Return of Organization Exempt From Income Tax         Description of the start of organization         Description of the start of organization         Organization         Organization         Organization         Organization         Organization         Organization         Organization         Organization         Caption positive start         Organization         Caption positive start         Organization         Caption positive start         Captin positive start <t< th=""><th></th><th></th><th></th><th>** PUBLIC DISCLOSURE COPY</th><th></th><th><b>. .</b></th><th>OMB No. 1545-0047</th></t<>				** PUBLIC DISCLOSURE COPY		<b>. .</b>	OMB No. 1545-0047					
Denote the rescale social social requires on this form as it may be made public inspection.       Denote the rescale social social requires on this form as it may be made public.       Denote a basis inspection.         A For the 2021 calendar year, or tax year beginning       JUL 1, 2021       and ending       JUN 30, 2022       Denote the rescale social social inspection.         B Costa, and the social social inspection.       CAPITAL AREA UNITED WAY       Denote the rescale social social inspection.       Denote the rescale social social inspection.         B Costa, and the rescale social social inspection.       Denote the rescale social social inspection.       Denote the rescale social social inspection.       Denote the rescale social social inspection.         B Costa, and the rescale social soc	For	" <b>9</b>	90				0004					
Description         Description         Imspection           A For the 3021 calendary year, of tax year beginning         JUL 1, 2021 and ending JUN 30, 2022         D           B conduct         C Name of organization         D         Employer identification number           Captral         C Name of organization         D         Employer identification number           Captral         CAPTTAL AREA UNITED WAY         72-0447100           Unstance         Captral AREA (P1.0 bot if mails is not delivered to street address)         Room/suite         E Telephone number           Captral         Captral AREA (P1.0 bot if mails is not delivered to street address)         Room/suite         E treatmone number           Captral         FAmme and address of principal officiar-GEORGE BELL         B consumests         To consume streat         V No           Versite         F Name and address of principal officiar-GEORGE BELL         WH No, AUM. ORG         H(G) coup avengtion number.         No           K riser organization:         Corporation         Trus         Association         Other         L year of romation: 1955 M State of legal domicile: LA           Pert1         Summary         I the organization discontinued its operations or disposed of more than 25% of its net assets.         Number of volumes relevant with advectary asset.         Number of volumeseres of the governing body (Part V, line 12)         3<			••									
A For the 2021 calendary year, or tax year beginning       JUL 1, 2021       and ending       JUN 30, 2022         B cites #	Department of the Treasury											
accheck												
CHEPTIAL AREA ONITED WAY       72-0447100         Dring Dusiness as       72-0447100         Number and street (or P.O. box (if mail is not delivered to street address)       Room/suite         Taxe       700 LAUREL ST.         City or town, state or province, country, and ZIP or foreign postal code       G cross recents         BATON ROUGE, LA 70802       H(a) Is this a group return         Family       Family and Street (or P.O. box (if mail is not delivered to street address)         Momber and street (or P.O. box (if mail is not delivered to street address)       Too LaUREL ST.         City or town, state or province, country, and ZIP or foreign postal code       G cross recents         BATON ROUGE, LA 70802       H(b) Are at auto-charter inclustor         Yees XI Solic(i(3)       501(c) ( ) ◀ (insert no.)       4947(a)(1) or 527         J Website:       WWN CAUW - ORG       H(b) Are at auto-charter inclustor         K Form of organization:       X porpration       Trust         A Number of voling members of the governing body (Part Vi, line 1a)       3       277         A Number of voling members of the governing body (Part Vi, line 1a)       3       277         A Number of voling members of the governing body (Part Vi, line 1a)       3       277         A Number of voling members of the governing body (Part Vi, line 1a)       3       277	<b>B</b> c	heck if pplicab	le: C Name of	-			ation number					
Doing Layliness as       Doing Layliness as       Doing Layliness as       Provide an unber of the common term of the common		Addre	ess CAPI	TAL AREA UNITED WAY								
Image: Number and street (or P.O. box (If mail is not delivered to street address)       Room/Suite       E       Telephone number         225-323-2643       City or town, state or province, country, and ZIP or foreign postal code       G. eressreemes: 7, 011, 521.         Amened       F Name and address of principal officer GEORGE BELL       H(a) is this a group return         I have send status: [X] Collog(3)       Soll(6)(1)       (insert no.)       4947(a)(1) or 527         I have send status: [X] Corporation       Trust       Association       Other I>         I arax exempt status: [X] Corporation       Trust       Association       Other I>         I Briefly describe the organization's mission or most significant activities:       HELPTING PEOPLE       IMPROVING         Coheck this box I>       I 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 V, line 1a)       3       2.77         Number of individuals employed in calendar year 2021 (Part V, line 1a)       3       2.77         Number of individuals employed in calendar year 2021 (Part V, line 1a)       3       2.77         Number of individuals employed in calendar year 2021 (Part V, line 1a)       3       2.71         Number of individuals employed in calendar year 2021 (Part V, line 1a)       3       2.71 <td< td=""><td></td><td></td><td>pe Doing bu</td><td>usiness as</td><td></td><td>72-044710</td><td>0</td></td<>			pe Doing bu	usiness as		72-044710	0					
City or town, state or province, country, and ZIP or foreign postal code       G Gross receipts 5       7,011,521.         Partial       BATON ROUGE, LA 70802       H(b) Is this a group return for subordinates?       Yes X       No         SAME AS C ABOVE       H(b) Are all subordinates?       Yes X       No         1       Tax exampt status:       X 501(c)(3)       501(c)       (insert no.)       4947(a)(1) or       EV       H(b) Are all subordinates includer)       Yes X       No         1       Tax exampt status:       X 501(c)(3)       501(c)       (insert no.)       4947(a)(1) or       EV       H(b) Are all subordinates includer)       Yes X       No         1       Briefly describe the organization 'S mission or most significant activities:       HELPING       PEOPLE       IMPROVING         2       Check this box >       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of independent voting members of the governing body (Part V, line 1a)       4       26         4       Total number of individuals employeed in calendar year 2021 (Part V, line 2a)       5       211       6       30.89         7       Total number of individuals employeed in calendar year 2021 (Part V, line 1a)       9       9       0       0       0       0       <		returr	Number	. ,	suite							
BATON ROUGE, LA 70802       H(a) Is this a group return for subordinates?       Yes X       No         BAME AS C ABOVE       Formal address of principal officer: GEORGE BELL SAME AS C ABOVE       H(b) keel is bootdrate iscubace       Yes X       No         I tax exempt status: X 501(c)(3) 501(c) ↓ (insert no.) 4947(a)(1) or 527       H(b) keel iscodrate iscubace       Yes X       No         J website: > WWW -CAUW -ORG       H(c) Group exemption number >       Kernol of cranitor: 1955       M statch a list. See instructions         Ferral full summary       Tax: exempt status: X 501(c)(3) ± (insert no.)       1947(a)(1) or 527       H(c) Group exemption number >         Ferral full summary       I briefly describe the organization's mission or most significant activities: HELPING PEOPLE - IMPROVING       200         COMUNITIES       2       Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of independent voting members of the governing body (Part VI, line 1a)       3       277         4       Number of independent voting members of the governing body (Part VI, line 1a)       3       271         4       urrelead business revenue form Part VIII, column (O), line 12       5       211         7       total number of independent voting members of the governing body (Part VI, line 1a)       10       10       10       159,749.		returr										
Image: Second Secon	_											
Image of Provide and abordess of principal officer CECKAGE BELLI       If of subordinates?       If of sub		returr	DAIU									
I Tax-exempt status: X 501(c)(3) 501(c) ( )  ( (insert n0.) 4947(a)(1) or 527       If 'No,'' attach a list. See instructions         J Website: WWW. CAUW. ORG       HC Group exemption number ►         K Form of organization: X Corporation Trust Association Other ► L Year of formation: 1955 M State of legal domicile: LA         Part I Summary       1 Briefly describe the organization: smission or most significant activities: HELPING PEOPLE - IMPROVING         COMMUNITIES       2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of voting members of the governing body (Part VI, line 1a)       3 277         4 Number of independent voting members of the governing body (Part VI, line 2a)       5 211         5 Total number of independent voting members of the governing body (Part VI, line 2a)       5 211         6 Total number of volunteers (estimate if necessary)       7a 0.0.         7 Ta Total unrelated business revenue from Form 9990-T, Part I, line 11       Prior Year         9 Program service revenue (Part VIII, line 1h)       9 72, 403. 159, 749.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3, 27626, 675.         12 Total revenue- add lines 8 through 11 (must equal Part VIII, column (A), line 13)       3, 667, 351. 4, 992, 534.         13 Grants and similar amounts paid (Part X, column (A), lines 5.10)       0.       0.         15 Salaries, other compensation, employee be		tion	F Name a				····· = =					
J Website: ▶ WWW. CAUW. ORG       H(c) Group exemption number ▶         K form of organization: X Corporation       Trust       Association       Other ▶       L Year of formation: 1955 M State of legal domicile: LA         Part II       Summary       L Year of tornation: 1955 M State of legal domicile: LA         I       Briefly describe the organization's mission or most significant activities: HELPING PEOPLE - IMPROVING         COMMUNITIES       I Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of nidependent voting members of the governing body (Part VI, line 1a)       3       27         4       Number of individuals employed in calendar year 2021 (Part V, line 2a)       5       211         6       Total number of volunterse (setimate if necessary)       7a       0.         7 a Total unrelated business revenue from Form 990 T, Part I, line 11       Prior Year       Current Year         9       Pogram service revenue (Part VIII, ione 1p)       9       0.       0.       0.         9       Program service revenue (Part VIII, line 1p)       9       10, 193, 981.       6, 3822, 509.       0.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       10, 270, 352.       6, 965, 583.       13       Grants and similar amounts paid (Part X, column (A), lines 19)       10,					507							
K       Form of organization:       X       Corporation       Trust       Association       Other       L year of formation:       1955       M State of legal domicile:       LA         Part I       Summary       I       Briefly describe the organization's mission or most significant activities:       HELPING       PEOPLE       -       IMPROVING         COMMUNITIES       2       Check this box       I       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of individuals employed in calendar year 2021 (Part VI, line 1b)       4       4       26         5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       6       30.89         6       Total number of volunteers (estimate if necessary)       6       30.89         7a       Total number of volunteers (estimate if necessary)       7a       10, 193, 981.       6, 83.2, 50.9.         9       Porgram service revenue (Part VIII, column (C), line 12       7a       0.       0.       0.         9       Porgram service revenue (Part VIII, column (A), lines 3, 4, and 7d)       72, 74.03.       15.9, 74.9.       10, 193, 981.       6, 83.2, 50.9.         10       Investment income (Part VIII, column (A), lines 1.3)       3, 667, 351.       4, 992, 534.       96					527							
Part II       Summary         1       Briefly describe the organization's mission or most significant activities: HELPING PEOPLE - IMPROVING COMMUNITIES         2       Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of independent voting members of the governing body (Part VI, line 2a)       6         5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       6         6       Total number of volunteers (estimate if necessary)       6         7       Total unrelated business revenue from Part VIII, column (C), line 12       7a         9       Program service revenue (Part VIII, energen Part VIII, column (C), line 12       7b         10       Investment income (Part VIII, energen Part VIII, column (A), lines 3, 4, and 7d)       72, 403.         11       Other revenue (Part VIII, column (A), lines 3, 4, and 7d)       72, 403.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)       10, 2770, 352.       6, 9655, 583.         13       Grants and similar amounts paid (Part IX, column (A), lines 13)       3, 667, 351.       4, 992, 534.         14       Benefits paid to or for members (Part IX, column (A), lines 5-10)       1, 593, 409.       1, 439					Vaar							
1       Briefly describe the organization's mission or most significant activities: HELPING PEOPLE - IMPROVING COMMUNITIES         2       Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       if the organization discontinued its operations or disposed of more than 25% of its net assets.         4       Number of voting members of the governing body (Part VI, line 1a)       if the organization discontinued its operations or disposed of more than 25% of its net assets.         5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       is 0.10         6       Total number of volunteers (estimate if necessary)       is 0.10         7       Total number of volunteers (estimate if necessary)       is 0.10         7       Total numelated business revenue from Form 990-T, Part I, line 11       Prior Year         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7c)       is 0, 193, 981.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7c)       is 0, 270, 352.         11       Other revenue (Part VIII, column (A), lines 3, 4, and 7c)       is 0, 270, 352.       is 0, 965, 583.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       is 0, 667, 351.       4, 992, 534.         14       Benefits paid to or for					rear (		State of legal domicile.					
COMMUNITIES         2       Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       27         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       26         5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5       211         6       Total number of volunteers (estimate if necessary)       6       3089         7a       Total number of volunteers (estimate if necessary)       6       3089         7a       Total number of volunteers (estimate if necessary)       6       3089         7a       Total number of volunteers (estimate if necessary)       6       3089         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       6       3089         9       Program service revenue (Part VIII, line 1h)       10,193,981.       6,832,509.         10       Investment income (Part VIII, column (A), lines 5,64, 8c, 9c, 10c, and 11e)       3,968.       -226,675.         12       Total revenue add lines 8 through 11 (must equal Part VII, column (A), lines 1.3)       1,593,409.       1,439,859.			-	the encoderation's mission or most similar to the state of the second state of the sec	סדו		VINC					
S       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5       21         6       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       6       30.89         7 a       Total number of volunteers (estimate if necessary)       7       6       30.89         7 a       Total number of volunteers (estimate if necessary)       7       7       0.         7 a       Dotal number of volunteers (estimate if necessary)       7       7       0.         7 a       Dotal number of volunteers (estimate if necessary)       7       0.       0.         8       Contributions and grants (Part VIII, line 1h)       9       Program service revenue (Part VIII, line 2g)       0.       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       72, 40.3       159, 749.       10, 270, 352.       6, 965, 583.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       3, 667, 351.       4, 992, 534.         14       Benefits paid to or for members (Part IX, column (A), line 3.5)       1, 593, 409.       1, 439, 859.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10)       1, 593, 409.       1, 341, 193.         16       Professional fundraising expensese. Add lines 1.47. (must	e	'					VING					
S       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5       21         6       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       6       30.89         7 a       Total number of volunteers (estimate if necessary)       7       6       30.89         7 a       Total number of volunteers (estimate if necessary)       7       7       0.         7 a       Dotal number of volunteers (estimate if necessary)       7       7       0.         7 a       Dotal number of volunteers (estimate if necessary)       7       0.       0.         8       Contributions and grants (Part VIII, line 1h)       9       Program service revenue (Part VIII, line 2g)       0.       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       72, 40.3       159, 749.       10, 270, 352.       6, 965, 583.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       3, 667, 351.       4, 992, 534.         14       Benefits paid to or for members (Part IX, column (A), line 3.5)       1, 593, 409.       1, 439, 859.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10)       1, 593, 409.       1, 341, 193.         16       Professional fundraising expensese. Add lines 1.47. (must	an					then OEO/ of its not asso						
S       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5       21         6       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       6       30.89         7 a       Total number of volunteers (estimate if necessary)       7       6       30.89         7 a       Total number of volunteers (estimate if necessary)       7       7       0.         7 a       Dotal number of volunteers (estimate if necessary)       7       7       0.         7 a       Dotal number of volunteers (estimate if necessary)       7       0.       0.         8       Contributions and grants (Part VIII, line 1h)       9       Program service revenue (Part VIII, line 2g)       0.       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       72, 40.3       159, 749.       10, 270, 352.       6, 965, 583.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       3, 667, 351.       4, 992, 534.         14       Benefits paid to or for members (Part IX, column (A), line 3.5)       1, 593, 409.       1, 439, 859.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10)       1, 593, 409.       1, 341, 193.         16       Professional fundraising expensese. Add lines 1.47. (must	ern											
S       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5       21         6       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       6       30.89         7 a       Total number of volunteers (estimate if necessary)       7       6       30.89         7 a       Total number of volunteers (estimate if necessary)       7       7       0.         7 a       Dotal number of volunteers (estimate if necessary)       7       7       0.         7 a       Dotal number of volunteers (estimate if necessary)       7       0.       0.         8       Contributions and grants (Part VIII, line 1h)       9       Program service revenue (Part VIII, line 2g)       0.       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       72, 40.3       159, 749.       10, 270, 352.       6, 965, 583.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       3, 667, 351.       4, 992, 534.         14       Benefits paid to or for members (Part IX, column (A), line 3.5)       1, 593, 409.       1, 439, 859.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10)       1, 593, 409.       1, 341, 193.         16       Professional fundraising expensese. Add lines 1.47. (must	õ											
b Net unrelated business taxable income from 990-T, Part I, line 11       Tb       0 .         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         9       Program service revenue (Part VIII, column (A), lines 2g)       0.       0.       0.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       72,403.       159,749.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3,968.       -26,675.         12       Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)       10,270,352.       6,965,583.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       3,667,351.       4,992,534.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5:10)       1,593,409.       1,439,859.         16       Professional fundraising expenses (Part IX, column (A), line 25)       544,087.       1,043,510.       1,341,193.         17       Other expenses (Part IX, column (A), lines 11a.11d, 11f-24e)       1,043,510.       1,341,193.       6,304,270.       7,773,586.         19       Revenue less expenses. Subtract line 18 from line 12       3,966,082	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						20					
b Net unrelated business taxable income from 990-T, Part I, line 11       Tb       0 .         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         9       Program service revenue (Part VIII, column (A), lines 2g)       0.       0.       0.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       72,403.       159,749.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3,968.       -26,675.         12       Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)       10,270,352.       6,965,583.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       3,667,351.       4,992,534.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5:10)       1,593,409.       1,439,859.         16       Professional fundraising expenses (Part IX, column (A), line 25)       544,087.       1,043,510.       1,341,193.         17       Other expenses (Part IX, column (A), lines 11a.11d, 11f-24e)       1,043,510.       1,341,193.       6,304,270.       7,773,586.         19       Revenue less expenses. Subtract line 18 from line 12       3,966,082	ies											
b Net unrelated business taxable income from 990-T, Part I, line 11       Tb       0 .         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         9       Program service revenue (Part VIII, column (A), lines 2g)       0.       0.       0.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       72,403.       159,749.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3,968.       -26,675.         12       Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)       10,270,352.       6,965,583.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       3,667,351.       4,992,534.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5:10)       1,593,409.       1,439,859.         16       Professional fundraising expenses (Part IX, column (A), line 25)       544,087.       1,043,510.       1,341,193.         17       Other expenses (Part IX, column (A), lines 11a.11d, 11f-24e)       1,043,510.       1,341,193.       6,304,270.       7,773,586.         19       Revenue less expenses. Subtract line 18 from line 12       3,966,082	Ę											
B         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Year           9         Program service revenue (Part VIII, line 2g)         0.         0.         0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         72, 403.         159, 749.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         3, 968.         -26, 675.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13)         10, 270, 352.         6, 965, 583.           13         Grants and similar amounts paid (Part IX, column (A), lines 13)         3, 667, 351.         4, 992, 534.           14         Benefits paid to or for members (Part IX, column (A), lines 5-10)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         1, 593, 409.         1, 439, 859.           16         Professional fundraising expenses (Part IX, column (A), line 25)         544, 087.         1, 043, 510.         1, 341, 193.           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         544, 087.         1, 043, 510.         1, 341, 193.           19         Revenue less expenses. Subtract line 18 from line 12         3, 966, 082.         -808, 003.         8eginning of Curre	Ac											
8         Contributions and grants (Part VIII, line 1h)         10, 193,981.         6,832,509.           9         Program service revenue (Part VIII, column (A), lines 2g)         0.         0.         0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         72,403.         159,749.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         3,968.         -26,675.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         10,270,352.         6,965,583.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         3,667,351.         4,992,534.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         3,667,351.         4,992,534.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         1,593,409.         1,439,859.           16         Professional fundraising fees (Part IX, column (A), line 11e)         0.         0.         0.           17         Other expenses (Part IX, column (A), line 25)         544,087.         1,043,510.         1,341,193.           18         Total expenses. Subtract line 18 from line 12         3,966,082.         -808,003.         8eginning of Current Year         End of Year           19		D	Net unrelated	business taxable income from Form 990-1, Part I, line 11	T		-					
9       Program service revenue (Part VIII, line 2g)       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       72, 403.       159, 749.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3, 968.       -26, 675.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       10, 270, 352.       6, 965, 583.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       3, 667, 351.       4, 992, 534.         14       Benefits paid to or for members (Part IX, column (A), lines 5-10)       11, 593, 409.       1, 439, 859.         16a       Professional fundraising fees (Part IX, column (A), line 25)       544, 087.       1       1, 043, 510.       1, 341, 193.         17       Other expenses (Part IX, column (A), line 25)       544, 087.       1       1, 043, 510.       1, 341, 193.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       544, 087.       16, 204, 270.       7, 773, 586.         19       Revenue less expenses. Subtract line 18 from line 12       8066, 082.       -808, 003.       8eginning of Current Year       End of Year         20       Total assets (Part X, line 16)       16, 294, 999.       14, 566, 817.       16, 294, 999.       14, 566, 817			Contributions	and grants (Dort ) (III line th)								
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3, 906.       -20, 073.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       10, 270, 352.       6, 965, 583.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       3, 667, 351.       4, 992, 534.         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), line 5-10)       1, 593, 409.       1, 439, 859.         16a       Professional fundraising fees (Part IX, column (D), line 25)       >       544, 087.       1         17       Other expenses (Part IX, column (A), line 11e)       0.       0.       0.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       544, 087.       1, 043, 510.       1, 341, 193.         19       Revenue less expenses. Subtract line 18 from line 12       3, 966, 082.       -808, 003.         19       Revenue less (Part X, line 16)       16, 294, 999.       14, 566, 817.         21       Total assets (Part X, line 26)       471, 918.       422, 933.         22       Net assets or fund balances. Subtract line 21 from line 20       15, 823, 081.       14, 143, 884.         Pa	ne											
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3, 906.       -20, 073.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       10, 270, 352.       6, 965, 583.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       3, 667, 351.       4, 992, 534.         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), line 5-10)       1, 593, 409.       1, 439, 859.         16a       Professional fundraising fees (Part IX, column (D), line 25)       >       544, 087.       1         17       Other expenses (Part IX, column (A), line 11e)       0.       0.       0.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       544, 087.       1, 043, 510.       1, 341, 193.         19       Revenue less expenses. Subtract line 18 from line 12       3, 966, 082.       -808, 003.         19       Revenue less (Part X, line 16)       16, 294, 999.       14, 566, 817.         21       Total assets (Part X, line 26)       471, 918.       422, 933.         22       Net assets or fund balances. Subtract line 21 from line 20       15, 823, 081.       14, 143, 884.         Pa	ven		0			÷ -						
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       10,270,352.       6,965,583.         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       3,667,351.       4,992,534.         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), line 5:10)       1,593,409.       1,439,859.         16a Professional fundraising fees (Part IX, column (D), line 25)       544,087.       0.       0.         b Total fundraising expenses (Part IX, column (D), line 25)       544,087.         1,043,510.       1,341,193.         10,243,510.       1,341,193.         10,243,510.       1,341,193.         10 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       6,304,270.       7,773,586.         19 Revenue less expenses. Subtract line 18 from line 12       3,966,082.       -808,003.         Beginning of Current Year         16, 294,999.       14,566,817.         14, 566,817.         16, 294,999.       14,143,884.         20 Total assets (Part X, line 26)       15,823,081.       14,143,884.         22 Net	Be											
13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)       3, 667, 351.       4, 992, 534.         14 Benefits paid to or for members (Part IX, column (A), line 4)         15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         16a Professional fundraising fees (Part IX, column (A), line 11e)         b Total fundraising expenses (Part IX, column (D), line 25)         544, 087.         1, 043, 510.         1, 043, 909.         14, 566, 817.												
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.00.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1,593,409.1,439,859.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.00.         b       Total fundraising expenses (Part IX, column (D), line 25)       544,087.         17       Other expenses (Part IX, column (A), lines 11a.11d, 11f.24e)       1,043,510.1,341,193.         18       Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)       6,304,270.7,773,586.         19       Revenue less expenses. Subtract line 18 from line 12       3,966,082.       -808,003.         20       Total assets (Part X, line 16)       16,294,999.       14,566,817.         21       Total liabilities (Part X, line 26)       471,918.       422,933.         22       Net assets or fund balances. Subtract line 21 from line 20       15,823,081.       14,143,884.         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												
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1,593,409.       1,439,859.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       544,087.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1,043,510.       1,341,193.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       6,304,270.       7,773,586.         19       Revenue less expenses. Subtract line 18 from line 12       3,966,082.       -808,003.         16       294,999.       14,566,817.         20       Total liabilities (Part X, line 26)       471,918.       422,933.         21       Total liabilities (Part X, line 26)       15,823,081.       14,143,884.         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												
16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.00.         b       Total fundraising expenses (Part IX, column (D), line 25)       544,087.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1,043,510.1,341,193.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       6,304,270.7,773,586.         19       Revenue less expenses. Subtract line 18 from line 12       3,966,082.       -808,003.         20       Total assets (Part X, line 16)       16,294,999.       14,566,817.         21       Total liabilities (Part X, line 26)       471,918.       422,933.         22       Net assets or fund balances. Subtract line 21 from line 20       15,823,081.       14,143,884.         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		40										
17       Other expenses (Part IX, column (A), lines Harrid, Hir246)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         20       Total assets (Part X, line 16)         21       Total liabilities (Part X, line 26)         22       Net assets or fund balances. Subtract line 21 from line 20         21       Total balances. Subtract line 21 from line 20         22       Net assets or fund balances. Subtract line 21 from line 20         24       Total expenses 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	ses	15	Salaries, other	recompensation, employee benefits (Part IX, column (A), lines 5-10)								
17       Other expenses (Part IX, column (A), lines Harrid, Hir246)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         20       Total assets (Part X, line 16)         21       Total liabilities (Part X, line 26)         22       Net assets or fund balances. Subtract line 21 from line 20         21       Total balances. Subtract line 21 from line 20         22       Net assets or fund balances. Subtract line 21 from line 20         24       Total expenses 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	ens	16a	Protessional fu			0.	0.					
17       Other expenses (Part IX, column (A), lines Harrid, Hir246)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         20       Total assets (Part X, line 16)         21       Total liabilities (Part X, line 26)         22       Net assets or fund balances. Subtract line 21 from line 20         21       Total balances. Subtract line 21 from line 20         22       Net assets or fund balances. Subtract line 21 from line 20         24       Total expenses 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	Ä			ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ <u>544,007</u>		1 0/3 510	1 3/1 103					
19       Revenue less expenses. Subtract line 18 from line 12       3,966,082.       -808,003.         10       Beginning of Current Year       End of Year         10       16,294,999.       14,566,817.         11       Total liabilities (Part X, line 26)       471,918.       422,933.         12       Net assets or fund balances. Subtract line 21 from line 20       15,823,081.       14,143,884.         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	_											
Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       16, 294, 999.       14, 566, 817.         21       Total liabilities (Part X, line 26)       471, 918.       422, 933.         22       Net assets or fund balances. Subtract line 21 from line 20       15, 823, 081.       14, 143, 884.         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												
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	- 2		neveriue less		Ba							
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	its o	20	Total accete (F	Part V line 16)								
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	Asse	20			<u> </u>							
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	let ∕ ind	21					-					
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	_				1	13,023,001•	,J,004•					
			-		atomo	nte and to the best of mu	knowledge and helief it is					
μπει σόμεια, λια σαμπριεί Περιλελίου οι οτερλέει τοπές πλα οπίσει το ράχει οι λι πτοκατίου οι Μπίου οτοραία πας από κασμασία							אוסשוטעשט מווע שלווכו, וג וא					
	ue,	00110			Jui Ul I							

Sign Here	Signature of officer         GEORGE       BELL,       PRESIDENT         Type or print name and title		Date							
Paid	Print/Type preparer's name JEREMY KLIBERT	Preparer's signature	Date Check X PTIN if self-employed P00852016							
Preparer	Firm's name FAULK & WINKLER,	LLC	Firm's EIN 🕨 72-0999988							
Use Only	Firm's address 5811 JEFFERSON H	IGHWAY								
	BATON ROUGE, LA 70806 Phone no. (225) 927-6									
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
			- 000 (200 ()							

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

	990 (2021) CAPITAL AREA UNITED WAY	72-0447100	Page <b>2</b>
Par	t 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: HELPING PEOPLE – IMPROVING COMMUNITIES		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes [	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes [	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	ers, the total expenses, and	ł
4a	(Code:) (Expenses \$ 6,168,598. including grants of \$ 4,992,534.) (Reve CAPITAL AREA UNITED WAY IS HELPING PEOPLE - IMPROVING CO	MMUNITIES IN	) )
	PARTNERSHIP WITH NON-PROFIT AGENCIES WHO FOCUS THEIR WOR OF EDUCATION, HEALTH, INCOME, AND BASIC NEEDS. PARTNER A		S
	EVALUATED THROUGH A RIGOROUS PROCESS THAT INCLUDES A FIN	IANCIAL REVIEW	Ι,
	OUTCOMES ASSESSMENT, AND AN ANALYSIS OF THE AGENCY'S USE OVER 75 VOLUNTEERS ASSESS AGENCIES THROUGHOUT THE YEAR T		1
	COMMUNITY DOLLARS ARE WELL INVESTED TO MAKE THE GREATEST		
	(Code: ) (Expenses \$ 247,843. including grants of \$ ) (Reve		
4b	(Code:) (Expenses \$ 247,843. including grants of \$) (Reve UNITED WAY 2-1-1 IS AN INFORMATION AND REFERRAL TELEPHON		) .T
	HELPS INDIVIDUALS LOCATE NEEDED SERVICES SUCH AS OPEN SH		
	MEAL. TRAINED COUNSELORS ASSIST CALLERS BY LINKING THEM THE COMMUNITY THAT CAN ADDRESS THEIR PARTICULAR SITUATION		
	ARE ON DUTY EACH DAY AND CAN BE REACHED FOR INFORMATION		
	ASSISTANCE BY DIALING 2-1-1 IN THE 10-PARISH AREA.		
4c	(Code:) (Expenses \$ including grants of \$ ) (Reve	nue \$	)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 6,416,441.	,	
132002	12-09-21	Form <b>99</b>	<b>IU</b> (2021)

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2021.05030 CAPITAL AREA UNITED WAY 7162\_\_\_1

Form	aan	(2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
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? If "Yes," complete Schedule C, Part II	4		<u> </u>
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? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
L	Part VI	<u>11a</u>	<u></u>	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b	х	
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
Ь	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		X
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

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2021.05030 CAPITAL AREA UNITED WAY

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			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? If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	214		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
<b>L</b>		zoa		- 23
a	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? If "Yes," complete			v
	Schedule L, Part I	25b		<u> </u>
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? If "Yes," complete Schedule L, Part II	26		X
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? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02		32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
55		22		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 22
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	~		v
05	Part V, line 1	34	Х	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Δ	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			v
•	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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? If "Yes," complete Schedule R, Part VI	37		<u> </u>
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	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 16			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	<u> </u>
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orm	990 (2021) CAPITAL AREA UNITED WAY		72-0447	100	P	<sub>age</sub> 5				
Par	<b>V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			I		Yes	No				
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0.1							
	filed for the calendar year ending with or within the year covered by this return	2a	21	2b	х					
b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions	S								
				3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-	_						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		X				
b	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 Ad			<b>F</b> -		x				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
ba	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6		x				
L	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>						
D	If "Yes," did the organization include with every solicitation an express statement that such contribution of the statement that such contribution of the statement is a statement that such contribution of the statement is a statement that such contribution of the statement is a statement that such contribution of the statement is a statement that such contribution of the statement is a statement of the s		-	<b>C</b> h						
-	were not tax deductible?	•••••		6b						
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices n	rovided to the power?	7a	х					
		-		7a 7b	X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		irad	70						
C		•	lireu	7c		x				
А		7d		10						
	If "Yes," indicate the number of Forms 8282 filed during the year		2	7e		x				
	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contra Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7e 7f		X				
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		0 as required?	7g		- 23				
	If the organization received a contribution of qualified intellectual property, did the organization mer of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airplanes			79 7h						
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11						
0	sponsoring organization have excess business holdings at any time during the year?	by the		8						
9	Sponsoring organizations maintaining donor advised funds.									
				9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
	Section 501(c)(7) organizations. Enter:			0.0						
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders	11a								
	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		)	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
3	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
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								
с	Enter the amount of reserves on hand	13c								
				14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O		14b						
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?			15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.									
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	1e?	16		Х				
	If "Yes," complete Form 4720, Schedule O.									
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									
					990					

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Form	990	(2021)
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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.

				Yes	N		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27	103			
14	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 0.						
h	Enter the number of voting members included on line 1a, above, who are independent	1b	26				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship						
2			2		X		
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			-	+-		
3	of officers, directors, trustees, or key employees to a management company or other person?	•	3		X		
	Did the organization make any significant changes to its governing documents since the prior Form 99				X		
4	Did the organization become aware during the year of a significant diversion of the organization's ass				X		
5					2		
6 7-	Did the organization have members or stockholders?		6	-			
7a			<u> </u>	v			
	more members of the governing body?		<u>7a</u>	X	+		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or					
_	persons other than the governing body?		7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?				+		
-	Each committee with authority to act on behalf of the governing body?		<u>8b</u>	X	+		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				.		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		2		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue Code.)			_		
				Yes	_		
	Did the organization have local chapters, branches, or affiliates?		10a	۱ <u> </u>	2		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha						
	and branches to ensure their operations are consistent with the organization's exempt purposes?						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the forr	n? <b>11</b> a	X			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe					
	on Schedule O how this was done		120				
3	Did the organization have a written whistleblower policy?		13				
4	Did the organization have a written document retention and destruction policy?		14	Х			
5	Did the process for determining compensation of the following persons include a review and approval	l by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official		15a	X			
b	Other officers or key employees of the organization		15	)	X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent with a					
	taxable entity during the year?		16a	1	X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's					
	exempt status with respect to such arrangements?		16k	,			
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (section 501	(c)(3)s only	) availa	able		
	for public inspection. Indicate how you made these available. Check all that apply.	(	()() J				
		on Schedule O)					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, col		v. and fina	ncial			
-	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 boo	ks and records					
	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION − 225-383-2643						
	700 LAUREL ST., BATON ROUGE, LA 70802						
	/VU LAUKEL ST., BATUN KUUGE LA /USU/						

<u>Form 990 (</u> 2		AREA UN	-			Page 7					
Part VII	Compensation of Officers	Directors,	Trustee	s, Key I	Employees, Highest Compensated						
	Employees, and Independent Contractors										
	Check if Schedule O contains a re	sponse or note t	to any line	e in this Pa	art 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, 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)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is b officer and a director/tr		on is both an		compensation	compensation	amount of	
	week		cer an	aau	recio	r/trus	lee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1039-1120)	and related
	below	dual t	nstitutional trustee	_	mploy	st col	2			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) GEORGE BELL	60.00									
PRESIDENT/CEO		Х		Х				184,594.	0.	19,018.
(2) AMANDA STOUT	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(3) MICHELLE HARDY	1.00									
BOARD CHAIR ELECT		Х		Х				0.	0.	0.
(4) JOSEPH BRITT	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) GLENDA MINOR	1.00									
TREASURER/FINANCE COMMT.		Х		Х				0.	0.	0.
(6) DAVE LUECKE	1.00									
RESOURCE DEVELOPMENT CHAIR		Х						0.	0.	0.
(7) JOLEN STEIN	1.00									
COMMUNICATIONS & MARKETING CHAIR		Х						0.	0.	0.
(8) GAINES FOSTER	1.00									
COMMUNITY IMPACT CHAIR		Х						0.	0.	0.
(9) ERIC DEXTER	1.00									
COMMUNITY IMPACT CHAIR ELECT		Х						0.	0.	0.
(10) AARON STANFORD	1.00									
PAST BOARD CHAIR/GOVERNANCE COMMITTE		Х						0.	0.	0.
(11) MIKE ALBANO	1.00									
MAJOR GIFTS/GOTTLEIB CHAIR		Х						0.	0.	0.
(12) VIRGINIA BELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JAYSON W. NEWELL	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(14) MELISSA SILVA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) WINSHIP SONGY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) DAI NGUYEN	1.00							_		
BOARD MEMBER		Х						0.	0.	0.
(17) STAN LEVY	1.00	l						_		-
BOARD MEMBER		Х						0.	0.	0.
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Form **990** (2021)

