

Return of Organization Exempt From Income Tax

2023

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning **07/01/2023** and ending **06/30/2024**

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

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

D Employer identification number
23-1352095

E Telephone number
717-732-0700

G Gross receipts \$ **11,310,477**

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	1	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>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	34
	6	Total number of volunteers (estimate if necessary)	6	2,652
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	106,573	9,043,910
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	486,239	1,207,698
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	592,812	10,251,608
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	81,507	5,534,029
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	511,188	2,147,337
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,244,435	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	630,092	3,296,464
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,222,787	10,977,830	
19	Revenue less expenses. Subtract line 18 from line 12	-629,975	-726,222	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	27,857,979	28,597,488
	22	Net assets or fund balances. Subtract line 21 from line 20	3,665,688	3,491,854
			24,192,291	25,105,634

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: Timothy Fatzinger, President & CEO Date: _____

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 \$ 6,635,866 including grants of \$ 1,563,985) (Revenue \$ 0)

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 \$ 758,338 including grants of \$ 0) (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 \$ 761,102 including grants of \$ 0) (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 on Schedule O.) See Schedule O, Statement 2
(Expenses \$ 571,963 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 8,727,269

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	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 the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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 on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	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"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on 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
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	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?		
11a	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"/>	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

Jeanmarie Hegarty, 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
Timothy Fatzinger President & CEO	40.00 0.00					✓	195,191	0	18,736	
Stephanie McAuliffe Senior Vice President of Community Impact & Ann	40.00 0.00					✓	129,000	0	23,011	
Jeanmarie Hegarty Vice President of Finance & Support Services	40.00 0.00					✓	108,268	0	30,377	
Rae Lynn Cox Vice President Of Communications and Donor Eng	40.00 0.00					✓	106,482	0	19,790	
Jamar Johnson Board Member	1.00 0.00	✓					0	0	0	
Cate Barron Board Member	1.00 0.00	✓					0	0	0	
John Campbell Chair	1.00 0.00	✓		✓			0	0	0	
Dolly Lalvani Board Member	1.00 0.00	✓					0	0	0	
Audrey Croley-Little Board Member	1.00 0.00	✓					0	0	0	
Christopher Davis Vice Chair Resource Development	1.00 0.00	✓		✓			0	0	0	
David Del Grosso Board Member	1.00 0.00	✓					0	0	0	
Justin Davis Board Member	1.00 0.00	✓					0	0	0	
Dr Bolanle Limann Board Member	1.00 0.00	✓					0	0	0	
Karen Shriner Board Member	1.00 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
Kathleen McKenzie ----- Chair Elect	1.00 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Da'Laine Simpson ----- Board Member	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
Brian Jackson ----- Board Member	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
Jennifer Esser ----- Secretary/Treasurer	1.00 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Michael Hussey ----- Board Member	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
Jodie Daubert ----- Board Member	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
Stephen Massini ----- Board Member	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
Dr John Mason Jr ----- Vice Chair Governance	1.00 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Karen Creasia Yarrish ----- Board Member	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
Edward Barben ----- Board Member	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
Patty Kim ----- Board Member	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
Mark Smith ----- Vice Chair Labor Advisory	1.00 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Janice Snyder ----- Board Member	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
Valerie Pritchett ----- Board Member	1.00 0.00	<input checked="" type="checkbox"/>						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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
Paul Navarro Board Member	1.00 0.00	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
Randie Yeager Vice Chair Community Impact	1.00 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
Tamara Willis Board Member	1.00 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
Jeff Boland Board Member	1.00 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
Anthony Worrall Board Member	1.00 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
Kyle Evans Board Member	1.00 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
1b Subtotal								538,941	0	91,914
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								538,941	0	91,914

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 **4**

	Yes	No
3 Did the organization list any former officer, director, 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"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<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	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a 37,120					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 0					
	d	Related organizations	1d 169,431					
	e	Government grants (contributions)	1e 270,994					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 8,566,365					
	g	Noncash contributions included in lines 1a-1f	1g \$ 65,835					
	h	Total. Add lines 1a-1f		9,043,910				
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue . .		0	0	0	0	
g		Total. Add lines 2a-2f		0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,116,119	0	0	1,116,119	
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5	Royalties		0	0	0	0	
	6a	Gross rents	(i) Real	0				
			(ii) Personal	0				
	b	Less: rental expenses	6b 0	0	0	0	0	
	c	Rental income or (loss)	6c 0	0	0	0	0	
	d	Net rental income or (loss)		0	0	0	0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	1,150,448				
			(ii) Other	0				
	b	Less: cost or other basis and sales expenses	7b 1,058,869	0				
	c	Gain or (loss)	7c 91,579	0				
	d	Net gain or (loss)		91,579	0	0	91,579	
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a 0					
b	Less: direct expenses	8b 0						
c	Net income or (loss) from fundraising events		0		0	0		
9a	Gross income from gaming activities. See Part IV, line 19	9a 0						
		9b 0						
c	Net income or (loss) from gaming activities		0	0	0	0		
10a	Gross sales of inventory, less returns and allowances	10a 0						
		10b 0						
		c	Net income or (loss) from sales of inventory		0	0	0	
Miscellaneous Revenue	11a	Business Code						
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions		10,251,608	0	0	1,207,698		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,534,029	5,534,029		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	538,941	130,615	263,091	145,235
6	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
7	Other salaries and wages	1,119,950	330,416	307,604	481,930
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	347,812	122,768	124,183	100,861
10	Payroll taxes	140,634	39,705	47,980	52,949
11	Fees for services (nonemployees):				
a	Management	0	0	0	0
b	Legal	7,695	2,739	4,410	546
c	Accounting	35,833	0	35,833	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	141,280	55,089	21,712	64,479
12	Advertising and promotion	176,280	60,933	3,237	112,110
13	Office expenses	52,149	11,428	24,348	16,373
14	Information technology	116,906	20,494	60,995	35,417
15	Royalties	0	0	0	0
16	Occupancy	55,833	16,048	19,391	20,394
17	Travel	13,532	2,288	256	10,988
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	8,080	950	3,060	4,070
20	Interest	0	0	0	0
21	Payments to affiliates	112,828	31,432	40,857	40,539
22	Depreciation, depletion, and amortization	112,876	32,518	38,379	41,979
23	Insurance	22,515	6,418	7,919	8,178
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	Postage	9,970	3,184	1,767	5,019
b	Program/Event Supplies	198,830	124,789	535	73,506
c	Awards & Raffle Prizes	30,225	853	0	29,372
d	Program Services	2,200,036	2,200,036	0	0
e	All other expenses	1,596	537	569	490
25	Total functional expenses. Add lines 1 through 24e	10,977,830	8,727,269	1,006,126	1,244,435
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,466,437	1	1,390,554
	2 Savings and temporary cash investments	8,548,331	2	8,977,205
	3 Pledges and grants receivable, net	2,647,441	3	2,651,249
	4 Accounts receivable, net	79,575	4	87,176
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	63,434	9	148,497
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,602,374	10a	
	b Less: accumulated depreciation	1,401,781	10b	
	11 Investments—publicly traded securities		11c	1,200,593
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	12,804,275	15	14,142,214
16 Total assets. Add lines 1 through 15 (must equal line 33)	27,857,979	16	28,597,488	
Liabilities	17 Accounts payable and accrued expenses	649,876	17	787,715
	18 Grants payable	3,015,812	18	2,704,139
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,665,688	26	3,491,854
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,199,869	27	6,459,924
	28 Net assets with donor restrictions	17,992,422	28	18,645,710
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	24,192,291	32	25,105,634	
33 Total liabilities and net assets/fund balances	27,857,979	33	28,597,488	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,251,608
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,977,830
3	Revenue less expenses. Subtract line 2 from line 1	3	-726,222
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,192,291
5	Net unrealized gains (losses) on investments	5	1,639,565
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	25,105,634

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
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	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A
(Form 990)**

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 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization UNITED WAY OF THE CAPITAL REGION	Employer identification number 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).)
- 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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 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)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,654,477	9,324,121	9,763,862	10,891,513	9,151,005	47,784,978
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	8,654,477	9,324,121	9,763,862	10,891,513	9,151,005	47,784,978
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						199,146
6 Public support. Subtract line 5 from line 4						47,585,832

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	8,654,477	9,324,121	9,763,862	10,891,513	9,151,005	47,784,978
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	170,978	123,754	84,560	193,740	91,580	664,612
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	731,593	677,745	793,692	934,717	756,216	3,893,963
11 Total support. Add lines 7 through 10						52,343,553
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	90.91 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	91.62 %
16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. 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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

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

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.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 . . .			
b Excess from 2020 . . .			
c Excess from 2021 . . .			
d Excess from 2022 . . .			
e Excess from 2023 . . .			

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

2023

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Table with 2 columns: Held at the End of the Tax Year. Rows 1-9 for various questions and data points.

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

Table with 2 columns: Revenue, Assets. Rows 1a, 1b, 2 for various questions and data points.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f 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 in Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,335,504	13,922,516	14,458,238	10,864,081	12,441,746
b Contributions	0	0	0	0	0
c Net investment earnings, gains, and losses	1,806,710	-1,587,012	-535,722	3,594,157	-1,577,665
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	0	0	0	0	0
g End of year balance	14,142,214	12,335,504	13,922,516	14,458,238	10,864,081

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** Term 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:

	Yes	No
(i) Unrelated organizations?	✓	
(ii) Related organizations?		✓
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
1a Land	0	134,000		134,000
b Buildings	0	1,622,590	912,871	709,719
c Leasehold improvements	0	343,766	91,893	251,873
d Equipment	0	464,850	381,379	83,471
e Other	0	37,168	15,638	21,530
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,200,593

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) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

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)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) Beneficial Interest in Perpetual Trusts	14,142,214
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	14,142,214

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)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

**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 for the latest information.

OMB No. 1545-0047

2023

**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.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 101

3 Enter total number of other organizations listed in the line 1 table 936

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.
Name and address	American Red Cross Central PA 1804 North Sixth Street Harrisburg, PA 17102	53-0196605	199,763	
IRC code section				
Method of valuation	FMV/Cash			
Desc. of Non-Cash Asst.				
Purpose of grant				
Name and address	Bethesda Mission of Harrisburg 2101 N Front St Bldg 1 Ste 301 Harrisburg, PA 17110	23-1389397	59,585	
IRC code section				
Method of valuation	FMV/Cash			
Desc. of Non-Cash Asst.				
Purpose of grant				
Name and address	Boy Scouts of America New Birth of One Baden Powell Ln Mechanicsburg, PA 17050	23-1365194	8,630	
IRC code section				
Method of valuation	FMV/Cash			
Desc. of Non-Cash Asst.				
Purpose of grant				
Name and address	Brethren Housing Association 219 Hummel Street Harrisburg, PA 17104	25-1636220	6,100	
IRC code section				
Method of valuation	FMV/Cash			
Desc. of Non-Cash Asst.				
Purpose of grant				
Name and address	Camp Hill Presbyterian Church 101 North 23rd Street Camp Hill, PA 17011	23-6393377	26,500	
IRC code section				
Method of valuation	FMV/Cash			
Desc. of Non-Cash Asst.				
Purpose of grant				
Name and address	Catholic Charities of the Diocese of 4800 Union Deposit Road Harrisburg, PA 17111	23-1494791	57,849	
IRC code section				
Method of valuation	FMV/Cash			
Desc. of Non-Cash Asst.				
Purpose of grant				
Name and address	Central Pennsylvania Food Bank 3908 Corey Road Harrisburg, PA 17109	23-2202250	93,444	
IRC code section				
Method of valuation	FMV/Cash			

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Centre County United Way 2790 West College Avenue Suite 7 State College, PA 16801	25-1215290	6,281
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Children's Miracle Network Hershey 600 Centerview Dr Ste 1103 Hershey, PA 17033	24-6000376	7,821
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Christian Life Assembly of God 2645 Lisburn Road Camp Hill, PA 17011	44-0577787	6,823
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Christian School Association of Greater 2000 Blue Mountain Parkway Harrisburg, PA 17112	23-1494759	8,139
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Community Check Up Center of South 38 C Hall Manor Harrisburg, PA 17104	25-1724315	32,874
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Dauphin County Library System 101 Walnut Street Harrisburg, PA 17101	23-1352317	5,478
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Derry Presbyterian Church 248 East Derry Road Hershey, PA 17033	23-1971692	36,570
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Friends of the West Shore Theatre Inc	82-5327951	12,100

PO Box 643
New Cumberland, PA 17070

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

Name and address	Girl Scouts in the Heart of Pennsylvania 4640 Trindle Road Camp Hill, PA 17011	24-0795960	6,413
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	Harrisburg Area YMCA 805 N Front St Harrisburg, PA 17102	23-1665437	17,329
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	Harrisburg Singers PO Box 772 Mechanicsburg, PA 17055	23-2308029	7,500
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	Harrisburg Symphony Association 800 Corporate Circle Suite 101 Harrisburg, PA 17110	23-1355180	13,975
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	Harrisburg University of Science and 326 Market Street Harrisburg, PA 17101	25-1900793	11,400
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	Historic Harrisburg Association Inc 1230 N Third Street Harrisburg, PA 17102	23-7244724	6,100
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	Holy Name of Jesus Roman Catholic Church 6150 Allentown Boulevard Harrisburg, PA 17112	23-1494791	14,631
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IRC code section**Method of valuation** FMV/Cash

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Homeland Center 1901 N 5th St Harrisburg, PA 17102	23-1365148	7,503
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Hospice of Central Pennsylvania 1320 Linglestown Rd Harrisburg, PA 17110	23-2106895	27,455
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Humane Society of Harrisburg 7790 Grayson Rd Harrisburg, PA 17111	23-1365361	14,082
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Jewish Community Foundation of Central 3211 North Front Street Harrisburg, PA 17110	23-1352587	5,200
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Jewish Federation of Greater Harrisburg 3301 North Front Street Harrisburg, PA 17110	23-1352338	5,311
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Joshua Group 1442 Market Street Harrisburg, PA 17103	31-1672530	8,447
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Journey United Methodist Church 750 S 29th St Harrisburg, PA 17111	30-1195543	22,500
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Juniata College	23-1352652	15,000

1700 Moore Street
Huntingdon, PA 16652

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

Name and address	Juvenile Diabetes Research Foundation 200 Vesey Street New York, NY 10281	23-1907729	12,537
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	Lycoming College 700 College Place Williamsport, PA 17701	24-0795965	10,750
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	Make A Wish Foundation of Philadelphia 5 Valley Square Suite 210 Blue Bell, PA 19422	22-2755963	18,206
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	Market Square Concerts PO Box 1292 Harrisburg, PA 17108	22-2570747	7,285
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	Mechanicsburg Brethren in Christ Church 1050 South York Road Mechanicsburg, PA 17055	23-2167339	8,500
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	Merrill Area United Way Inc PO Box 813 Merrill, WI 54452	39-1686800	7,124
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	Messiah University One University Avenue Mechanicsburg, PA 17055	23-1352661	17,674
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IRC code section**Method of valuation** FMV/Cash

