033	80-0635892	5,664	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	St Matthew the Apostle and Evangelist Catholic Church 607 Stoney Creek Road Dauphin, PA 17018	23-1494791	5,620	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Nicholas Ryan Over Foundation 176 East South Street Carlisle, PA 17013	01-0727865	5,595	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Lupus Foundation of Pennsylvania 100 West Station Square Dr 1920 Pittsburgh, PA 15219-1197	25-1410157	5,572	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

## Purpose of grant

<b>Name and address</b>	Children's Hospital of Pittsburgh Foundation One Childrens Hospital Drive 4401 Penn Ave Central Plant Flr 3 Pittsburgh, PA 15224-1342	25-1865744	5,440	0
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## IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant

<b>Name and address</b>	American Red Cross-Des Moines PO Box 4002017 Des Moines, IA 50340	53-0196605	5,360	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

<b>Name and address</b>	Wildcat Foundation 100 East Elmwood Avenue Mechanicsburg, PA 17055	23-2975211	5,213	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

<b>Name and address</b>	United Methodist Home for Children Inc 5120 Simpson Ferry Road Mechanicsburg, PA 17050	23-2939369	5,063	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

<b>Name and address</b>	Schreiber Center for Pediatric Development 625 Community Way Lancaster, PA 17603-2396	23-1365369	5,033	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

UNITED WAY OF THE CAPITAL REGION

Employer identification number

23-1352095

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		✓
<b>4b</b>		✓
<b>4c</b>		✓
<b>5a</b>		✓
<b>5b</b>		✓
<b>6a</b>		✓
<b>6b</b>		✓
<b>7</b>		✓
<b>8</b>		✓
<b>9</b>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)	133,910	10,200	0	10,834	2,778	157,722	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

Employer identification number

**UNITED WAY OF THE CAPITAL REGION**

**23-1352095**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	✓		29,659	FMV
6 Cars and other vehicles . . . . .	✓	1	22,035	FMV
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		✓
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		





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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

**UNITED WAY OF THE CAPITAL REGION**

Employer identification number

**23-1352095**

Form 990, Part III, Line 2 - United Way of the Capital Region's pilot projects are making a measurable impact on the lives of local individuals and families. The transition to this work began three years ago when United Way identified the most pressing needs, and adopted a collective impact approach to solving problems with new and different partnerships. While all pilot projects are limited in scope, we will enhance and expand the projects to serve more people in rural, suburban and urban areas. United Way serves as the backbone organization for the pilot projects. We: Convene core solution partners to support the mission of the projects, Mobilize funding to support enhancements and expansions, Connect partners to wrap-around services, and Develop goals and methods to measure and report progress. At the same time, United Way continues to support the great work of our program partners. We remain a community fundraiser and a place where volunteers can connect with local opportunities.

Form 990, Part VI, Section B, Line 11b - 990 and other audited financial statements are made available to committee members prior to the June Finance Committee and Board meetings and the main schedules are reviewed at the meetings. Also, the calculation of the organization's overhead rate is discussed and reviewed as well as the United Way Worldwide membership standards. A complete copy of the Form 990 is made available to all Finance & Audit Committee and Board Members.

Form 990, Part VI, Section B, Line 12c - To ensure the organization operates in a manner consistent with its status as an organization exempt from federal income tax, the Board of Directors authorizes and oversees an annual review of the administration of its conflict of interest policy. All Board members, Officers and employees are required to submit a signed form disclosing any conflicts of interest. The review shall consider the level of compliance with the policy, the continuing suitability of the policy and the need for any modifications to the policy.

Form 990, Part VI, Section B, Line 15 - Annually, the Human Resources Committee reviews all staff compensation levels which are contrasted and compared for reasonableness to salary levels at other United Ways and non-profits of similar size and within similar geographic regions. The Executive Committee also reviews and approves annually the compensation level of the CEO in comparison to other United Ways and non-profits of similar size using surveys and Form 990 information.

Form 990, Part VI, Section C, Line 19 - Governing documents and conflict of interest policies are periodically reviewed with the Board of Directors, are available to staff, and can be made available to others upon request. The financial statements are reviewed by the Finance and Audit Committee and Board of Directors, are posted on our website along with the annual report, and can be provided upon request.

**Mission Description**

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**Description**

---

the Capital Region focuses on health, education, income and basic needs and helps support more than 70 programs and services to create solutions to the needs in our community.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	The Road to Success program employs case managers to assist the un- and under-employed obtain and keep jobs where they can advance to earn a living wage. Program services include preparing unemployed individuals for employment, helping them secure a job and providing support during their first year of employment and providing budget counseling to help them become financially self-sufficient. Additionally, services include helping employed individuals advance in the workplace through job training, education opportunities and expansion of skills. Road to Success also connects active program participants to needed support services until they can support their families independently.	123,575	0	0
<b>Total:</b>		<b>123,575</b>	<b>0</b>	<b>0</b>

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

23-1352095

**UNITED WAY OF THE CAPITAL REGION**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <a href="#">United Way Foundation of the Capital Region (25-1733405)</a> <a href="#">2235 Millennium Way, Enola, PA 17025</a>	Support United Way of the Capital Region	PA	501c3	12a Type 1	N/A		✓
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												
(5) .....												
(6) .....												
(7) .....												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									
(5) .....									
(6) .....									
(7) .....									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	✓	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	✓	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	✓	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		✓

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
United Way Foundation of the Capital Region	c	295,705	FMV/Cash
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													





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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2018**

Name of the organization

**UNITED WAY OF THE CAPITAL REGION**

Employer identification number

**23-1352095**

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization <b>UNITED WAY OF THE CAPITAL REGION</b>	Employer identification number <b>23-1352095</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Highmark Blue Shield ----- 1800 Center Street ----- Camp Hill, PA, 17089 -----	\$ ----- 418,171	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	The Hershey Company ----- PO Box 810 100 Crystal A Drive Hershey, PA, 17033 -----	\$ ----- 279,038	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**UNITED WAY OF THE CAPITAL REGION**

**23-1352095**

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  
**UNITED WAY OF THE CAPITAL REGION**

Employer identification number  
**23-1352095**

**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee