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CLIENT'S COPY

COPY

BONADIO & CO., LLP
6 WEMBLEY COURT
ALBANY, NY 12205-5808
518-464-4080

FEBRUARY 5, 2009

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

DEAR MS. HANNAH:

ENCLOSED IS THE ORGANIZATION'S 2007 EXEMPT ORGANIZATION
RETURN. THE STATE EXEMPT ORGANIZATION ANNUAL REPORT IS ALSO
ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE MAY 15, 2009.

MAIL TO - DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS:

PLEASE MAIL FORM CHAR500 ON OR BEFORE MAY 15, 2009.

MAIL TO - NEW YORK STATE DEPARTMENT OF LAW
CHARITIES BUREAU - REGISTRATION SECTION
120 BROADWAY
NEW YORK, NY 10271

ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NYS DEPARTMENT OF
LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S)
ON THE REMITTANCE.

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

SINCERELY,

BONADIO & CO., LLP

COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2008

Prepared for	UNITED WAY OF THE GREATER CAPITAL REGION ONE UNITED WAY, PO BOX 13865 ALBANY, NY 12212
Prepared by	BONADIO & CO., LLP 6 WEMBLEY COURT ALBANY, NY 12205
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	MAY 15, 2009
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization UNITED WAY OF THE GREATER CAPITAL REGION		D Employer identification number 14-1364505
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE UNITED WAY, PO BOX 13865		E Telephone number 518-456-2200
		City or town, state or country, and ZIP + 4 ALBANY, NY 12212		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: **WWW.UNITEDWAYGCR.ORG**

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **10,758,312.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	8,714,265.	
	c	Indirect public support (not included on line 1a)	1c	565,936.	
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ 9,280,201. noncash \$)	1e		9,280,201.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		24,246.
	5	Dividends and interest from securities	5		116,468.
	6a	Gross rents SEE STATEMENT 1	6a	47,082.	
	b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		47,082.	
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	1,237,736.	8a	
b	Less: cost or other basis and sales expenses		1,263,969.	8b	
c	Gain or (loss) (attach schedule)		-26,233.	8c	
d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 2	8d		-26,233.	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	52,579.		
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 3	9c		52,579.	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		9,494,343.	
Expenses	13	Program services (from line 44, column (B))	13		9,267,553.
	14	Management and general (from line 44, column (C))	14		778,974.
	15	Fundraising (from line 44, column (D))	15		515,929.
	16	Payments to affiliates (attach schedule) SEE STATEMENT 4	16		83,393.
	17	Total expenses. Add lines 16 and 44, column (A)	17		10,645,849.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		-1,151,506.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,251,711.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20		2,913,325.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		4,013,530.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 7	
22b Other grants and allocations (attach schedule) (cash \$ <u>7,385,486</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	7,385,486.	7,385,486.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	710,650.	295,490.	267,234.	147,926.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	636,585.	413,305.	111,621.	111,659.
27 Pension plan contributions not included on lines 25a, b, and c	150,553.	79,207.	42,337.	29,009.
28 Employee benefits not included on lines 25a - 27	124,381.	65,438.	34,977.	23,966.
29 Payroll taxes	112,735.	59,311.	31,702.	21,722.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies				
34 Telephone	13,540.	7,124.	3,807.	2,609.
35 Postage and shipping	10,407.	5,475.	2,927.	2,005.
36 Occupancy	80,659.	42,436.	22,682.	15,541.
37 Equipment rental and maintenance	99,126.	52,151.	27,875.	19,100.
38 Printing and publications	64,797.	13,958.	7,460.	43,379.
39 Travel	32,518.	17,108.	9,144.	6,266.
40 Conferences, conventions, and meetings	56,508.	29,729.	15,891.	10,888.
41 Interest	8,013.	4,216.	2,254.	1,543.
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 6	1,076,498.	797,119.	199,063.	80,316.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	10,562,456.	9,267,553.	778,974.	515,929.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 9	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 8	9,267,553.
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	9,267,553.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	300.	45 652,492.
	46 Savings and temporary cash investments	326,590.	46 2,103,556.
	47 a Accounts receivable	47a 31,415.	47c 31,415.
	b Less: allowance for doubtful accounts	47b	
	48 a Pledges receivable	48a 3,884,813.	48c 3,473,414.
	b Less: allowance for doubtful accounts	48b 411,399.	
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	5,695.	53 26,490.
	54 a Investments - publicly-traded securities STMT 14 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54a 1,806,219.
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55 a Investments - land, buildings, and equipment: basis	55a	55c
	b Less: accumulated depreciation	55b	
	56 Investments - other	SEE STATEMENT 10	56 0.
57 a Land, buildings, and equipment: basis	57a 1,094,719.	57c 532,632.	
b Less: accumulated depreciation STMT 11	57b 562,087.		
58 Other assets, including program-related investments (describe SEE STATEMENT 12)		58 442,816.	
59 Total assets (must equal line 74). Add lines 45 through 58		59 3,774,927.	
Liabilities	60 Accounts payable and accrued expenses	42,898.	60 3,450,997.
	61 Grants payable	1,477,087.	61 2,471,286.
	62 Deferred revenue	3,231.	62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable STMT 13		64b 228,599.
	65 Other liabilities (describe ACCRUED PENSION COST)		65 0.
	66 Total liabilities. Add lines 60 through 65		66 1,523,216.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	2,201,711.	67 3,481,411.
	68 Temporarily restricted	0.	68 15,255.
	69 Permanently restricted	50,000.	69 516,864.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		73 2,251,711.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		74 3,774,927.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	X	
82b	35,907.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A		
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	Dues, assessments, and similar amounts from members N/A		
85d	Section 162(e) lobbying and political expenditures N/A		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices N/A		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e) N/A		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 N/A		
86b	Gross receipts, included on line 12, for public use of club facilities N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed NY		
90b	Number of employees employed in the pay period that includes March 12, 2007 28		
91 a	The books are in care of THE ORGANIZATION Telephone no. (518) 456-2200 Located at ONE UNITED WAY, ALBANY, NY ZIP + 4 12212		
91b	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)? If "Yes," enter the name of the foreign country N/A		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments ...			14	24,246.	
96 Dividends and interest from securities			14	116,468.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	47,082.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			16	-26,233.	
101 Net income or (loss) from special events			01	52,579.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		214,142.	0.
105 Total (add line 104, columns (B), (D), and (E))					214,142.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer _____ Date _____
 CEO
 Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. X) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 **BONADIO & CO., LLP**
 6 WEMBLEY COURT
 ALBANY, NY 12205 EIN _____
 Phone no. **518-464-4080**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization

UNITED WAY OF THE GREATER CAPITAL REGION

Employer identification number

14 1364505

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X
d	Enter the total number of donor advised funds owned at the end of the tax year		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Schedule A (Form 990 or 990-EZ) 2007

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,937,068.	3,498,555.	3,339,338.	3,565,225.	14,340,186.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	117,437.	83,388.	76,484.	72,891.	350,200.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	4,054,505.	3,581,943.	3,415,822.	3,638,116.	14,690,386.
24 Line 23 minus line 17	4,054,505.	3,581,943.	3,415,822.	3,638,116.	14,690,386.
25 Enter 1% of line 23	40,545.	35,819.	34,158.	36,381.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 293,808.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 14,690,386.
d Add: Amounts from column (e) for lines: 18 <u>350,200.</u> 19 _____ 22 _____ 26b _____					26d 350,200.
e Public support (line 26c minus line 26d total)					26e 14,340,186.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.6161%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) N/A
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
BUILDING RENTAL	1	47,082.
TOTAL TO FORM 990, PART I, LINE 6A		47,082.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
NET GAIN FROM SALE OF INVESTMENTS	1,237,736.	1,263,969.	0.	-26,233.
TO FORM 990, PART I, LINE 8	1,237,736.	1,263,969.	0.	-26,233.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
VARIOUS FUNDRAISING EVENTS	52,579.		52,579.		52,579.
TO FM 990, PART I, LINE 9	52,579.		52,579.		52,579.