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Midwest Food Bank Pennsylvania 2700 Commerce Drive Middletown, PA 17057	41-2120170	6,051
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	National Civil War Museum 1 Lincoln Circle Harrisburg, PA 17103	25-1855915	29,000
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Ned Smith Center for Nature and Art 176 Water Company Road Millersburg, PA 17061	25-1735097	5,382
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	New Hope Ministries Inc 5228 East Trindle Road Mechanicsburg, PA 17050	23-2223120	218,764
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Penn State Milton S Hershey Medical 500 University Dr Hershey, PA 17033	25-1854722	100,127
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Planned Parenthood Keystone PO Box 944 Bensalem, PA 19020	23-2450112	7,880
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Prince of Peace Catholic Parish 815 South Second Street Steelton, PA 17113	23-1494791	7,000
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Ronald McDonald House Charities of	23-2204761	14,008

745 West Governor Road
Hershey, PA 17033

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

Name and address	Rotary Club of Colonial Park Foundation 5901 Jonestown Road Harrisburg, PA 17112	46-4239043	7,500
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	Speranza Animal Rescue 1216 Brandt Road Mechanicsburg, PA 17055	45-5131283	5,486
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	St Stephens Episcopal Church of 221 North Front Street Harrisburg, PA 17101	23-1381416	12,500
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	St Theresa of the Infant Jesus Parish 1300 Bridge Street New Cumberland, PA 17070	23-1494791	100,912
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	Temple University Of the Commonwealth 1601 N Broad Street Room 100 Philadelphia, PA 19122	23-1365971	7,500
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	The Foundation for Enhancing Communities 200 N Third St 8th Fl Harrisburg, PA 17101	01-0564355	259,805
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	The Leukemia and Lymphoma Society Central 101 Erford Rd Ste 201 Camp Hill, PA 17011	23-7094067	5,762
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IRC code section**Method of valuation** FMV/Cash

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	The Peyton Walker Foundation PO Box 1482 Mechanicsburg, PA 17055	46-4655102	9,244
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	The Salvation Army Harrisburg Capital 506 S 29th St Harrisburg, PA 17104	13-5562351	234,392
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	The Waynesburg University 51 West College Street Waynesburg, PA 15370	25-0965603	10,000
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Trinity Evangelical Lutheran Church 2000 Chestnut Street Camp Hill, PA 17011	23-1390629	10,000
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Trinity High School 3601 Simpson Ferry Road Camp Hill, PA 17011	23-1494791	54,684
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	United Way of Berks County 25 N 2nd St Reading, PA 19601	23-1655375	5,821
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	United Way of Franklin County PA 182 South 2nd Street Chambersburg, PA 17201	25-1730590	6,020
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	United Way of Greater Philadelphia and	23-1556045	11,327

1650 Arch St
Philadelphia, PA 19103

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

Name and address	United Way of Lancaster County 1910 Harrington DR STE A Lancaster, PA 17601	23-1352093	10,700
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	United Way of Lebanon County PO Box 355 Annville, PA 17003	23-1465632	8,385
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	United Way of Southwestern Pennsylvania 1250 Penn Avenue Pittsburgh, PA 15230	25-1043578	7,779
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	United Way of the Capital Region 2235 Millennium Way Enola, PA 17025	23-1352095	39,392
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	United Way of the Greater Lehigh Valley 1110 American Parkway NE Ste F120 Allentown, PA 18109	23-2657933	6,251
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	UPMC Pinnacle Foundation PO Box 8700 Harrisburg, PA 17105	22-2691718	5,609
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	Valley Youth House 3400 High Point Blvd Bethlehem, PA 18017	23-7178820	8,376
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IRC code section**Method of valuation** FMV/Cash