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Form 990 (2021) CAPITAL A	REA UNI	TE	D	WA	Y				72-04	<u>47</u> :	100	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Name and title Average Position Reportable Reportable							Es	timate	d			
	hours per box, unless person is both an compensation compensation				compensation	ı	am	iount d	of				
	week	offi	cer ar	nd a d	directo	or/trus	tee)	from	from related			other	
	(list any	ector						the	organizations		com	oensat	tion
	hours for	or dir				ted		organization	(W-2/1099-MIS0	C/	fro	om the	3
	related	stee (	trustee			Densa		(W-2/1099-MISC/	1099-NEC)		•	anizati	
	organizations	al tru:	onal t		loyee	e com		1099-NEC)				l relate	
	below	Individual trustee or director	Institutional t	Officer	ƙey employee	Highest compensated employee	Former				orga	nizatio	ons
	line)	Ind	lns	0#i	Key	en Hig	For			$ \rightarrow $			
(18) JACKIE MCCREARY	1.00									<u> </u>			•
BOARD MEMBER	1 0 0	Х			-			0.		0.			0.
(19) ALDO RUSSO	1.00												•
BOARD MEMBER		Х						0.		0.			0.
(20) JOHN EVERETT	1.00												
BOARD MEMBER		Х						0.		0.			0.
(21) JOHN BROWN	1.00												
BOARD MEMBER		Х						0.		0.			Ο.
(22) CLAY YOUNG	1.00												
BOARD MEMBER		х						0.		0.			Ο.
(23) CHERI AUSBERRY	1.00												
BOARD MEMBER		х						0.		0.			0.
(24) NICK SPEYRER	1.00				$\vdash$					<u> </u>			
BOARD MEMBER	1.00	х						0.		0.			0.
(25) SCOTT HUFFSTETLER	1.00	Δ	-			-		0.		<u>••</u>			0.
	1.00	77						0		<u> </u>			0
BOARD MEMBER	1 0 0	Х						0.		0.			0.
(26) TINA W. SCHAFFER	1.00												•
BOARD MEMBER		Х						0.		0.			0.
1b Subtotal								184,594.		0.	19	9,01	
c Total from continuation sheets to Part VI	, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								184,594.		0.	19	9,01	L8.
2 Total number of individuals (including but no	ot limited to th	ose	liste	ed at	oove	e) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													1
												Yes	No
3 Did the organization list any <b>former</b> officer,	director, trust	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for su	ich individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	x	
5 Did any person listed on line 1a receive or a	,												
rendered to the organization? If "Yes," com											5		х
Section B. Independent Contractors	<u>piete Scheaule</u>	<u>e J T</u>	or si	icn į	pers	on .				····	5		- 23
•				-+ -					100 000 of comm				
1 Complete this table for your five highest cor	•	•							•	Insat	ion tro	m	
the organization. Report compensation for t	ne calendar ye	ear e	enair	ng w	/itn c	or wi	<u>tnin</u>		ear.				
(A) Name and business	addross							<b>(B)</b> Description of s	onvicos	C	(C omper		<b>-</b>
			170					Description of s	ervices		omper	ISation	·
LOUISIANA ASSOCIATION OF											210		- ^
P.O. BOX 3416, BATON ROUG	Е, LA /	08	21				_	PROGRAM SERV	ICES		310	3,65	50.
									Τ				
2 Total number of independent contractors (ir	ncluding but no	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	•				1	L							
SEE PART VII, SECTION		IN	ŪΑ	ΤI	ON	S	HE	ETS			Form 9	<b>990</b> (2	2021)
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Form 990 CAPITAL A	AREA UNI	TE	D	WA	Υ				72-044	7100
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, a	nd H	ligh	est (	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(cł	neck	all	that	app	ly)	compensation	compensation	amount of
	per	-						from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the
	hours for	or dir	e			ted e		(W-2/1099-MISC)		organization
	related	Istee	truste		Ð	bens				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest com pensated em ployee				organizations
	below	divid	stitut	Officer	y em	ghest	Former			
	line)	Ē	Ë	Of	Å	Ξ	9			
(27) ROBERT HARRISON	1.00									
BOARD MEMBER		Х						0.	0.	0.
						-	-			
		1								
					-	-	-			
					I					
Total to Part VII, Section A, line 1c										

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		(2021) CAPITAL AREA U	UNITED WA	ΑY		72-0447	100 Page <b>9</b>
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response o	<u>or note to any line</u>	<u>e in this Part VIII …</u> (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	t c e f f	Image: Related organizations       1d         Image: Related organizations       1e         Image: Related organizations       1f         Image: Related organizations       1f      I	55,000. 777,509. ■ Business Code	6,832,509.			
Program Service Revenue	2 a k c c f	All other program service revenue					
	3 4 5	Investment income (including dividends, interes other similar amounts) Income from investment of tax-exempt bond pr Royalties	roceeds	159,749.			159,749.
	t c		(ii) Other				
r Revenue	c	Less: cost or other basis and sales expenses     7b       Gain or (loss)     7c	<b>&gt;</b>				
Other Re		b Less: direct expenses 8b	19,263. 45,938.				
		Gross income from gaming activities. See         Part IV, line 19         Less: direct expenses	······ •	-26,675.			-26,675.
	k	<ul> <li>Net income or (loss) from gaming activities</li> <li>Gross sales of inventory, less returns and allowances</li> <li>Less: cost of goods sold</li> <li>Net income or (loss) from sales of inventory</li> </ul>					
Miscellaneous Revenue			Business Code				
	<b>12</b> 9 12-0	Total. Add lines 11a-11d		6,965,583.	0.	0.	133,074. Form <b>990</b> (2021)

CAPITAL AREA UNITED WAY 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).

Section 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
Do not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
<b>1</b> Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21 $\dots$	4,992,534.	4,992,534.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors,				
trustees, and key employees	203,613.	92,857.	55,378.	55,378.
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	020 012	205 005	0.00 0.00	0.00 0.00
7 Other salaries and wages	830,013.	305,287.	262,363.	262,363.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	6,276.	6,276.	272 002	
9 Other employee benefits	318,375.	26 401	272,893.	45,482.
10 Payroll taxes	81,582.	36,491.	26,303.	18,788.
<b>11</b> Fees for services (nonemployees):				
a Management				
b Legal		22 070	22 005	10 671
c Accounting	64,845.	22,079.	32,095.	10,671.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	13,272.	13,272.		
f Investment management fees	13,272.			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25,	290,617.	290,617.		
column (A), amount, list line 11g expenses on Sch 0.)	290,017.	290,017.		
12 Advertising and promotion	106,660.	42,659.	26,073.	37,928.
13 Office expenses	100,000.	42,055.	20,075	57,520.
15   Royalties     16   Occupancy	196,632.	98,216.	64,577.	33,839.
	13,196.	7,902.	548.	4,746.
<ul> <li>17 Travel</li> <li>18 Payments of travel or entertainment expenses</li> </ul>	20,2500	.,,,,,,	0101	
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	17,458.	3,497.	7,082.	6,879.
23 Insurance				
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 0.)				
a CAMPAIGN SUPPLIES AND E	337,954.	291,015.	7,823.	39,116.
b UNITED WAY OF AMERICA D	162,671.	162,671.		
c EQUIPMENT RENTAL AND RE	137,888.	51,068.	57,923.	28,897.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,773,586.	6,416,441.	813,058.	544,087.
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 Figure if following SOP 98-2 (ASC 958-720)				
32010 12-09-21	10			Form <b>990</b> (2021

12

Form 9 Part							0447100 Page 11
		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			12,077,951.	1	1,923,353.
	2	Savings and temporary cash investments	1,101,436.	2	8,764,316.		
	3		ledges and grants receivable, net				0.
	4	Accounts receivable, net			<u>1,616,544.</u> 902,725.	3 4	2,690,946.
	5	Loans and other receivables from any current or					· · ·
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described				6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				28,198.	9	23,460.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	884,794.			
	b	Less: accumulated depreciation	10b	824,222.	78,030.	10c	60,572.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			490,115.	12	1,104,170.
	13	Investments - program-related. See Part IV, line		F		13	
	14	Intangible assets		Г		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	16,294,999.	16	14,566,817.
	17	Accounts payable and accrued expenses			471,918.	17	422,933.
	18	Grants payable				18	
	19	Deferred revenue				19	
:	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Complete I	Part IV o	of Schedule D		21	
s l	22	Loans and other payables to any current or form	er office	er, director,			
liti		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	se perso	ns		22	
· -   :	23	Secured mortgages and notes payable to unrela		F		23	
:	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
:	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			481 010	25	400.000
	26	Total liabilities. Add lines 17 through 25		<b>v</b>	471,918.	26	422,933.
s		Organizations that follow FASB ASC 958, che	ck here				
JCe	~-	and complete lines 27, 28, 32, and 33.			5 761 656		9 567 710
alai	27				<u>5,761,656.</u> 10,061,425.	27 28	8,567,710. 5,576,174.
d B	28				10,001,423.	28	5,570,174.
<u>ا</u> ۲		Organizations that do not follow FASB ASC 9 and complete lines 29 through 33.	56, che				
٦,	20	Capital stock or trust principal, or current funds				29	
ets	29 30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	30 31	Retained earnings, endowment, accumulated in		Γ		31	
	32	Total net assets or fund balances		F	15,823,081.	32	14,143,884.
	33	Total liabilities and net assets/fund balances			16,294,999.	33	14,566,817.
	00	TOTAL HADINGS AND HEL ASSELS/TUNU DAIANCES				33	Eorm <b>990</b> (20)

Form 990 (2021)

Form	990 (2021) CAPITAL AREA UNITED WAY	72-04	47100	Pad	<sub>ge</sub> 12
Pa	rt 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	6,965	5,5	83.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,773	3,5	86.
3	Revenue less expenses. Subtract line 2 from line 1	3	-808	3,0	03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,823	3,0	81.
5	Net unrealized gains (losses) on investments	5	-871	L,19	94.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	14,143	3,8	84.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

# 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
2021
Open to Public Inspection

Name of the	organization
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Nam	e of t	the organization							identification number
Pa	rt I		TAL AREA UI						2-0447100
		Reason for Public C					ee instruction	S.	
	organ	ization is not a private found							
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					•	() <b>F</b> uter	the beautitely served
4		A medical research organiza	ation operated in cor	njunction with a nospital	described	in sectio	n 170(b)(1)(A)	(III). Enter	the hospital's name,
_		city, and state:							- al :
5		An organization operated for		lege of university owned	or operation	eu by a go	overnmental ur	III describe	
•		section 170(b)(1)(A)(iv). (C		e and a local table and the set for		70/1-1/41/41	( )		
6 7	X	A federal, state, or local gov	•						
1	Δ	An organization that normal	•	ntial part of its support fi	rom a gove	ernmental	unit or from th	ie general p	Dublic described in
•		section 170(b)(1)(A)(vi). (Co		(1)(A)();) (Complete Der	• 11 \				
8 9		A community trust describe				od in ooniu	notion with a	land grant	aallaga
9		An agricultural research org or university or a non-land-g				-		-	•
		university:	fram conege of agrici			name, orig	, and state of	the college	
10		An organization that normal	Ilv receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns membershi	in fees and	d aross receipts from
		activities related to its exem							
		income and unrelated busin		•				•••	•
		See section 509(a)(2). (Cor		(					,
11		An organization organized a		vely to test for public sa	fety. See	section 50	<b>)9(a)(4)</b> .		
12		An organization organized a	-	•	•			rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 5	509(a)(3).	Check the box on
		lines 12a through 12d that of	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	ipporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting orga	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatior	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported
		_ organization(s). You mus	t complete Part IV,	Sections A and C.					
С		<b>Type III functionally inte</b>	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally						-	
		that is not functionally inte			•		-	an attentiv	/eness
	_	requirement (see instructi							
е		Check this box if the orga					Type I, Type I	I, Type III	
	<b>-</b> .	functionally integrated, or	<i>,</i>	nally integrated supporting	ng organiz	ation.			
		er the number of supported o							
<u> </u>		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10	Yes	ing document?	support (see in	-	support (see instructions)
				above (see instructions))					
Tota	1								

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5982348.	8996651.	6277599.	10243981.	6985350.	38485929.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	5982348.	8996651.	6277500	10243981.	6005250	20105020
	Total. Add lines 1 through 3	5902340.	0990051.	02//599.	10243901.	0905550.	38485929.
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,						
6							38485929.
	Public support. Subtract line 5 from line 4.						50405929.
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	5982348.	8996651.	6277599	10243981.	6985350	38485929.
	Gross income from interest,		0000021	027705550			
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	24,394.	135,042.	55,172.	72,403.	227,993.	515,004.
9			/ -	,	,	,	
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						39000933.
12	Gross receipts from related activities,	etc. (see instructio	ins)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, t	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I					14	98.68 %
	Public support percentage from 2020					15	96.98 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

Schedule A (F	Form 990	) 202
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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.)