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 4

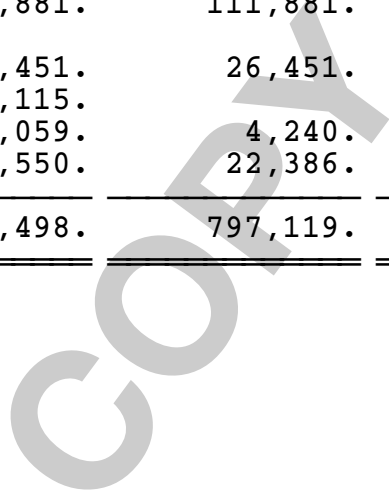
AFFILIATE'S NAME	AFFILIATE'S ADDRESS	
UNITED WAY OF AMERICA	701 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314	
PURPOSE OF PAYMENT		AMOUNT
ANNUAL DUES-PROVIDES ASSISTANCE WITH FUNDRAISING AND PROGRAM MGMT SERVICES		60,466.

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	
UNITED WAY OF NEW YORK STATE	155 WASHINGTON AVENUE ALBANY, NY 12210	
PURPOSE OF PAYMENT		AMOUNT
ANNUAL DUES-PROVIDES ASSISTANCE WITH FUNDRAISING AND PROGRAM MGMT SERVICES		22,927.
TOTAL TO FORM 990, PART I, LINE 16		83,393.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
UNREALIZED GAIN/(LOSS) ON SALE OF INVESTMENT	-266,885.
UNREALIZED GAIN/(LOSS), PERMANENTLY RESTRICTED	-51,185.
UNRECOGNIZED ACTUARIAL LOSS - FASB 158	-288,714.
GAIN FROM MERGER WITH UNITED WAY OF NORTHEASTERN NEW YORK	3,520,109.
TOTAL TO FORM 990, PART I, LINE 20	2,913,325.

FORM 990	OTHER EXPENSES			STATEMENT 6
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PUBLICITY AND PROMOTIONS	133,666.		79,318.	54,348.
ORGANIZATION DUES	8,191.	3,852.	2,575.	1,764.
PROFESSIONAL SERVICES AND FEES	73,577.	38,710.	20,690.	14,177.
MISCELLANEOUS EXPENSES	3,530.	2,121.	1,134.	275.
PROGRAM EXPENSES	120,177.	120,177.		
GRANTS AND TECHNICAL ASSISTANCE	467,301.	467,301.		
FEDERATED CAMPAIGN EXPENSES	111,881.	111,881.		
INDEPENDENT CONTRACTORS	26,451.	26,451.		
TRANSITION EXPENSES	81,115.		81,115.	
INSURANCE	8,059.	4,240.	2,266.	1,553.
TEMPORARY EMPLOYEES	42,550.	22,386.	11,965.	8,199.
TOTAL TO FM 990, LN 43	1,076,498.	797,119.	199,063.	80,316.



FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

8

DESCRIPTION OF PROGRAM SERVICE ONE

UNITED WAY OF THE GREATER CAPITAL REGION'S MISSION IS TO BRING DIVERSE PEOPLE AND ORGANIZATIONS TOGETHER TO WORK COOPERATIVELY ON ISSUES THAT AFFECT PEOPLE IN THE COMMUNITY, HELPING TO IMPROVE THE QUALITY OF LIFE. UNITED WAY'S ROLE IS TO PROVIDE LEADERSHIP AROUND SOCIAL ISSUES BY CONVENING GROUPS, FACILITATING COMMUNITY SOLUTIONS, FINDING RESOURCES, ACTING AS FISCAL AGENT, PROGRAM EVALUATOR AND GRANT MAKER.

FUNDS ARE GIVEN TO UNITED WAY FOR THE ABOVE PURPOSES. FUNDS ALSO ARE ENTRUSTED TO UNITED WAY BY DONORS WHO WISH TO PROVIDE FINANCIAL SUPPORT FOR SPECIFIC NOT FOR PROFIT ORGANIZATIONS, IN THESE SITUATIONS, IT IS UNITED WAYS' ROLE TO PROVIDE THE DONOR SERVICE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		9,267,553.

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE
PART III

STATEMENT

9

EXPLANATION

UNITED WAY OF THE GREATER CAPITAL REGION'S MISSION IS TO BRING DIVERSE PEOPLE AND ORGANIZATIONS TOGETHER TO WORK COOPERATIVELY ON ISSUES THAT AFFECT PEOPLE IN THE COMMUNITY, HELPING TO IMPROVE THE QUALITY OF LIFE. UNITED WAY'S ROLE IS TO PROVIDE LEADERSHIP AROUND SOCIAL ISSUES BY CONVENING GROUPS, FACILITATING COMMUNITY SOLUTIONS, FINDING RESOURCES, ACTING AS FISCAL AGENT, PROGRAM EVALUATOR AND GRANT MAKER. FUNDS ARE GIVEN TO UNITED WAY FOR THE ABOVE PURPOSES. FUNDS ALSO ARE ENTRUSTED TO UNITED WAY BY DONORS WHO WISH TO PROVIDE FINANCIAL SUPPORT FOR SPECIFIC NOT FOR PROFIT ORGANIZATIONS, IN THESE SITUATIONS, IT IS UNITED WAYS' ROLE TO PROVIDE THE DONOR SERVICE.

FORM 990 OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	AMOUNT
CORPORATE AND GOVERNMENT BONDS HELD	MARKET VALUE	285,258.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		285,258.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	102,300.	0.	102,300.
BUILDING AND BUILDING IMPROVEMENTS	796,526.	463,873.	332,653.
OFFICE EQUIPMENT	195,893.	98,214.	97,679.
TOTAL TO FORM 990, PART IV, LN 57	1,094,719.	562,087.	532,632.

FORM 990 OTHER ASSETS STATEMENT 12

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
BENEFICIAL INTEREST IN PERPETUAL TRUST CONTRIBUTIONS RECEIVABLE FROM CHARITABLE TRUSTS	0.	466,864.
OTHER ASSETS	442,816.	0.
TOTAL TO FORM 990, PART IV, LINE 58	442,816.	894,687.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 13

LENDER'S NAME TERMS OF REPAYMENT
 PIONEER SAVINGS BANK \$4,902 PRINCIPAL & INTEREST/MONTH

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
10/31/07	11/30/12	250,000.	6.50%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
 UNSECURED OFFICE EQUIPMENT

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	228,599.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		228,599.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 14

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS	FMV	2,444,650.			2,444,650.
TO FORM 990, LINE 54A, COL B		2,444,650.			2,444,650.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 15

DESCRIPTION	AMOUNT
DONOR DESIGNATIONS SHOWN NET ON OF CONTRIBUTIONS FOR FINANCIAL STATEMENTS	4,006,555.
TOTAL TO FORM 990, PART IV-A	4,006,555.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 16

DESCRIPTION	AMOUNT
DONOR DESIGNATIONS SHOWN NET ON OF CONTRIBUTIONS FOR FINANCIAL STATEMENTS	4,006,555.
TOTAL TO FORM 990, PART IV-B	4,006,555.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 17

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KATHERINE PELHAM C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	CEO 40.00	111,650.	17,770.	12,124.
BRUCE STANLEY C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	EXECUTIVE VICE PRESIDENT 40.00	73,580.	11,711.	0.
JOSEPH GUASTELLA C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	VP, FEDERATED CAMPAIGN 40.00	69,177.	11,010.	0.
JAMES MULLIGAN C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	VP WORKPLACE CAMPAIGNS 40.00	61,200.	9,740.	0.

HERM HILL C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	VP, MARKETING & COMMUN. 40.00	59,986.	9,547.	0.
BARBARA WAGNER C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	VP OPERATIONS 40.00	62,221.	9,903.	0.
MICHELE HANNAH C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	CFO 40.00	62,846.	10,003.	0.
KAREN BILOWITH C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	PRESIDENT 40.00	99,885.	6,865.	0.
LAURA BACHELDOR C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	VP COMMUNITY IMPACT 40.00	58,029.	4,267.	0.
THOMAS HUDY C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	VP SYSTEMS INTEGRATION 40.00	52,077.	3,636.	0.
TRACEY BEATTY C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.
BRIAN BORDEN C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.
DIANE BLAKE C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.
KATHARINE BRIAR-LAWSON C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.

CHARLES CARLETTA C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.
CHRISTY CALICCHIA C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.
ROB COAN C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.
JO-ANN COSTANTINO C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.
MICHAEL CORBO C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.
DENISE DESMOND C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	COMMITTEE CHAIR 4.00	0.	0.	0.
KATHARINE DORAN C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	TREASURER 4.00	0.	0.	0.
ROBERT DOYLE C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	SECRETARY 4.00	0.	0.	0.
KATHLEEN GARRISON C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.
ANDY GNOINSKI C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.

ELIZABETH HOOD C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	VICE CHAIR 4.00	0.	0.	0.
SUSAN HOUP C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.
JOHN KEARNEY C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	LABOR LIAISON 4.00	0.	0.	0.
ROBERT LUDWIG C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.
RUTH MAHONEY C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.
HEATHER MEANEY C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.
DAVID OLIKER C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.
MARIA NEIRA C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.
KIM PERONE C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.
PETER ROSECRANS C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.

FRANK SCHMELER C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	PAST CAMPAIGN CHAIR 4.00	0.	0.	0.
JOHN STANDISH C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.
STEVE STRICHMAN C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	BOARD MEMBER 4.00	0.	0.	0.
STEPHEN VNUK C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	VICE CHAIR 4.00	0.	0.	0.
PHILIP WELSH C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	CHAIR 4.00	0.	0.	0.
LISA JACKSON C/O WASHINGTON AVE EXT, PO BOX 13865 ALBANY, NY 12212	PAST CHAIR 4.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>710,651.</u>	<u>94,452.</u>	<u>12,124.</u>

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II			Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization				Employer identification number
	UNITED WAY OF THE GREATER CAPITAL REGION				14-1364505
	Number, street, and room or suite no. If a P.O. box, see instructions.				For IRS use only
ONE UNITED WAY, PO BOX 13865					
City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
ALBANY, NY 12212					

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **THE ORGANIZATION**
 Telephone No. **(518) 456-2200** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2009.

5 For calendar year _____, or other tax year beginning JUL 1, 2007, and ending JUN 30, 2008.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ALL OF THE INFORMATION TO COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CPA** Date

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING

JUNE 30, 2008

Prepared for	UNITED WAY OF THE GREATER CAPITAL REGION ONE UNITED WAY, PO BOX 13865 ALBANY, NY 12212
Prepared by	BONADIO & CO., LLP 6 WEMBLEY COURT ALBANY, NY 12205
Mail tax return to	NEW YORK STATE DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
Return must be mailed on or before	MAY 15, 2009
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.

Form CHAR500	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	2007
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		Open to Public Inspection

1. General Information		
a. For the fiscal year beginning (mm/dd/yyyy) 07/01/2007 and ending (mm/dd/yyyy) 06/30/2008		
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization UNITED WAY OF THE GREATER CAPITAL REGION Number and street (or P.O. box if mail not delivered to street address) Room/suite ONE UNITED WAY, PO BOX 13865 City or town, state or country and ZIP + 4 ALBANY, NY 12212	d. Fed. employer ID no. (EIN) 14-1364505 e. NY State registration no. 00-28-69 f. Telephone number 518 456-2200 g. Email

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	Signature	Printed Name	Title CEO
b. Chief Financial Officer or Treasurer	Signature	Printed Name	Title
			Date

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)	Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used and either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal and contributions from all other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).
b. EPTL annual report exemption (EPTL registrants and dual registrants)	Check <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 and the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	* If "Yes", complete Schedule 4a.
b. Did the organization receive government contributions (grants)? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	* If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for summary of fee requirements.	
Indicate the filing fee(s) you are submitting along with this form:	Submit only one check or money order for the total fee, payable to "NYS Department of Law"
a. Article 7-A filing fee	\$ <u>25.</u>
b. EPTL filing fee	\$ <u>250.</u>
c. Total fee	\$ <u>275.</u>

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.

- Mail completed form with **required schedules, fee and attachments** to the address at the top of this page -

UNITED WAY OF THE GREATER CAPITAL REGION

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
• Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
• EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
• Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <u>single</u> check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

<input checked="" type="checkbox"/> IRS Form 990	<input type="checkbox"/> IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-PF
<input checked="" type="checkbox"/> Schedule A to IRS Form 990	<input type="checkbox"/> Schedule A to IRS Form 990-EZ	<input type="checkbox"/> Schedule B to IRS Form 990-PF
<input type="checkbox"/> Schedule B to IRS Form 990	<input type="checkbox"/> Schedule B to IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-T
<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

Audit Report (total support & revenue more than \$250,000)

Review Report (total support & revenue \$100,001 to \$250,000)

No Accountant's Report Required (total support & revenue not more than \$100,000)