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Vision Resources of Central Pennsylvania 1130 S 19th St Harrisburg, PA 17104	23-1352259	23,051
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	West Shore Evangelical Free Church 1345 Williams Grove Road Mechanicsburg, PA 17055	23-1970373	6,500
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Whitaker Center for Science and the Arts 222 Market Street Harrisburg, PA 17101	25-1724566	9,718
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	WITF Incorporated 4801 Lindle Rd Harrisburg, PA 17111	23-1629016	11,134
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	YWCA of Carlisle and Cumberland County 301 G Street Carlisle, PA 17013	23-1429866	28,643
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	YWCA of Greater Harrisburg 1101 Market St Harrisburg, PA 17103	23-1370514	262,894
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Zion Evangelical Lutheran Church 100 West Main Street Hummelstown, PA 17036	23-1518205	19,000
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Carlisle Cares	26-3194660	25,000

50 west Penn Street
Carlisle, PA 17013

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

Name and address	Center for Employment Opportunities Inc 100 N Cameron St Ste 300 Harrisburg, PA 17101	13-3843322	10,000
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	Christian Churches United of the Tri County Area 413 S 19th Street Harrisburg, PA 17104	23-2085603	125,051
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	Contact Helpline 900 S Arlington Ave Suite 150A Harrisburg, PA 17109	23-7083169	27,143
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	Domestic Violence Service of Cumberland and Perry Cos 602 N Hanover St Shippensburg, PA 17257	25-1629910	44,171
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	Downtown Daily Bread 234 South St Harrisburg, PA 17101	87-2021179	62,640
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	International Service Center 21 S River St Harrisburg, PA 17101	23-2052374	8,648
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IRC code section**Method of valuation** FMV/Cash**Desc. of Non-Cash Asst.****Purpose of grant**

Name and address	Jewish Family Service of Greater Harrisburg Inc 2994 North 2nd St Harrisburg, PA 17110	23-2894802	16,292
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IRC code section

Method of valuation FMV/Cash

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Keystone Human Services Keystone Service Systems 4394 Sturbridge Dr Harrisburg, PA 17110	23-1915567	10,000
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IRC code section

Method of valuation FMV/Cash

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Latino Hispanic American Community Center 1301 Derry St Harrisburg, PA 17104	27-1032748	52,819
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IRC code section

Method of valuation FMV/Cash

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	MidPenn Legal Services Inc 213 A North Front Street Harrisburg, PA 17101	23-7101191	35,285
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IRC code section

Method of valuation FMV/Cash

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Pennsylvania Wounded Warriors Inc 1117 Country Club Road Camp Hill, PA 17011	74-3225326	25,000
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IRC code section

Method of valuation FMV/Cash

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Perry Human Services 8391 Spring Rd New Bloomfield, PA 17068	23-1953159	26,462
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IRC code section

Method of valuation FMV/Cash

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Safe Harbour Inc 102 West High Street Carlisle, PA 17013	23-2405118	18,750
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IRC code section

Method of valuation FMV/Cash

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Shalom House 9 S 15th St Harrisburg, PA 17104	23-2447254	20,000
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IRC code section

Method of valuation FMV/Cash

Desc. of Non-Cash Asst.

Purpose of grant

Purpose of grant

Name and address	Upper Dauphin Human Service Center 727 Main St Lykens, PA 17048	23-2058911	39,016
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IRC code section

Method of valuation	FMV/Cash
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Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Capital Area Intermediate Unit 55 Miller St Enola, PA 17025	59-3783257	349,327
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IRC code section

Method of valuation	FMV/Cash
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Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Beacon Clinic for Health and Hope 248 Seneca St Harrisburg, PA 17110	46-3507570	27,381
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IRC code section

Method of valuation	FMV/Cash
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Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Joshi Health Foundation 5008 Lenker St Suite 102 Mechanicsburg, PA 17050	84-4264109	32,324
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IRC code section

Method of valuation	FMV/Cash
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Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Hope Within Community Health Counseling and Dental Center 4748 East Harrisburg Pike Elizabethtown, PA 17022	16-1643004	25,152
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IRC code section

Method of valuation	FMV/Cash
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Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Pennsylvania Psychiatric Institute 2501 North Third Street Harrisburg, PA 17110	26-1699000	31,501
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IRC code section

Method of valuation	FMV/Cash
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Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Sadler Health Center Corp 100 North Hanover Street Carlisle, PA 17013	54-2082673	37,348
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IRC code section

Method of valuation	FMV/Cash
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Desc. of Non-Cash Asst.