Sec	ction A. Public Support		1	-	-	-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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 disgualified 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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
с	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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	ation,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Investion	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than :	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
13202	3 01-04-22					Schedule	e A (Form 990) 2021
			15	7			

2021.05030 CAPITAL AREA UNITED WAY 7162\_\_\_1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

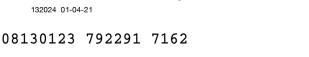
## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b 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? If "Yes." provide detail in Part VI.
- c Did a disgualified 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? If "Yes." provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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10b Schedule A (Form 990) 2021

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Schedule A	(Form 990)	2021	CAPITAL	AREA	UNITED	WAY
Part IV	Suppor	ting Org	anizations (contin	ued)		

1

2

Yes No

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
с	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.	11c	ľ	
Sec	tion 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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>			

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, 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	

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?	1		
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).	2		
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.	3		

## Section E. Type III Functionally Integrated Supporting Organizations

I Check the box next to the method that the organization used to satisfy the integral Part Lest during the year 1500 IIISU UC	I Part Test during the year (see instructions).	Check the box next to the method that the organization used to satisfy the Integral P
---	---	---

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗋	The organization supported a governmental entity.	escribe in Part VI how you supported a gover	nmental entity (see instruction <u>s).</u>
-----	---	--	--

- 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.*

3b | | Schedule A (Form 990) 2021

2a

2b

3a

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	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sect	ion 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		
Sect	ion 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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 Schedule A (Form 990) 2021
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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

132026 01-04-22

# Schedule A (Form 990) 2021

2021.05030 CAPITAL AREA UNITED WAY

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Sche	chedule A (Form 990) 2021 CAPITAL AREA UNITED WAY 72-0447100 Page 7					
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ied)		
Secti	on D - Distributions				Current Year	
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	6	3			
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	r		10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

21

Schedule A	(Form 990) 2021	CAPITAL					72-0447100	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and	lines 2 and 3; Pal	rt IV, Sect	ION E, IINES 1C.	, 2a, 2b, 3a, and	3 30; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Par	C,
	(See instructions.)							
132028 01-04-2	2						Schedule A (Form 9	90) 2021

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

\*\* PUBLIC DISCLOSURE COPY \*

## Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

72-04471	00
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CAPITAL	AREA	UNITED	WAY

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

## **General Rule**

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

## **Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

## Schedule B (Form 990) (2021)

CAPITAL AREA UNITED WAY

Name of organization

Employer identification number

72-0447100

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 836,204. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 300,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 258,853. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 257,000. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 250,115. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 203,100. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

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Page 2

Name of organization

Page 3

Employer identification number

72 - 0447100

CAPITAL AREA UNITED WAY

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

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

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Schedule E	3 (Form 990) (2021)				Page <b>4</b>
Name of or	rganization				Employer identification number
САРТТИ	AL AREA UNITED WAY				72-0447100
Part III	Exclusively religious, charitable, etc., contributi				
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	) through (e) and the following charitable, etc., contributions of \$	ng line entry. For o \$1,000 or less for t	rganizations he year. (Enter this info. onc	
	Use duplicate copies of Part III if additional	space is needed.		- 、	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	yift	(d) Desc	ription of how gift is held
		(e) Transf			
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of g	aift	(d) Desc	ription of how gift is held
Part I					
-		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	ription of how gift is held
-		(e) Transf	for of gift		
	<b>T</b>				
-	Transferee's name, address, a	na ZIP + 4	K	elationship of tra	nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	ription of how gift is held
Part I					· · · · · · · · · · · · · · · · · · ·
ŀ		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee

Schedule B (Form 990) (2021)

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		<b>.</b>			
	HEDULE D n 990)	Complete if the org Part IV, line 6, 7, 8, 9, 10	al Financial Statements anization answered "Yes" on Form 990, ), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		OMB No. 1545-0047
	tment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest information.		Open to Public Inspection
	e of the organizatio			Em	ployer identification number $72 - 0447100$
Pa	rt I 📔 Organiza		d Funds or Other Similar Funds or Ad	cour	
	organizatior	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	<b>(b)</b> Fun	ds and other accounts
1	Total number at en	nd of year			
2		f contributions to (during year)			
3	Aggregate value of	f grants from (during year)			
4	Aggregate value at	end of year			
5			writing that the assets held in donor advised fund	ds	
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used c	only	
	for charitable purp		r donor advisor, or for any other purpose confer	•	
_	impermissible priva	ate benefit?			Yes No
Pa	rt II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	, line 7.	
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).		
	Preservation	of land for public use (for example, recrea	tion or education)	orically	important land area
	Protection of	f natural habitat	Preservation of a cert	ified his	storic structure
	Preservation	of open space			
2	•	<b>.</b>	fied conservation contribution in the form of a co	nserva	
	day of the tax year				Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	•			2b	
С	Number of conserv	vation easements on a certified historic stru	ucture included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
				2d	
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	ization	during the tax
	year 🕨				
4		where property subject to conservation eas			
5	•	tion have a written policy regarding the per			
	violations, and enfo	orcement of the conservation easements if	t holds?		Yes No
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on ease	ments during the year
_	►				
7		es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation ea	semen	ts during the year
	►\$			(a)	
8			re satisfy the requirements of section 170(h)(4)(B)	(i)	
-	and section 170(h)				Yes No
9			on easements in its revenue and expense statem		
	,	, 11 ,	note to the organization's financial statements th	at desc	cribes the
De		ounting for conservation easements.	Art, Historical Treasures, or Other S	imile	r Accoto
Pa		-		miiia	1 A33813.
		the organization answered "Yes" on Form		-	
<b>1</b> a	•	· •	8, not to report in its revenue statement and bal		
		•	blic exhibition, education, or research in furthera	nce of p	Dublic
	••		ncial statements that describes these items.		
b	it the organization	elected as permitted under FASB ASC 95	8 to report in its revenue statement and balance	- sneet	WORKS OF

art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	nerance of public service,
provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	> \$
(ii) Assets included in Form 990, Part X	▶ \$

	······································		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provi	de	
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990. Part VIII. line 1	\$	

	,	,	
b Assets included in Form 9	990, Part X		

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
132051	10-28-21	

Schedule D (Form 990) 2021

\$ 

Sche		AREA UNITE					72-04			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that r	nake sig	gnificant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progran	n					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization	ı's exem	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or other	similar a	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Y	′es" on l	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	s or other asse	ets not ir	ncluded		-		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
								Amoun	t	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance							7		
	Did the organization include an amount on Fo					ty?	∟	Yes		No
_	If "Yes," explain the arrangement in Part XIII.									
Par	TV Endowment Funds. Complete it						aara baak		vooro	haal
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Fou		
1a	Beginning of year balance	490,115.	406,101.	400,	,336.	3	76,514.		358,	050.
b	Contributions	-18,943.	94 014		765				17	061
с	Net investment earnings, gains, and losses	-10,943.	84,014.	<u>5</u> ,	5,765. 23,822.				<u>т</u> ,	864.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses	471,172.	490,115.	406	101		00 226		276	<u> </u>
g	End of year balance	,	,		,101.	4	00,336.		376,	514.
2	Provide the estimated percentage of the curre	•		) held as:						
a	Board designated or quasi-endowment		_%							
a	Permanent endowment	%								
с		%								
0-	The percentages on lines 2a, 2b, and 2c should be the second seco		ion that and hald an		ما 4م بر 4ام م					
38	Are there endowment funds not in the posses	ssion of the organizat	ion that are new ar	io auministere		e organiza	llion	1	Yes	No
	by:							20(1)	100	X
	(i) Unrelated organizations							3a(i)		X
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organization	tiona listad os require	d on Sobodulo D2					3a(ii) 3b		
1	Describe in Part XIII the intended uses of the							50		
Par	t VI Land, Buildings, and Equipm	<u>u</u>	ment lunus.							
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990.	Part X. I	ine 10.				
	Description of property	(a) Cost or ot		or other		cumulate	d	(d) Roo	k volu	
	Description of property	basis (investm		(other)	• •	preciation		( <b>d)</b> Boo	n value	2
10	Land				uop					
	Land									
	Buildings Leasehold improvements		28	3,631.	2	243,32	13.	4	0,31	18.
				1,163.		580,90			0,2	
	Equipment Other			_,,		,.			- 1 - 2 -	•
	Add lines 1a through 1e. (Column (d) must ed		( oolumn (D) !:== 1	<u>ר און און און און און און און און און און</u>				6	0,5'	72.
TULA	Aud mies ra unough re. (Column (d) must eo	<u>qual Form 990, Part X</u>	<u>, column (B), line 1</u>	JC.)					<u>, , , , , , , , , , , , , , , , , , , </u>	· · · ·

Schedule D (Form 990) 2021

	(Form 990) 2021	CAPITAL		UNITED	WAY	
Part VII	Investments	- Other Securitie	es.			

Complete if the organization answered "Yes" on Form	990. Part IV	/. line 11b.	See Form 990.	Part X. line 12.

<u> </u>		
(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) CERTIFICATES OF DEPOSIT	1,104,170.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,104,170.	

### 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, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (C	Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part )	C 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 (h) must equal Form 990, Part X, col. (B) line 25.)	

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

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

Schedule D (Form 990) 2021

X

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	dule D (Form 990) 2021 CAPTTAL AREA UNITED WAY				0447100 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,190,076.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. <b>2</b> a	-871,195.		
b	Donated services and use of facilities	. 2b			
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	. 2d	49,749.		
е	Add lines 2a through 2d			2e	-821,446.
3	Subtract line 2e from line 1			3	7,011,522.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
~	Add lines <b>4a</b> and <b>4b</b>			4c	0.
C					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	7,011,522.
5		ents With	n Expenses per F	•	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	n Expenses per F	•	n.
5	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.)</i>	ents With	n Expenses per F	•	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	n Expenses per F	Returi	n.
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         TXII Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements	ents With	n Expenses per F	Returi	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12,</i> )         t XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	n Expenses per F	Returi	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b	n Expenses per F	Returi	n.
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c	n Expenses per F	Returi	n. 7,869,273.
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c 2d	50,018.	Returi	n. 7,869,273. 50,018.
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	50,018.	1	n. 7,869,273.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	50,018.	1 2e	n. 7,869,273. 50,018.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       Donated services and use of facilities         Prior year adjustments       Other losses         Other losses       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d         Subtract line 2e from line 1       Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	50,018.	1 2e	n. 7,869,273. 50,018.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         Complete if the organization of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other losses       Other (Describe in Part XIII.)         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	50,018.	1 2e	n. 7,869,273. 50,018.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a           2b           2c           2d           2d	50,018.	1 2e	n. 7,869,273. 50,018. 7,819,255. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           2d	50,018.	1 2e 3	n. 7,869,273. 50,018. 7,819,255.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME

TAXES PURSUANT TO SECTION 501(A) OF THE INTERNAL REVENUE CODE.

ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS NECESSARY.

## ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND

RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN

UNCERTAIN TAX POSITION THAT WOULD MORE LIKELY THAN NOT BE SUBSTANTIATED

UPON EXAMINATION. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE

30

## ORGANIZATION AND HAS CONCLUDED THAT AS OF JUNE 30, 2022, THERE ARE NO

Schedule D (Form 990) 2021

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2021.05030 CAPITAL AREA UNITED WAY

Schedule D (Form 990) 2021       CAPITAL AREA UNITED WAY       7         Part XIII       Supplemental Information (continued)       7	2-0447100 Page 5
UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD R	EOUIRE
RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FIN	
STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY T	
JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGR	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
IN KIND REVENUE	49,749.
120055 10 08 01	chedule D (Form 990) 2021

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2021
Department of the Treasury		Attach to Form 990			-			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization		AREA UNITED WAY					Employer id	entification number 7100
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations licitations on have a written o ed in Form 990, Pa		tion of tion of fundra (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
compensated at le	•	. , ,		0				
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit c	contrib	▶ utions	or has been notified	it is e	exempt from re	egistration
or licensing.								
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z.		Schedul	e G (Form 990) 2021

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

			(a) Event #1 JAMBALAYA JAM	(b) Event #2 ANNUAL MEETING	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Hevenue	1	Gross receipts	67,108.	7,155.		74,263
	2	Less: Contributions	55,000.			55,000
	3	Gross income (line 1 minus line 2)	12,108.	7,155.		19,263
	4	Cash prizes				
	5	Noncash prizes				
bense	6	Rent/facility costs				
Uirect Expenses	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses		14,443.		45,938
	10	Direct expense summary. Add lines 4 throug			•	45,938
	11					-26,675
	1	Gross revenue	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
1						
ام	2	Cash prizes				
xpenses	2 3	Cash prizes				
JIrect Expenses						
nirect Expenses	3	Noncash prizes Rent/facility costs				
UILECT EXPENSES	3	Noncash prizes		Yes%	Yes %	
Direct Expenses	3	Noncash prizes Rent/facility costs		Yes% □No	Yes % No	
DIrect Expenses	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	└── Yes % └── No		No	
DILECT EXPENSES	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No	No	No►	
	3 4 5 7 8	Noncash prizes	Yes %           No           9h 5 in column (d)           7 from line 1, column (d)	No	No►	
•	3 4 5 7 8 Ent	Noncash prizes	Yes%         No         yh 5 in column (d)         7 from line 1, column (d)         ucts gaming activities:	No	No►	
) a	3 4 5 6 7 8 Enti	Noncash prizes	Yes%         No         96 5 in column (d)         7 from line 1, column (d)         ucts gaming activities:activities in each of these	No	No►	
a b Da	3 4 5 6 7 8 Entit	Noncash prizes	yes%	states?	No	YesN
a b	3 4 5 6 7 8 Entit	Noncash prizes	yes%	states?	No	YesN

Schedule G (Form 990) 2021	CAPITAL A	AREA	UNITED WAY	72-0447100 Page 3
<b>11</b> Does the organization conduct	gaming activities with	n nonme	mbers?	
<b>12</b> Is the organization a grantor, be	eneficiary or trustee or	f a trust	, or a member of a partnership or other entity for	med
				Yes No
<b>13</b> Indicate the percentage of gam				
14 Enter the name and address of	the person who prepa	ares the	organization's gaming/special events books and	d records:
Name 🕨				
Address 🕨				
<b>15a</b> Does the organization have a co	ontract with a third pa	arty fron	n whom the organization receives gaming revenu	le? Yes No
<b>b</b> If "Yes," enter the amount of ga	aming revenue receive	ed by th	e organization 🕨 \$ and	the amount
of gaming revenue retained by	the third party 🕨 \$			
c If "Yes," enter name and addres				
Name 🕨				
Address <b>&gt;</b>				
<b>16</b> Gaming manager information:				
Name				
Gaming manager compensation	n 🕨 \$			
Description of services provide				
Description of services provided	u 🕨			
Director/officer	Employee		Independent contractor	
17 Mandatory distributions:				
		charitat	ble distributions from the gaming proceeds to	
retain the state gaming license?				
b Enter the amount of distribution organization's own exempt acti			be distributed to other exempt organizations or \$	spent in the
			$\Phi$ lanations required by Part I, line 2b, columns (iii)	and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b,	as applicable. Also p	rovide a	ny additional information. See instructions.	
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			34	

Part IV	Supplemental Information (continued)
	Schedule G (Form 990

SCHEDULE I	G	ants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		2021
Department of the Treasury	Compl	ete if the organizatio	Attach to Form		t IV, line 21 or 22.		Open to Public
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo		nation.		Inspection
Name of the organization	REA UNITE	D WAY					Employer identification number $72 - 0447100$
Part I General Information on Grants a							
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on
criteria used to award the grants or assi	stance?						Yes X No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to recipient that received more than	-				anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ST JAMES COUNCIL ON AGING P.O. BOX 87							
CONVENT, LA 70723	72-0737078	501C3	585,750.	0.			ALLOCATION
CATHOLIC CHARITIES OF THE DIOCESE OF BATON ROUGE - P.O. BOX 1668 - BATON ROUGE, LA 70821	72-0590685	501C3	395,000.	0.			ALLOCATION
THE EMERGE CENTER 7784 INNOVATION PARK DR BATON ROUGE, LA 70820	45-5434705	501C3	215,000.	0.			ALLOCATION
BIG BUDDY 1415 MAIN ST. BATON ROUGE, LA 70802	72-0904506	501C3	214,000.	0.			ALLOCATION
BOYS AND GIRLS CLUBS OF METRO LOUISIANA - 8281 GOODWOOD BLVD., SUITE A - BATON ROUGE, LA 70806	72-0928014	501C3	165,000.	0.			ALLOCATION
GOODWILL INDUSTRIES OF SELA 3400 TULANE AVENUE, SUITE 1000 NEW ORLEANS, LA 70119	72-0546906	501C3	150,000.	0.			ALLOCATION
2 Enter total number of section 501(c)(3) a	and government org	ganizations listed in th	e line 1 table				▶64.
3 Enter total number of other organization	is listed in the line 1	table					2.

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

## Schedule I (Form 990) CAPITAL AREA UNITED WAY Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE MINISTRIES OF BATON ROUGE							
4643 WINBOURNE AVENUE							
BATON ROUGE, LA 70805	72-1245521	501C3	150,000.	0.			ALLOCATION
ST. VINCENT DE PAUL							
P.O. BOX 127							
BATON ROUGE, LA 70821	36-4582338	501C3	145,000.	0.			ALLOCATION
SALVATION ARMY							
7361 AIRLINE HIGHWAY							
BATON ROUGE, LA 70805	58-0660607	50103	140,000.	0.			ALLOCATION
	30 0000007	50105	140,000.	0.			ALLOCATION
FAMILY SERVICE OF GREATER BATON							
ROUGE - 4727 REVERE AVE BATON							
ROUGE, LA 70808	72-0491100	501C3	130,000.	0.			ALLOCATION
,			,				
AMERICAN RED CROSS							
4655 SHERWOOD COMMON BLVD.							
BATON ROUGE, LA 70816	53-0196605	501C3	110,000.	0.			ALLOCATION
SOUTHEAST LOUISIANA LEGAL SERVICES							
715 ST. FERDINAND STREET							
BATON ROUGE, LA 70802	72-0877422	501C3	109,500.	0.			ALLOCATION
BATON ROUGE CHILDREN'S ADVOCACY							
CENTER - 626 EAST BLVD BATON							
ROUGE, LA 70802	26-0028918	501C3	104,000.	0.			ALLOCATION
YOUNG WOMEN'S CHRISTIAN							
ASSOCIATION - P.O. BOX 50255 - NEW				_			
ORLEANS, LA 70150	72-0357142	501C3	100,000.	0.			ALLOCATION
GREATER BATON ROUGE FOOD BANK							
P.O. BOX 45830							
BATON ROUGE, LA 70895	72-1065318	50103	100,000.	0.			ALLOCATION
,, _,, _	1 , 2 1000010	F	1 100,000.	· ·			

Schedule I (Form 990)

Schedule I (Form 990) CAPITAL A							<mark>/2-0447100 Ра</mark>
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organization	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC BATON ROUGE							
2616 JEFFERSON HWY							
BATON ROUGE, LA 70816	72-0540957	501C3	85,000.	0.			ALLOCATION
THE WALLS PROJECT							
158 AMERICA ST. NO D							
BATON ROUGE, LA 70802	45-5485171	501C3	80,000.	٥.			ALLOCATION
O'BRIEN HOUSE							
446 NORTH 12TH STREET							
BATON ROUGE, LA 70802	72-0702820	501C3	80,000.	0.			ALLOCATION
SENEVOLENT RURAL ALLIANCE FOR							
CULTURAL AND ENVIRONMENT - 13141							
OLD BATON ROUGE HWY - HAMMOND, LA							
70403	37-0297790	501C3	75,000.	0.			ALLOCATION
THREE O'CLOCK PROJECT							
804 MAIN ST							
	81-2133947	E0102	75 000	0			AT LOCATION
BATON ROUGE, LA 70802	81-2133947	50103	75,000.	0.			ALLOCATION
CENTER OF HOPE FOR TANGIPAHOA,							
INC 307 W DAKOTA ST - HAMMOND,							
JA 70401	85-1449422	501C3	75,000.	0.			ALLOCATION
			,				
ICMAINS CHILDREN'S DEVELOPMENTAL							
CENTER - 1805 COLLEGE DR BATON							
ROUGE, LA 70808	72-0459036	501C3	71,250.	0.			ALLOCATION
IDS ORCHESTRA, INC							
19 JEFFERSON HWY SUITE 1A							
BATON ROUGE, LA 70806	27-4098793	501C3	70,000.	0.			ALLOCATION
CITY YEAR, INC							
11 N. 3RD ST.							
BATON ROUGE, LA 70801	22-2882549	50103	60,000.	0.			ALLOCATION
DATON ROUGE, LA /UOUI	22-2002349	20162	60,000.	υ.			ALLOCATION

	REA UNITE						2-0447100 Pa
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organization	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH ASSOCIATION OF GBR							
BATON ROUGE, LA 70806	72-0688911	501C3	60,000.	0.			ALLOCATION
CAPITAL AREA FAMILY VIOLENCE INTERVENTION CENTER DBA IRIS - P.O. BOX 52809 - BATON ROUGE, LA							
70821	72-0986008	501C3	60,000.	0.			ALLOCATION
JNITED WAY ST CHARLES 13207 RIVER ROAD LULING, LA 70070	72-0928066	50103	50,000.	0.			ALLOCATION
	72 0920000	50105	50,000.				ADDOCATION
REGINA COELI CHILD DEVELOPMENT CENTER - 22476 US 190 - ROBERT,							
LA 70455	72-0680604	501C3	50,000.	0.			ALLOCATION
UNITED WAY FOR SOUTH LOUISIANA							
HOUMA, LA 70360	72-0867661	501C3	50,000.	0.			ALLOCATION
CHILD ADVOCACY SERVICES 1504 WEST CHURCH STREET							
HAMMOND, LA 70401	72-1262466	501C3	50,000.	0.			ALLOCATION
BIG BUDDY PROGRAM 1415 MAIN ST.							
BATON ROUGE, LA 70802	72-0904506	501C3	50,000.	0.			ALLOCATION
T JOHN UNITED WAY							
P.O. BOX 2019							
ESERVE, LA 70084	23-7204234	501C3	50,000.	0.			ALLOCATION
AST FELICIANA PUBLIC SCHOOLS .O. BOX 397							
LINTON, LA 70722	72-6000369	501C3	46,000.	0.			ALLOCATION

origanization or governmentIIIIII applicableCash grantInoncash assistanceIValuation (book, FMV, appraisal, other)noncash assistanceIVorST JAMES PARISH SCHOOL BOARD P.O. BOX 338 UUTCHER, LA 7007172-6001229501C345,0000.ALLOCATIONNITED CAJUN NAYY 2053 W MAGMA CARTA FL BATON ROUGE, LA 7081572-6001229501C3445,0000.ALLOCATIONRECON ROUGE, LA 7081582-5013897501C344,0460.ALLOCATIONRECON ROUGE, LA 7081582-5013897501C344,0000.ALLOCATIONRECON ROUGE, LA 7081646-1149453501C344,0000.ALLOCATIONSPENING DOORS 230 RENEE DRIVE38-3645358501C340,0000.ALLOCATIONADULT LITERACY ADVOCATES OF GBR 460 N 11H ST BATON ROUGE, LA 7081645-3478448501C340,0000.ALLOCATIONTHE LIFE OF A SINGLE MOM 12015 JUSTICE AVE. BATON ROUGE, LA 7081645-3478448501C336,0000.ALLOCATIONRATON ROUGE, LA 7081645-3478448501C336,0000.ALLOCATIONALLOCATIONTHE LIFE OF A SINGLE MOM 12015 JUSTICE AVE. BATON ROUGE, LA 7081645-3478448501C336,0000.ALLOCATIONRATON ROUGE, LA 7081645-3478448501C336,0000.ALLOCATIONALLOCATIONRATON ROUGE, LA 7081645-3478448501C336,0000.ALLOCATIONRATON ROUGE, LA 7081645-3478448501C336,0000.ALLOCATION<	:7100 Pa	2-0447100			- /0 -				Schedule I (Form 990) CAPITAL A
organization or governmentif applicablecash grantnoncash assistancevaluation (book, FWA) appraisal, other)non-cash assistanceoriT JAMES PARISH SCHOOL BOARD 0. 0. 0X 33872-6001229501C345,0000.Implicable			t II.)	edule I (Form 990), Pa	vernments (Sche	and Domestic Go	nestic Organizations	ssistance to Dor	Part II Continuation of Grants and Other A
.0. BOX 338     72-6001229     501C3     45,000.     0.     ALLOCATION       NITED CAJUN NAVY     82-5013897     501C3     44,046.     0.     ALLOCATION       OS W MAGNA CARTA PL     82-5013897     501C3     44,046.     0.     ALLOCATION       ATON ROUGE, LA 70815     82-5013897     501C3     44,046.     0.     ALLOCATION       RONF YARD SIKES     13 STEELE BLVD E     ATON ROUGE, LA 70806     46-1149453     501C3     44,000.     0.       ATON ROUGE, LA 70806     46-1149453     501C3     40,000.     0.     ALLOCATION       DULT LITERACY ADVOCATES OF GBR     38-3645358     501C3     40,000.     0.     ALLOCATION       DULT LITERACY ADVOCATES OF GBR     3101529     501C3     40,000.     0.     ALLOCATION       NON ROUGE, LA 70802     23-1010529     501C3     40,000.     0.     ALLOCATION       DULT LITERACY ADVOCATES OF GBR     501C3     40,000.     0.     ALLOCATION       ATON ROUGE, LA 70802     23-1010529     501C3     40,000.     0.     ALLOCATION       ATON ROUGE, LA 70802     26-2477597     501C3     36,000.     0.     ALLOCATION       ATON ROUGE, LA 70802     26-2477597     501C3     36,000.     0.     ALLOCATION       05 D 1171 STREET<	Purpose of grant or assistance			valuation (book, FMV,	noncash			<b>(b)</b> EIN	
.0. BOX 338     72-6001229     501C3     45,000.     0.     ALLOCATION       NITED CAJUN NAVY     82-5013897     501C3     44,046.     0.     ALLOCATION       OS W MAGNA CARTA PL     82-5013897     501C3     44,046.     0.     ALLOCATION       ATON ROUGE, LA 70815     82-5013897     501C3     44,046.     0.     ALLOCATION       RONF YARD SIKES     13 STEELE BLVD E     ATON ROUGE, LA 70806     46-1149453     501C3     44,000.     0.       ATON ROUGE, LA 70806     46-1149453     501C3     40,000.     0.     ALLOCATION       DULT LITERACY ADVOCATES OF GBR     38-3645358     501C3     40,000.     0.     ALLOCATION       DULT LITERACY ADVOCATES OF GBR     3101529     501C3     40,000.     0.     ALLOCATION       NON ROUGE, LA 70802     23-1010529     501C3     40,000.     0.     ALLOCATION       DULT LITERACY ADVOCATES OF GBR     501C3     40,000.     0.     ALLOCATION       ATON ROUGE, LA 70802     23-1010529     501C3     40,000.     0.     ALLOCATION       ATON ROUGE, LA 70802     26-2477597     501C3     36,000.     0.     ALLOCATION       ATON ROUGE, LA 70802     26-2477597     501C3     36,000.     0.     ALLOCATION       05 D 1171 STREET<									T JAMES PARISH SCHOOL BOARD
UTCHER, LA 70071 72-601229 501C3 45,000. 0. ALLOCATION NITED CAJUN NAVY 053 W MAGNA CARTA FL ARON ROUGE, LA 70815 82-5013897 501C3 44,046. 0. ALLOCATION RONT YARD BIKES 13 STEELE BLVD. E ATON ROUGE, LA 70806 46-1149453 501C3 44,000. 0. ALLOCATION PENING DOORS 30 ENEE DRIVE ATON ROUGE, LA 70810 38-3645358 501C3 40,000. 0. ALLOCATION DULL LITERACY ADVOCATES OF GBR 60 N 11TH ST ATON ROUGE, LA 70802 23-1010529 501C3 40,000. 0. ALLOCATION HE LIFE OF A SINGLE MOM 2015 JUSTICE AVE. ATON ROUGE, LA 70816 45-3478448 501C3 36,000. 0. ALLOCATION HE LIFE OF A SINGLE MOM 2015 JUSTICE AVE. ATON ROUGE, LA 70802 26-2477597 501C3 36,000. 0. ALLOCATION DOLLATION ROUGE, LA 70802 26-2477597 501C3 36,000. 0. ALLOCATION DOLLATION DOLLATION ROUGE, LA 70802 26-2477597 501C3 36,000. 0. ALLOCATION DOLLATION DOLLATION ROUGE, LA 70802 26-2477597 501C3 36,000. 0. ALLOCATION DOLLATION ROUGE, LA 70802 26-2477597 501C3 36,000. 0. ALLOCATION DOLLATION DOLLATION ROUGE, LA 70802 26-2477597 501C3 36,000. 0. ALLOCATION DOLLATION DOLLATION ROUGE, LA 70802 26-2477597 501C3 36,000. 0. ALLOCATION DOLLATION DOLLATION (BRYC) DOLLATION ROUGE, LA 70802 26-2477597 501C3 36,000. 0. ALLOCATION DOLLATION DOLLATION (BRYC) DOLLATION ROUGE, LA 70802 26-2477597 501C3 36,000. 0. ALLOCATION DOLLATION DOLLATION (BRYC) DOLLATION ROUGE, LA 70802 26-2477597 501C3 36,000. 0. ALLOCATION DOLLATION ROUGE, LA 70802 26-2477597 501C3 36,00									
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1053 W MAGNA CARTA PL MATON ROUGE, LA 70815     82-5013897     50103     44,046.     0.     ALLOCATION       RONT YARD BIKES     13 STEELE BLVD. E     46-1149453     50103     44,000.     0.     ALLOCATION       WENNG DOORS     46-1149453     50103     44,000.     0.     ALLOCATION       STERE BLVD. E     46-1149453     50103     44,000.     0.     ALLOCATION       WENNG DOORS     38-3645358     50103     40,000.     0.     ALLOCATION       JOULT LITERACY ADVOCATES OF GBR     38-3645358     50103     40,000.     0.     ALLOCATION       MEDIT LITERACY ADVOCATES OF GBR     23-1010529     50103     40,000.     0.     ALLOCATION       MEL LIFE OF A SINGLE MOM     23-1010529     50103     40,000.     0.     ALLOCATION       WHE LIFE OF A SINGLE MOM     45-3478448     50103     36,000.     0.     ALLOCATION       METON ROUGE, LA 70816     45-3478448     50103     36,000.     0.     ALLOCATION       MATON ROUGE, LA 70810     26-2477597     50103     36,000.     0.     ALLOCATION       MATON ROUGE, LA 70802     26-2477597     50103     36,000.     0.     ALLOCATION       MOSO N. FOSTER DRIVE     26-2477597     50103     36,000.     0.     ALLOCATION <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NITED CAJUN NAVY</td>									NITED CAJUN NAVY
ATON ROUGE, LA 70815 82-5013897 501C3 44,046. 0. ALLOCATION RONT YARD BIKES 13 STEELE BLVD. E ATON ROUGE, LA 70806 46-1149453 501C3 44,000. 0. ALLOCATION PENING DOORS 30 RENEE DRIVE ATON ROUGE, LA 70810 38-3645358 501C3 40,000. 0. ALLOCATION DULIT LITERACY ADVOCATES OF GBR 60 N 11TH ST ATON ROUGE, LA 70802 23-1010529 501C3 40,000. 0. ALLOCATION HE LIFE OF A SINGLE MOM 2015 JUSTICE AVE. ATON ROUGE, LA 70816 45-3478448 501C3 36,000. 0. ALLOCATION ATON ROUGE, LA 70802 26-2477597 501C3 36,000. 0. ALLOCATION ALLOCATION DOULT COLLITION (BRYC) 60 B 11TH STREET ATON ROUGE, LA 70802 26-2477597 501C3 36,000. 0. ALLOCATION DOULT COLLITION (BRYC) 60 B 11TH STREET ATON ROUGE, LA 70802 26-2477597 501C3 36,000. 0. ALLOCATION DOULT COLLITION (BRYC) 60 B 11TH STREET ATON ROUGE, LA 70802 26-2477597 501C3 36,000. 0. ALLOCATION DOULT COLLITION (BRYC) 60 B 11TH STREET ATON ROUGE, LA 70802 26-2477597 501C3 36,000. 0. ALLOCATION DOULT COLLITION (BRYC) 60 B 11TH STREET ATON ROUGE, LA 70802 26-2477597 501C3 36,000. 0. ALLOCATION DOULT COLLITION (BRYC) 60 B 11TH STREET ATON ROUGE, LA 70802 26-2477597 501C3 36,000. 0. ALLOCATION DOU BLACK MEN 050 N. FOSTER DRIVE									
113 STEELE BLVD. E       46-1149453       501C3       44,000.       0.       ALLOCATION         PENING DOORS       38-3645358       501C3       40,000.       0.       ALLOCATION         MATON ROUGE, LA 70810       38-3645358       501C3       40,000.       0.       ALLOCATION         LDULT LITERACY ADVOCATES OF GBR       38-3645358       501C3       40,000.       0.       ALLOCATION         LDULT LITERACY ADVOCATES OF GBR       23-1010529       501C3       40,000.       0.       ALLOCATION         LATON ROUGE, LA 70802       23-1010529       501C3       40,000.       0.       ALLOCATION         HE LIFE OF A SINGLE MOM       45-3478448       501C3       36,000.       0.       ALLOCATION         ALLOCATION ROUGE, LA 70816       45-3478448       501C3       36,000.       0.       ALLOCATION         ALLOCATION ROUGE, LA 70816       45-3478448       501C3       36,000.       0.       ALLOCATION         ALLOCATION ROUGE, LA 70802       26-2477597       501C3       36,000.       0.       ALLOCATION         000 BLACK MEN       0050 N. FOSTER DRIVE       26-2477597       501C3       36,000.       0.       ALLOCATION	ION	ALLOCATION	2		0.	44,046.	501C3	82-5013897	
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33 RENEE DRIVE       38-3645358       501C3       40,000.       0.       ALLOCATION         DULT LITERACY ADVOCATES OF GBR       23-1010529       501C3       40,000.       0.       ALLOCATION         ATON ROUGE, LA 70802       23-1010529       501C3       40,000.       0.       ALLOCATION         HE LIFE OF A SINGLE MOM       23-1010529       501C3       40,000.       0.       ALLOCATION         2015 JUSTICE AVE.       45-3478448       501C3       36,000.       0.       ALLOCATION         ATON ROUGE, LA 70816       45-3478448       501C3       36,000.       0.       ALLOCATION         ATON ROUGE, LA 70802       26-2477597       501C3       36,000.       0.       ALLOCATION         00 BLACK MEN       205 JUSTICE AVE.       26-2477597       501C3       36,000.       0.       ALLOCATION					••	,			
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A60 N 11TH ST23-1010529501C340,000.0.ALLOCATIONBATON ROUGE, LA 7080223-1010529501C340,000.0.ALLOCATIONTHE LIFE OF A SINGLE MOM L2015 JUSTICE AVE. BATON ROUGE, LA 7081645-3478448501C336,000.0.ALLOCATIONBATON ROUGE, LA 7081645-3478448501C336,000.0.ALLOCATIONBATON ROUGE YOUTH COALITION (BRYC) 460 B 11TH STREET BATON ROUGE, LA 7080226-2477597501C336,000.0.ALLOCATIONL00 BLACK MEN 2050 N. FOSTER DRIVE26-2477597501C336,000.0.ALLOCATION									ADULT LITERACY ADVOCATES OF GBR
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A60 B 11TH STREET       26-2477597       501C3       36,000.       0.       ALLOCATION         ALLOCATION       00 BLACK MEN       00.       0.       0.       0.       0.									BATON ROUGE YOUTH COALITION (BRYC)
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050 N. FOSTER DRIVE						, , ,			,
									.00 BLACK MEN
ATON ROUGE LA 70806 43-1566609 501C3 30 000. 0. ALLOCATION									050 N. FOSTER DRIVE
	ION	ALLOCATION	7		0.	30,000.	501C3	43-1566609	ATON ROUGE, LA 70806
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EST FELICIANA PUBLIC SCHOOLS									
T. FRANCISVILLE, LA 70775 72-6001491 501C3 30,000. 0. ALLOCATION	ION	ALLOCATION			n	30 000	501C3	72-6001491	