Purpose of grant

Schedule I, Part IV, Statement 1

UNITED WAY OF THE CAPITAL REGION

Name and address	Hamilton Health Center Inc 110 S 17th Street Harrisburg, PA 17104	23-1858363	386,398
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	South central Workforce Investment Board 4201 Crums Mill Road Ste 200 Harrisburg, PA 17112	51-0475788	60,650
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Tri County Opportunities Industrialization Center Inc 500 Maclay street Harrisburg, PA 17110	23-1667266	60,292
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Goodwill Keystone Area 1150 Goodwill Dr Harrisburg, PA 17101	23-1365338	86,620
IRC code section			
Method of valuation	FMV/Cash		
Desc. of Non-Cash Asst.			
Purpose of grant			
Name and address	Family Promise of Harrisburg Capital 56 Erford Rd Camp Hill, PA 17011	35-2340680	64,706
IRC code section			
Method of valuation	C=FMV/Cash		
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 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

UNITED WAY OF THE CAPITAL REGION

Employer identification number

23-1352095

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <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) </p>		
<p>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</p>	1b	
<p>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?</p>	2	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Written employment contract <input checked="" 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 </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>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:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>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</p>	7	✓
<p>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</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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 and/or 1099-NEC 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	Timothy Fatzinger, President & CEO	(i) 181,691	13,500	0	0	0	195,191	162,500
	(ii)	0	0	0	0	0	0	0
2	Jeanmarie Hegarty, Vice President of Finance & Support Services	(i) 100,741	7,554	0	0	0	108,295	97,308
	(ii)	0	0	0	0	0	0	0
3	Stephanie McAuliffe, Senior Vice President of Community Impact & Annual Giving	(i) 120,000	9,000	0	0	0	129,000	0
	(ii)	0	0	0	0	0	0	0
4	Rae Lynn Cox, Vice President Of Communications and Donor Engagement	(i) 99,071	7,411	0	0	0	106,482	0
	(ii)	0	0	0	0	0	0	0
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

2023

**Open to Public
Inspection**

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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				
2				
3				
4				
5				
6	✓		44,051	FMV
7	✓	1	21,785	FMV
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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 3 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)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE CAPITAL REGION

Employer identification number

23-1352095

Form 990, Part VI, Section B, Line 11b - 990 and other audited financial statements are made available to committee members prior to the September 2024 Finance & Audit Committee and Board meetings. These meetings also include a discussion and review of the organization's overhead rate and United Way Worldwide's 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 and 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 modification 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 within similar geographic regions. The Executive Committee also annually reviews and approves 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 conflicts 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, which are reviewed by the Finance & Audit Committee and Board of Directors, are posted on our website along with the annual report and can be provided upon request.

Mission Description

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.	571,963	0	0
Total:		571,963	0	0

**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 for instructions and the latest information.

OMB No. 1545-0047

2023

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) <u>United Way Foundation of the Capital Region (25-1733405)</u> <u>2235 Millennium Way, Enola, PA 17025</u>	<u>Support United Way of the Capital Region</u>	<u>PA</u>	<u>501c3</u>	<u>12a Type 1</u>	<u>N/A</u>		<input checked="" type="checkbox"/>
(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.

1 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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)	✓	
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)	✓	
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	✓	
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s 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
(1)	United Way Foundation of the Capital Region	c	303,668	FMV/Cash
(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)													