Schedule I (Form 990) CAPITAL A							2-0447100 Pag
Part II Continuation of Grants and Other A	ssistance to Dor	nestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	ırt II.) T	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIRL SCOUTS LOUISIANA EAST							
341 S CLEARVIEW PARKWAY							
NEW ORLEANS, LA 70121	72-0453615	501C3	26,000.	0.			ALLOCATION
				- •			
FELLOWSHIP CHURCH							
P.O. BOX 154							
ARCHIBALD, LA 71218	72-1287763	501C3	25,000.	0.			ALLOCATION
ST JAMES HOSPITAL WELLNESS							
FOUNDATION - 1645 LUTCHER AVE							
LUTCHER, LA 70071	82-4062340	501C3	25,000.	0.			ALLOCATION
PROPEL AMERICA							
800 BOYLSTON STREET, P.O. BOX 99044	00 1068800	F 0 1 0 2	05.000				
BOSTON, MA 02199	83-1867782	50103	25,000.	0.			ALLOCATION
BOY SCOUTS OF AMERICA							
4200 S I-10 SERVICE RD. WEST, STE 1							
METAIRIE, LA 70001	72-0408954	501C3	20,000.	0.			ALLOCATION
OUR LADY OF THE LAKE FOUNDATION							
4200 ESSEN LN							
BATON ROUGE, LA 70809	72-1014324	501C3	18,750.	0.			ALLOCATION
NEW CONSECRATED COMMUNITY OUTREACH							
5049 MELROSE BLVD.							
BATON ROUGE, LA 70806	81-4426216	501C3	15,000.	0.			ALLOCATION
FAMILY ROAD OF GREATER BATON ROUGE							
323 E AIRPORT AVE	72-1440082	50103	1 5 000	0.			ALLOCATION
BATON ROUGE, LA 70806	/2-1440082	20103	15,000.	0.			ALLOCATION
HUMANITIES AMPED							
P.O. BOX 64653							
BATON ROUGE, LA 70896	82-4794136	501C3	15,000.	0.			ALLOCATION

#### CAPITAL AREA UNITED WAY Schedule I (Form 990)

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF THE CAPITAL AREA							
11404 LAKE SHERWOOD AVENUE N SUITE							
BATON ROUGE, LA 70816	72-0650993	501C3	15,000.	0.			ALLOCATION
FIRST BAPTIST CHURCH OF VACHERIE							
1244 MAGNOLIA HEIGHTS							
VACHERIE, LA 70090		501C3	15,000.	٥.			ALLOCATION
LINE 4 LINE							
449 NORTH ACADIAN THWY							
BATON ROUGE, LA 70806	81-4426216	501C3	15,000.	0.			ALLOCATION
TEACH FOR AMERICA, SOUTH LA							
315 WEST 36TH STREET							
NEW YORK, NY 10018	13-3541913	501C3	15,000.	0.			ALLOCATION
THE MANSHIP THEATRE, LLC.							
100 LAFAYETTE STREET							
BATON ROUGE, LA 70801	20-3999559	501C3	15,000.	٥.			ALLOCATION
B.R. CRISIS INTERVENTION CENTER,							
INC - 3013 OLD FORGE DR - BATON							
ROUGE, LA 70808	72-0768965	501C3	15,000.	0.			ALLOCATION
GARDERE INITIATIVE INC.							
8435 NED AVE APT A							
BATON ROUGE, LA 70820	47-1391639	501C3	14,200.	0.			ALLOCATION
,,,,,	1, 10,100,000		11,200.				
VOLUNTEERS IN PUBLIC SCHOOLS							
3000 N SHERWOOD FOREST DR, ROOM 63							
BATON ROUGE, LA 70814	72-1002253	501C3	13,450.	٥.			ALLOCATION
EMPOWER 225							
4829 WINBOURNE AVE.							
BATON ROUGE, LA 70805	27-3369951	501C3	12,985.	0.			ALLOCATION

chedule I (Form 990) CAPITAL A							2-0447100 Pa
Part II         Continuation of Grants and Other A           (a) Name and address of organization or government	(b) EIN	(c) IRC section (c) if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHRISTIAN OUTREACH CENTER OF BATON ROUGE - 6455 BROWNFIELDS DR. - BATON ROUGE, LA 70811	72-1445772	501C3	12,500.	0.			ALLOCATION
TRINITY BAY VOCATIONAL INSTITUTE LOO2 GEMINI STREET, SUITE 200N HOUSTON, TX 70058		501C3	10,000.	0.			ALLOCATION
ALPINE COMMUNITY DEVELOPMENT CORP. 1855 CHESTNUT ST BATON ROUGE, LA 70802	06-1812304	501C3	8,000.	0.			ALLOCATION
RETARDED CITIZENS - LIVINGSTON 2.0. BOX 1040 NAPOLEONVILLE, LA 70390	72-0576616	501C3	5,658.	0.			ALLOCATION
ROYAL BUYING GROUP 2100 WESTERN COURT, SUITE 80 LISLE, IL 60532			181,412.	0.			ALLOCATION
ST. HELENA PARISH SCHOOL DISTRICT 354 SITMAN STREET GREENSBURG, LA 70441			50,000.	0.			ALLOCATION

Schedule I (Form 990) 2021

CAPITAL AREA UNITED WAY Schedule I (Form 990) 2021 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re-	u equired in Part I, lir	ı ne 2; Part III, column	(b); and any other ac	l dditional information.	1

72-0447100

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SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	01	
•		Compensated Employees		20	<b>Z</b>	l
Deres		<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio	n	Employer	identificatio	on nur	nber
		CAPITAL AREA UNITED WAY	72-0	044710	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate 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.				
	First-class or o	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnifie	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	;			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	n committee Written employment contract				
	Independent of	compensation consultant Compensation survey or study				
	Form 990 of c	ther organizations Approval by the board or compensation of	ommittee			
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severand	e payment or change-of-control payment?		4a		X
b	-	eive payment from a supplemental nonqualified retirement plan?				X
С	-	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
_		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r			_		v
						X
b		ation?		5b		X
~		pr 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r			-		v
						X
b		ation?		6b		X
_		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
~		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
~				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	dule J (Forn	n 990)	2021

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Schedule J (Form 990) 2021

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#### 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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GEORGE BELL	(i)	184,594.	0.	0.	9,634.	9,384.	203,612.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L		Transactio	ns V	Vith	Intereste	ed F	Persons			ON	/IB No. <sup>-</sup>	1545-00	47
(Form 990)	Complete if	the organization an 28b, or 28c,			" on Form 990,   EZ, Part V, line			6, 27,	28a,		2	02	1
Department of the Treasury	•				990 or Form 990						pen T		lic
Internal Revenue Service Name of the organization		io to www.irs.gov/F	orm99	U for II	istructions and	the la	test information.	Emr		identi	spect		mbor
Name of the organization		L AREA UNIT	מפי	WAY				-	-	471		on nu	mber
Part I Excess I		actions (section 5			on 501(c)(4), and	d secti	on 501(c)(29) orgar				00		
		answered "Yes" on											
1 (a) Name of disgual	ified person	(b) Relationship bet			ified	(c)	Description of trans	sactio	n		(d)	Corre	cted?
		person and c	organiza	ation		(0)		Sactio			<u> </u>	es	No
												$\rightarrow$	
												$\rightarrow$	
2 Enter the amount o	,	8	0				, , , , , , , , , , , , , , , , , , ,		•				
section 4958 3 Enter the amount o		a 2 abovo roimbur							► \$ ► \$				
	n tax, ii ariy, ori ii		seu by	uie oių	Janization				φ				
Part II Loans to	o and/or From	n Interested Per	sons										
Complete i	f the organization	answered "Yes" on	Form §	990-EZ	Part V, line 38a	or For	m 990, Part IV, line	e 26; c	or if th	e orga	nizatio	n	
		n 990, Part X, line 5,								<b>(h)</b> Ap	arouad		
(a) Name of interested person	(b) Relation with organiz		fro	oan to or m the	(e) Original principal amou		(f) Balance due	(g) defa		by boa	ard or	(1) *	/ritten ment?
	with organiz			From	principal arriod			Yes	No	comm Yes		Yes	<u> </u>
				FIOIII				165	NU	165	NO	163	
													ļ
													<u> </u>
Total					►	\$							
		Benefiting Inte											
		answered "Yes" on					( )) T	,					
(a) Name of intere	sted person	(b) Relationship interested per the organiz	son an		(c) Amount assistance		(d) Type assistanc			• • •	) Purp assista		T
		+											

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

Schedule L (Form 990) 2021

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	Business Transa	ctions Involving	Interes	sted Perso	ns.
Schedule L	(Form 990) 2021	CAPITAL	AREA	UNITED	W.

Complete if the organization answered "Yes" on Form 990, Part IV. line 28a. 28b. or 28c.

		5111 990, 1 alt IV, line 20a, 2	00, 01 200.			
(a) Name of interested person		onship between interested n and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
					Yes	No
JOHN EVERETT	BOARD	MEMBER	252,160.	CAPITAL ARE		X
MELISSA SILVA	BOARD	MEMBER	63,195.	MELISSA SIL		X
VIRGINIA BELL	BOARD	MEMBER	50,000.	VIRGINIA BE		X

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOHN EVERETT

(D) DESCRIPTION OF TRANSACTION: CAPITAL AREA UNITED WAY HOLDS A

CERTIFICATE OF DEPOSIT WITH FIRST HORIZON BANK, OF WHICH JOHN EVERETT IS

EMPLOYED. THE CERTIFICATE OF DEPOSIT WAS PURCHASED UNDER NORMAL TERMS AND

CONIDITIONS EXTENDED TO ALL CUSTOMERS.

(A) NAME OF PERSON: MELISSA SILVA

(D) DESCRIPTION OF TRANSACTION: MELISSA SILVA IS THE EXECUTIVE DIRECTOR

OF LOUISIANA MENTAL HEALTH ASSOCIATION AND A BOARD MEMBER OF CAPITAL AREA

UNITED WAY. DURING THE CURRENT FISCAL YEAR, LOUISIANA MENTAL HEALTH

ASSOCIATION WAS AWARDED GRANTS TOTALING \$63,195.03.

(A) NAME OF PERSON: VIRGINIA BELL

(D) DESCRIPTION OF TRANSACTION: VIRGINIA BELL IS A MEMBER OF THE ST.

HELENA PARISH SCHOOL DISTRICT AND A BOARD MEMBER OF CAPITAL AREA UNITED

WAY. DURING THE CURRENT FISCAL YEAR, ST. HELENA PARISH SCHOOL DISTRICT

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WAS AWARDED GRANTS TOTALING \$50,000.

Schedule L (Form 990) 2021

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SCHEDULE O (Form 990)

Name of the organization

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.



Employer identification number 72 - 0447100

CAPITAL AREA UNITED WAY

FORM 990, PART VI, SECTION A, LINE 7A:

MELISSA SILVA, AGENCY BOARD REPRESENTATIVES, IS ELECTED BY THE AGENCIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE REVIEWS THE TAX RETURN AND PRESENTS THE RETURN TO THE FULL BOARD FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

INDIVIDUALS NOTED IN QUESTION 12B ARE REQUIRED TO SIGN THE "CONFLICT OF

INTEREST POLICY" ANNUALLY AND TO DISCLOSE INTERESTS THAT WOULD GIVE RISE TO CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A:

AS PER CAPITAL AREA UNITED WAY'S BYLAWS, THE BOARD EMPLOYS THE CHIEF

EXECUTIVE OFFICER WHO SERVES AS THE PRESIDENT OF THE CORPORATION. THE

EXECUTIVE COMMITTEE HAS AN EMPLOYMENT CONTRACT WITH THE PRESIDENT AND CEO

WHICH INCLUDES KEY TERMS OF EMPLOYMENT, FREQUENCY OF REVIEW, POTENTIAL FOR

SALARY ADJUSTMENTS AND LIMITS ON DISCRETIONARY BONUS OPPORTUNITIES.

PROPOSED COMPENSATION ADJUSTMENTS ARE BASED ON PERFORMANCE AND COMPARATIVE

COMPENSATION SURVEY INFORMATION. CHANGES TO COMPENSATION FOR THE PRESIDENT

AND CEO ARE PRESENTED BY THE EXECUTIVE COMMITTEE FOR APPROVAL BY THE FULL

BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNANCE DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE

TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE UPON

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202113221111-11-21

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Name of the organization

CAPITAL AREA UNITED WAY

Page 2 Employer identification number 72-0447100

**REQUEST**.

FORM 990, PART XII, LINE 2C:

THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR.