

January 9, 2024

Capital Area United Way 700 Laurel St. Baton Rouge, LA 70802

Dear George:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us as soon as possible.

Sincerely,

Faulk & Winkler, LLC Certified Public Accountants

			EXTENDED TO MAY 15, 2024 Return of Organization Exempt From	Income Tax	OMB No. 1545-0047			
Form <b>990</b>					0000			
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code ( Do not enter social security numbers on this form as it may	• •				
Depa	rtment o	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lates	•	Open to Public Inspection			
				JUN 30, 2023	mopocation			
Bc	B Check if applicable: C Name of organization							
	Addre		TAL AREA UNITED WAY					
	Name		usiness as	72-04471	00			
	Initial return Final	Number	and street (or P.O. box if mail is not delivered to street address)	ite E Telephone number				
	⊥return termii ated	0	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	5,309,380.			
	אך		N ROUGE, LA 70802	H(a) Is this a group re				
	_return Applie tion		nd address of principal officer: GEORGE BELL	for subordinates				
L	pendi		AS C ABOVE	H(b) Are all subordinates in				
ΙT	ax-ex	empt status:			list. See instructions			
	Vebsi		CAUW.ORG	H(c) Group exemption				
					State of legal domicile: LA			
	rt I	Summary			etato or logal dormono.			
	1	Briefly describ	e the organization's mission or most significant activities: HELPING	PEOPLE - IMPRO	DVING			
Governance	-	COMMUNI						
nar	2	Check this bo		ore than 25% of its net ass	ets.			
ver			ting members of the governing body (Part VI, line 1a)		27			
ĝ	4		lependent voting members of the governing body (Part VI, line 1b)		26			
			of individuals employed in calendar year 2022 (Part V, line 2a)		29			
ties					3088			
Activities &			of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12		0.			
Ac			business taxable income from Form 990-T, Part I, line 11		0.			
		Net unrelated		Prior Year	Current Year			
	8	Contributions	and grants (Part VIII, line 1h)	6,832,509.	5,071,970.			
ne	9			0.	0.			
Revenue		•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	159,749.	221,547.			
Re			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-26,675.	-21,898.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,965,583.	5,271,619.			
			nilar amounts paid (Part IX, column (A), lines 1-3)	4,992,534.	3,622,400.			
				0.	0.			
	40		r compensation, employee benefits (Part IX, column (A), line 4)	1,439,859.	1,700,957.			
Expenses	162		undraising fees (Part IX, column (A), line 11e)	0.	0.			
nec	h		ing expenses (Part IX, column (D), line 25) 687, 672.					
EX	17			1,341,193.	1,340,944.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,773,586.	6,664,301.			
	19		expenses. Subtract line 18 from line 12	-808,003.	-1,392,682.			
es –				Beginning of Current Year	End of Year			
Net Assets or -und Balances	20	Total assets (F	Part X, line 16)	14,566,817.	13,044,593.			
Ass Bal	21		(Part X, line 26)	422,933.	412,703.			
Net , und	22		fund balances. Subtract line 21 from line 20	14,143,884.	12,631,890.			
	nrt II			,,	,,,,,			
			I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my	knowledge and belief, it is			
			. Declaration of preparer (other than officer) is based on all information of which prepa					

Sign	Signature of officer			Date				
-	GEORGE BELL, PRESIDENT							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check X PTIN				
Paid	JEREMY KLIBERT			self-employed P00852016				
Preparer	Firm's name FAULK & WINKLER,	LLC		Firm's EIN 72-0999988				
Use Only	Firm's address 6811 JEFFERSON HIC	GHWAY						
	BATON ROUGE, LA 7	0806		Phone no. (225) 927-6811				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2022)							

Form	1990 (2022) CAPITAL AREA UNITED WAY	72-0447100 Page 2
Pa	rt 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?	Yes X No
•	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.	
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.	
4a	(Code:) (Expenses \$ 4,908,225. including grants of \$ 3,622,400. ) (Reven CAPITAL AREA UNITED WAY IS HELPING PEOPLE - IMPROVING CO	
	PARTNERSHIP WITH NON-PROFIT AGENCIES WHO FOCUS THEIR WOR	
	OF EDUCATION, HEALTH, INCOME, AND BASIC NEEDS. PARTNER A	
	EVALUATED THROUGH A RIGOROUS PROCESS THAT INCLUDES A FIN	
	OUTCOMES ASSESSMENT, AND AN ANALYSIS OF THE AGENCY'S USE	
	OVER 75 VOLUNTEERS ASSESS AGENCIES THROUGHOUT THE YEAR T	
	COMMUNITY DOLLARS ARE WELL INVESTED TO MAKE THE GREATEST	IMPACT.
4b	(Code:) (Expenses \$ 274,200. including grants of \$) (Reven	
	UNITED WAY 2-1-1 IS AN INFORMATION AND REFERRAL TELEPHON HELPS INDIVIDUALS LOCATE NEEDED SERVICES SUCH AS OPEN SH	
	MEAL. TRAINED COUNSELORS ASSIST CALLERS BY LINKING THEM	
	THE COMMUNITY THAT CAN ADDRESS THEIR PARTICULAR SITUATIO	
	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 \$ ) (Reven	ue\$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 5,182,425.	
		Form <b>990</b> (2022)
23200	2 12-13-22	
	2	

2022.05020 CAPITAL AREA UNITED WAY 7162\_\_\_1

Form	aan	(2022)

			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		X
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			37
_	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,			37
-	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			v
~	Schedule D, Part III	8		<u> </u>
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?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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,	11a	х	
h	Part VI	11a		
b		11b	х	
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	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		Х
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		Х
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	Х	
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	
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	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
232003	12-13-22	Form	990	(2022)

3

232003 12-13-22

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2022.05020 CAPITAL AREA UNITED WAY

			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		X
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		25a		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		- 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			
	Schedule L, Part I	25b		X
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		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		
50	contributions? If "Yes," complete Schedule M	30		x
24		31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		- 23
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
~ c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c	х	
232004	4 12-13-22			(2022)
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2022.05020 CAPITAL AREA UNITED WAY 7162\_\_\_1

Form	990 (2022) CAPITAL AREA UNITED WAY		72-0447	100	P	age <b>5</b>	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	29				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х		
				3a		Х	
	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			4a		х	
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 A	ccounts	(FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		, , , , , , , , , , , , , , , , , , ,	5a		Х	
	<ul> <li>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</li> </ul>						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5b 5c		X	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th						
Ua				6a		х	
h	any contributions that were not tax deductible as charitable contributions?			0a		- 23	
D			JIIIS	6h			
-	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in average of $$75$ made partly as a contribution and partly for goods and car	viono nre	wided to the nevera	7-	х		
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a 7b	X		
				7b	~		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-				х	
	to file Form 8282?	1 1		7c			
	If "Yes," indicate the number of Forms 8282 filed during the year	[7d]		_			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e			
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	-		7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g			
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the					
				8			
9	Sponsoring organizations maintaining donor advised funds.						
а				<u>9a</u>			
b				9b			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
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	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O.		14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune						
	excess parachute payment(s) during the year?			15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income	e?	16		Х	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.						
232005	j 12-13-22			Form	990	(2022)	
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19530109 792291 7162

5 2022.05020 CAPITAL AREA UNITED WAY 7162\_\_\_1

Form 990	(2022)
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## CAPITAL AREA UNITED WAY

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

72-0447100 Page 6

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. X

	Enter the number of voting members of the governing body at the and of the tax year	1	2	7	Yes	<b>,</b>				
Ta	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	4	4						
	If there are material differences in voting rights among members of the governing body, or if the governing									
h	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent	1b	2	6						
-	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			벽						
2				2						
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2		-				
5	of officers, directors, trustees, or key employees to a management company or other person?			3						
4	Did the organization make any significant changes to its governing documents since the prior Form 9					-				
- 5	Did the organization become aware during the year of a significant diversion of the organization's ass					-				
6	Did the organization have members or stockholders?			6		-				
	Did the organization have members, stockholders, or other persons who had the power to elect or ap			Ť		-				
74	more members of the governing body?			7a	х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			14		-				
	persons other than the governing body?			7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea									
	The governing body?									
	Each committee with authority to act on behalf of the governing body?			8a 8b	X 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						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)							
			,		Yes	S				
10a	Did the organization have local chapters, branches, or affiliates?			10a						
	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				Х					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	′es," de	escribe							
	on Schedule O how this was done			12c		-				
13	Did the organization have a written whistleblower policy?			13	Х	-				
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	lependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official			15a	X	_				
h	Other officers or key employees of the organization			15b		Ē				
D.	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
D		nent wi	th a							
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			16a	1					
16a	taxable entity during the year?									
16a	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its pa	-							
16a	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	e its pa ization	'S							
16a b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements?	e its pa ization	'S	16b		-				
b b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure	e its pa ization	'S			-				
16a b <b>Sec</b> 17	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>NONE</u>	e its pa ization	's	16b		-				
16a b <b>Sec</b> 17	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ <u>exempt status with respect to such arrangements?</u> <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <u>NONE</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	e its pa ization	's	16b	availa	-				
16a b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <u>NONE</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply.	e its pa ization 	's T (section 501(c)(3	16b	availa	2				
16a b <b>Sec</b> 17 18	taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization to such arrangements?         tion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed <u>NONE</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply.         X       Own website Another's website X       Upon request Other (explain)	e its pa ization nd 990 on Sc	T (section 501(c)(C	16b 3)s only)		2				
16a b <b>Sec</b> 17	taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization to such arrangements?         tion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed	e its pa ization nd 990 on Sc	T (section 501(c)(C	16b 3)s only)		2				
16a b <b>Sec</b> 17 18	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <u>NONE</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year.	e its pa ization nd 990 on Sc nflict o	's T (section 501(c)(3 <i>hedule O</i> ) f interest policy, a	16b 3)s only)						
16a b <b>Sec</b> 17 18	taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> tion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed	e its pa ization nd 990 on Sc nflict o	's T (section 501(c)(3 <i>hedule O</i> ) f interest policy, a	16b 3)s only)		2				
16a b <b>Sec</b> 17 18	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <u>NONE</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year.	e its pa ization nd 990 on Sc nflict o	's T (section 501(c)(3 <i>hedule O</i> ) f interest policy, a	16b 3)s only)						

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl		ition		ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolq r	vee vee	_	1099-1120)		organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GEORGE BELL	40.00	_	_							
PRESIDENT/CEO		х		х				207,600.	0.	66,331.
(2) AMANDA STOUT	1.00									
PAST BOARD CHAIR/GOVERNANC		Х		Х				0.	0.	0.
(3) MICHELLE HARDY	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(4) JOSEPH BRITT	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) GLENDA MINOR	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) DAVE LUECKE	1.00									
BOARD CHAIR ELECT		Х						0.	0.	0.
(7) JOLEN STEIN	1.00									
COMMUNICATIONS & MARKETING		Х						0.	0.	0.
(8) GAINES FOSTER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ERIC DEXTER	1.00									
COMMUNITY IMPACT CHAIR ELE		Х						0.	0.	0.
(10) ERIC THOMAS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) CALVIN HART	1.00									
BOARD MEMBER		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) GLYNNA MAYERS	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) MICHAEL ACALDO	1.00									_
BOARD MEMBER		Х						0.	0.	0.
232007 12-13-22										Form <b>990</b> (2022)

7

232007 12-13-22

Form 990 (2022)

Form	990	(2022)
1 01111	000	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) (B) (C)					(D)	(E)	(F)			
Name and title	Average Position (do not check more than one						Reportable	Reportable	Estimated	
	hours per	box	unles	s per	son i	is both	n an	compensation	compensation	amount of
	week		cer and	d a di	recto	or/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for related	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	truste		Ð	pens		(W-2/1099-MISC/	1099-NEC)	organization
	below	ual tr	tional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) JACKIE MCCREARY	1.00	_	_	0	×	Ξæ				······································
RESOURCE DEVELOPMENT CO-CHAIR		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) CLAY YOUNG	1.00									
BOARD MEMBER		х						0.	0.	0.
(22) CHERI AUSBERRY	1.00									
BOARD MEMBER		х						0.	0.	0.
(23) NICK SPEYRER	1.00									
BOARD MEMBER		х						0.	0.	0.
(24) SCOTT HUFFSTETLER	1.00									
BOARD MEMBER		х						0.	0.	0.
(25) TINA W. SCHAFFER	1.00									
BOARD MEMBER		х						0.	0.	0.
(26) ROBERT HARRISON	1.00									
BOARD MEMBER		х						0.	0.	0.
1b Subtotal	1							207,600.	0.	66,331.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								207,600.	0.	66,331.
2 Total number of individuals (including but n									000 of reportable	
compensation from the organization						,		· · · · · · · · · · · · · · · · · · ·		1
										Yes No
3 Did the organization list any former officer,	director. truste	ee. k	ev ei	mpl	ove	e. or	hia	hest compensated empl	ovee on	
line 1a? If "Yes," complete Schedule J for s								· · ·		3 X
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	plete Schedule	e J fo	or su	ch r	bers	on .		~		5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	npensated ind	lepe	nden	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compensa	tion from
the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	ith c	or wi	thin	the organization's tax y	ear.	
(A)								(B)		(C)
Name and business	address	NC	)NE					Description of s	ervices C	Compensation
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than	

\$100,000 of compensation from the organization 0 SEE PART VII, SECTION A CONTINUATION SHEETS 232008 12-13-22 8

Form 990 (2022)

Form 990 CAPITAL AREA UNITED WAY							72-0447100			
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest							est (		, ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	<i>,</i> .		Pos				Reportable	Reportable	Estimated
	hours	(cl	(check all that apply)		compensation	compensation	amount of			
	per week					e		from the	from related organizations	other compensation
	(list any	ctor				blo ye		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ted en		(W-2/1099-MISC)		organization
	related	stee o	rustee		æ	pensa				and related
	organizations	al tru	ional t		ploye	tcom				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
(27) CHARLENE MONTELARO	1.00	-	-	0	×	_ <u> </u>	<u>ц</u>			
RESOURCE DEVELOPMENT CO-CHAIR	1000	х						0.	0.	0.
(28) JAN ROSS	1.00									
COMMUNITY IMPACT CHAIR ELECT		х						0.	0.	0.
(29) PAULA SHEPHERD	1.00									
BOARD CHAIR		Х						0.	0.	0.
		l								
						-				
		1								
			-			-				
		•								
		1								
		-		-						
		1								
		<u> </u>								
Total to Part VII, Section A, line 1c										
Total to Fait VII, Section A, III P TC								I	I	

232201 04-01-22

Check if Schedule O contains a response or note to any line in this Part VIII         (A)         (D)         (D) <th cols<="" th=""><th></th><th></th><th></th><th>2022) CAPITAL AREA</th><th>UNITED W</th><th>AY</th><th></th><th>72-0447</th><th>100 Page <b>9</b></th></th>	<th></th> <th></th> <th></th> <th>2022) CAPITAL AREA</th> <th>UNITED W</th> <th>AY</th> <th></th> <th>72-0447</th> <th>100 Page <b>9</b></th>				2022) CAPITAL AREA	UNITED W	AY		72-0447	100 Page <b>9</b>
I is         CA Total revenue         Restance or exempt function revenue         Call Description (Control or evenue)         Control or evenue (Control or evenue)	Par	t V								
Bot Membership Ques       tb         b       Related organizations         c       Government grants (contributions)         f       At uther contributions (sing unstars)         g       Botant contributions (sing unstars)         g       C         g       C         g       C         g       C         g       C         g       C         g       C         g       C         g       C         g       C         g       C         g       C         g       C         g       C         g       C         g       C         g       Total. Add lines 2a?1         g       Total. Add lines 2a?2         g       Total. Add lines 2a?1				Check if Schedule O contains a response	e or note to any lin	(A)	(B) Related or exempt	(C) Unrelated		
Business Code         Main         Main           2 b	ts ts	1	а	Federated campaigns 1a						
Business Code         Main         Main           2 b	aran oun					-				
Business Code         Main         Main           2 b	ts, ( Am					-				
Business Code         Main         Main           2 b	nilar					-				
Business Code         Main         Main           2 b	Sin'									
Business Code         Main         Main           2 b	butio		•		,071,970.					
Business Code         Main         Main           2 b	d dt		g							
2 a b	a Co		h	Total. Add lines 1a-1f		<u>5,071,970.</u>				
99       90 <td< td=""><td></td><td></td><td></td><td></td><td>Business Code</td><td></td><td></td><td></td><td></td></td<>					Business Code					
g       Total. Add lines 2a-21         3       Investment income (including dividends, interest, and other similar amounts)       221,547.         4       Income from investment of tax-exempt bond proceeds       221,547.         5       Royalties       0) Real       0) Personal         6 a       Gross rents       6a       0         b       Less: rental expenses       6b       0         7 a       Gross amount from sales of inventory radius and sale sequences       0) Securities       0) Other radius and sales sequences         a diste sequences       7b       7c       7c       7c         6 a Gross income from fundraising events (not including 5 or for contributions reported on line tc). See Part IV, line 18       8a       15, 863.         b       Less: direct expenses       9b       -21, 898.       -21, 898.         9 a Gross income from gaming activities. See Part IV, line 19       9a       -21, 898.       -21, 898.         9 a Gross also of (loss) from gaming activities. See Dead of lower (loss) from sales of inventory.       0       -21, 898.       -21, 898.         10 a Gross also of inventory.       Est offect expenses       0a       0a       0a       0a         11 a	ice									
g       Total. Add lines 2a-21         3       Investment income (including dividends, interest, and other similar amounts)       221,547.         4       Income from investment of tax-exempt bond proceeds       221,547.         5       Royalties       0) Real       0) Personal         6 a       Gross rents       6a       0         b       Less: rental expenses       6b       0         7 a       Gross amount from sales of inventory radius and sale sequences       0) Securities       0) Other radius and sales sequences         a diste sequences       7b       7c       7c       7c         6 a Gross income from fundraising events (not including 5 or for contributions reported on line tc). See Part IV, line 18       8a       15, 863.         b       Less: direct expenses       9b       -21, 898.       -21, 898.         9 a Gross income from gaming activities. See Part IV, line 19       9a       -21, 898.       -21, 898.         9 a Gross also of (loss) from gaming activities. See Dead of lower (loss) from sales of inventory.       0       -21, 898.       -21, 898.         10 a Gross also of inventory.       Est offect expenses       0a       0a       0a       0a         11 a	serv ue									
g       Total. Add lines 2a-21         3       Investment income (including dividends, interest, and other similar amounts)       221,547.         4       Income from investment of tax-exempt bond proceeds       221,547.         5       Royalties       0) Real       0) Personal         6 a       Gross rents       6a       0         b       Less: rental expenses       6b       0         7 a       Gross amount from sales of inventory radius and sale sequences       0) Securities       0) Other radius and sales sequences         a diste sequences       7b       7c       7c       7c         6 a Gross income from fundraising events (not including 5 or for contributions reported on line tc). See Part IV, line 18       8a       15, 863.         b       Less: direct expenses       9b       -21, 898.       -21, 898.         9 a Gross income from gaming activities. See Part IV, line 19       9a       -21, 898.       -21, 898.         9 a Gross also of (loss) from gaming activities. See Dead of lower (loss) from sales of inventory.       0       -21, 898.       -21, 898.         10 a Gross also of inventory.       Est offect expenses       0a       0a       0a       0a         11 a	m Ven									
g Total. Add lines 2a:21       221, 547.         3       Investment income (including dividends, interest, and other similar amounts)       221, 547.         4       Income from linestment of tax exempt bond proceeds       221, 547.         5       Royalties       0) Real       0) Personal         6       Gross rents       6a       0         b Less: rental expenses       6b       0       0         7       Gross amount from sales of inventory radius and sale sequences       0) Securities       0) Other assets other than inventory radius and sale sequences       0         b Less: cost or other basis and sale sequences       7b       0       0         c Gain or (loss)       7c       7c       0         d Net gain or (loss)       7c       0       0         s a Gross income from fundraising events (not including \$	Be		e							
3       Investment income (including dividends, interest, and other similar amounts)       221,547.       221,547.         4       Income from investment of tax-exempt bond proceeds       0       221,547.       221,547.         6 a       Gross rents       6a       0       0       0         b       Less: rental expenses       6b       0       0       0         c       Rental income or (loss)       6c       0       0       0         7 a       Gross amount from sales of assets other than inventory       10       0       0       0       0       0       0         b       Less: cost or there basis and sales expenses       7b       7c       7c       0	Pr		f	All other program service revenue						
a         income from investment of tax-exempt bond proceeds         221,547.         221,547.           5         Royatties			g							
4       Income from investment of tax-exempt bond proceeds       Image: construction of tax-exempt bond proceeds         5       Royatties       Image: construction of tax-exempt bond proceeds       Image: construction of tax-exempt bond proceeds         6       a       Gross rents       Ga       Image: construction of tax-exempt bond proceeds         6       a       Gross rents       Ga       Image: construction of tax-exempt bond proceeds         7       B       Construction or (loss)       Image: construction of tax-exempt bond proceeds       Image: construction of tax-exempt bond proceeds         7       B       Construction or (loss)       Image: construction or (loss)       Image: construction or (loss)         6       Image: construction or (loss)       Image: construction or (loss)       Image: construction or (loss)         8       a       Gross income from fundraising events       Image: construction or (loss)       Image: construction or constructions reported on line 1c). See         8       a       Gross income from fundraising events       Image: construction or constructions constructita constructions constructions constructions co		3				221 547			221 547	
5         Royatties         (i) Real         (ii) Personal           6         a         Gross rents         6a         (ii) Personal           6         a         Go         (iii) Personal         (iii) Personal           6         a         Go         (iii) Personal         (iii) Personal           6         b         Less: rental expenses         (iii) Other           7         a         (iii) Other         (iiii) Other           assets other than inventory         Iiii         (iiii) Other         Iiiiii           a dross mount from sales of         Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		4		,		221,54/.			221,547	
90         6 a Gross rents         6a Gross rents         6b G         6c           a Gross anount from sales of assets other than inventory         6c         6c         7c           a Gross anount from sales of assets other than inventory         7a Gross anount from sales of assets other than inventory         7a Gross anount from sales of assets other than inventory         7a Gross anount from sales of assets other than inventory         7a Gross anount from sales of assets other than inventory         7a Gross anount from sales of assets other than inventory         7a Gross anount from sales of assets other than inventory         7a Gross anount from sales of assets other than inventory         7a Gross anount from sales of assets other than inventory         7a Gross anount from sales of assets other than inventory         7a Gross anount from sales of assets other than inventory         7b Gross income from fundraising events (not including \$\$				-						
b       Less: rental expenses       6b       6c         c       Rental income or (loss)       6c		Ŭ		(i) Real						
general income or (loss)       Gc       Image: Construct on the construction of the construction		6	а	Gross rents 6a		]				
d Net rental income or (loss) <ul> <li></li></ul>			b	Less: rental expenses 6b						
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses       7a										
orgentiation       Ta       Ta         assets other than inventory       Ta       Ta         b       Less: cost or other basis and sales expenses       Tb       Ta         c       Gain or (loss)       Tc       Ta         d       Net gain or (loss)       Tc       Tc         d       Net gain or (loss)       To       Tc         c       Net income from fundraising events       -21,898.       -21,898.         f       Gross income from gaming activities       Tc       Tc         d       Net income or (loss) from gaming activities       Tc       Tc         d       Net income or (loss) from sales of inventory       Tc       Tc         d       Net income or (loss) from sales of inventory       Tc       Tc         d       Less: cost of goods sold       Tob       Tc       Tc <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>										
Bow       Less: cost or other basis and sales expenses       Tb       Tb         c       Gain or (loss)       Tc       Image: cost of the basis and sales expenses       Tb       Image: cost of the basis and sales expenses       Tb       Image: cost of the basis and sales expenses       Image: cost of the basis and allowances       Imade and the basis and allowances		1	а			-				
and sales expenses       7b       7c       7c         c       Gain or (loss)       7c       0       0         d       Net gain or (loss)       7c       0       0         8 a       Gross income from fludraising events (not including \$ of contributions reported on line 1c). See       as 15,863.       0       0         9 a       Gross income or (loss) from fundraising events       -21,898.       -21,898.       -21,899         9 a       Gross income from gaming activities. See Part IV, line 19       9a       0       0       0         9 a       Gross sales of inventory, less returns and allowances       9b       0       0       0         10 a       Gross sales of inventory, less returns and allowances       00a       0       0       0         b       Less: cost of goods sold       10b       0       0       0       0         c       Net income or (loss) from sales of inventory.       0       0       0       0       0         c       Net income or (loss) from sales of inventory.       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0			b			-				
vert of the second s	e									
d       Net gain or (loss)	ven		с							
contributions reported on line 1c). See       Ba       15,863.         part IV, line 18       Ba       37,761.         b       Less: direct expenses       Bb       37,761.         c       Net income or (loss) from fundraising events       -21,898.       -21,898.         9 a       Gross income from gaming activities. See       9a       9a       -21,898.         9 a       Gross income from gaming activities. See       9a       -21,898.       -21,898.         b       Less: direct expenses       9b       -21,898.       -21,899.         b       Less: direct expenses       9b       -21,899.       -21,899.         b       Less: direct expenses       9b       -21,899.       -21,899.         10 a       Gross sales of inventory, less returns and allowances       10a       -21,899.       -21,899.         b       Less: cost of goods sold       10b	Be									
contributions reported on line 1c). See       Ba       15,863.         part IV, line 18       Ba       37,761.         b       Less: direct expenses       Bb       37,761.         c       Net income or (loss) from fundraising events       -21,898.       -21,898.         9 a       Gross income from gaming activities. See       9a       9a       -21,898.         9 a       Gross income from gaming activities. See       9a       -21,898.       -21,898.         b       Less: direct expenses       9b       -21,898.       -21,899.         b       Less: direct expenses       9b       -21,899.       -21,899.         b       Less: direct expenses       9b       -21,899.       -21,899.         10 a       Gross sales of inventory, less returns and allowances       10a       -21,899.       -21,899.         b       Less: cost of goods sold       10b	ther	8	а							
Part IV, line 18       Ba       15,863.         b       Less: direct expenses       Bb       37,761.         c       Net income or (loss) from fundraising events       -21,898.       -21,898.         9 a       Gross income from gaming activities. See       9a       -21,898.       -21,898.         9 a       Gross income from gaming activities. See       9a       -21,898.       -21,898.         b       Less: direct expenses       9b       -21,898.       -21,898.         c       Net income or (loss) from gaming activities       -21,898.       -21,898.         10 a       Gross sales of inventory, less returns and allowances       10a	0									
b       Less: direct expenses       8b       37,761.       -21,898.       -21,898.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       -21,898.       -21,898.         b       Less: direct expenses       9a       9b       -21,898.       -21,898.         c       Net income or (loss) from gaming activities. See Part IV, line 19       9a       -21,898.       -21,898.         b       Less: direct expenses       9b       -       -       -21,898.       -21,898.         c       Net income or (loss) from gaming activities       9a       - <t< td=""><td></td><td></td><td></td><td></td><td>15,863.</td><td></td><td></td><td></td><td></td></t<>					15,863.					
c       Net income or (loss) from fundraising events       -21,898.       -21,898.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       9a         b       Less: direct expenses       9b       9b       9b         c       Net income or (loss) from gaming activities       9a       9b       9b         10 a       Gross sales of inventory, less returns and allowances       10a       10a       10a         b       Less: cost of goods sold       10b       10a       10a       10a         c       Net income or (loss) from sales of inventory       Business Code       10a       10a         s			b							
Part IV, line 19       9a       9a       9b       9b<			с	Net income or (loss) from fundraising events		-21,898.			-21,898.	
b       Less: direct expenses       9b       Image: constraint of the second		9	а	0 0						
c       Net income or (loss) from gaming activities       Image: constant of the second secon			<b>k</b>							
10 a Gross sales of inventory, less returns and allowances										
and allowances       10a         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         some or (loss) from sales of inventory       Image: Cost of goods and the second secon										
b Less: cost of goods sold 10b C Net income or (loss) from sales of inventory Business Code C E E E E E E E E E E E E				-	a					
Business Code     Image: Code     Image: Code     Image: Code       b     Image: Code     Image: Code     Image: Code     Image: Code       c     Image: Code     Image: Code     Image: Code     Image: Code       d     All other revenue     Image: Code     Image: Code     Image: Code				Less: cost of goods sold10						
11 a			с	Net income or (loss) from sales of inventory						
Image: Constraint of the second se	sn		_		Business Code					
d     All other revenue	neol									
d All other revenue	ellai even									
	lisc			All other revenue						
e Total. Add lines 11a-11d	2			Total, Add lines 11a-11d						
12         Total revenue. See instructions         5,271,619.         0.         199,64		12		Total revenue. See instructions		5,271,619.	0.	0.	199,649. Form <b>990</b> (2022	

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).

	ion 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>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,622,400.	3,622,400.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	000 001	1 4 9 9 7 4	co. 000	<u> </u>
	trustees, and key employees	273,931.	149,371.	62,280.	62,280.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 000 000	166.000	215 004	215 004
7	Other salaries and wages	1,098,878.	466,890.	315,994.	315,994.
8	Pension plan accruals and contributions (include	01 070	01 000		
_	section 401(k) and 403(b) employer contributions)	91,278.	91,278.	112 074	00 004
9	Other employee benefits	143,208.		113,274.	29,934.
10	Payroll taxes	93,662.	37,465.	32,782.	23,415.
11	Fees for services (nonemployees):				
	Management				
	Legal	70 202	20 156	20 107	10 040
	Accounting	79,393.	39,156.	30,197.	10,040.
	Lobbying				
	Professional fundraising services. See Part IV, line 17	10 147	10 147		
f	Investment management fees	19,147.	19,147.		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	274,200.	274,200.		
12	Advertising and promotion				
13	Office expenses	185,459.	3,238.	76,071.	106,150.
14	Information technology				
15	Royalties				
16	Occupancy	194,509.	52,517.	93,170.	48,822.
17	Travel	24,101.	10,122.	1,446.	12,533.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,179.	5,325.	6,013.	5,841.
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.) CAMPAIGN SUPPLIES AND E	267,881.	212,902.	9,163.	45,816.
d h	EQUIPMENT RENTAL AND RE	139,607.	58,946.	53,814.	26,847.
u c	UNITED WAY OF AMERICA D	139,468.	139,468.		20,011
		100,100.	100,100.		
d	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	6,664,301.	5,182,425.	794,204.	687,672.
<u>25</u> 26	Joint costs. Complete this line only if the organization	0,001,0010	5,100,100	, , , , , , , , , , , , , , , , , , , ,	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

232010 12-13-22

Form 990 (2022)

## CAPITAL AREA UNITED WAY Part X Balance Sheet

72-0447100 Page 11

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,923,353.	1	1,160,835.
	2	Savings and temporary cash investments			8,764,316.	2	8,446,555.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			2,690,946.	4	2,253,992.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	<b>–</b>			23,460.	9	35,082.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	884,794.			
	b	Less: accumulated depreciation	10b	841,401.	60,572.	10c	43,393.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			1,104,170.	12	1,104,736.
	13	Investments - program-related. See Part IV, line -	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			14,566,817.	16	13,044,593.
	17	Accounts payable and accrued expenses		422,933.	17	412,703.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F				21	
ŝ	22	Loans and other payables to any current or form	er office	r, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
abi		controlled entity or family member of any of thes	e perso	ns		22	
	23	Secured mortgages and notes payable to unrela	ted thirc	I parties		23	
	24	Unsecured notes and loans payable to unrelated	l third pa	arties		24	
	25	Other liabilities (including federal income tax, page	yables to	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			422,933.	26	412,703.
(0		Organizations that follow FASB ASC 958, che	ck here	X			
Ces		and complete lines 27, 28, 32, and 33.					
Ilan	27			······	8,567,710.	27	7,549,409.
Ba	28	Net assets with donor restrictions			5,576,174.	28	5,082,481.
pun		Organizations that do not follow FASB ASC 9					
Net Assets or Fund Balances		and complete lines 29 through 33.					
s 0	29	Capital stock or trust principal, or current funds				29	
sei	30	Paid-in or capital surplus, or land, building, or eq				30	
tAŝ	31	Retained earnings, endowment, accumulated inc		······ -	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	31	10 601 000
Ne	32	Total net assets or fund balances			14,143,884.	32	12,631,890.
	33	Total liabilities and net assets/fund balances	<u></u>		14,566,817.	33	<u>13,044,593</u> . Form <b>990</b> (2022

Form 990 (2022)

Form 990 (2022)

Form	990 (2022) CAPITAL AREA UNITED WAY	72-0	447100	Pad	<sub>ae</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	5,271	.,61	19.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,664	.,30	01.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,392	2,68	82.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,143	8,88	84.
5	Net unrealized gains (losses) on investments	5	-119	),31	12.
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	12,631	.,89	<u>90.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 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?		2b	X	
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			I
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	

Form **990** (2022)

232012 12-13-22

SCHEDULE A	١
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(Form 990)

Total

# 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.

OMB No. 1545-0047
2022
Open to Public

	of the Treasury enue Service			Open to Public Inspection						
Name of	the organizati	on						Employer	identification number	
			TAL AREA U						2-0447100	
Part I	Reason	for Public (	Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	IS.		
The orga	nization is not a	a private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1	A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)( <sup>-</sup>	I)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	1			anization described in se		)(b)(1)(A)(ii	ii).			
4	,			njunction with a hospital				.)(iii). Enter	the hospital's name,	
	city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		-	Complete Part II.)	5 ,		, ,				
6	1			nental unit described in	section 17	70(b)(1)(A)	(v).			
7 X	1	-	-	ntial part of its support fr				ne general r	oublic described in	
	•		complete Part II.)		onn a gon			ie general r		
8	1			(1)(A)(vi). (Complete Par	EII.)					
9	1			in section 170(b)(1)(A)(		ed in conii	inction with a	land-grant	college	
•				ulture (see instructions).						
	university:		grant conege of agric			name, eny	, and state of	the bollege		
10	· · · ·	on that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees and	d aross receipts from	
	-		• • • •	t to certain exceptions; a						
			-	(less section 511 tax) fro					-	
			mplete Part III.)			5505 2040		janization a		
11	1			ively to test for public sa	fotu Soo	section 5(	10(2)(4)			
12	1 -	-	-	ively for the benefit of, to	•			rny out the	purposes of one or	
	-	-	-	•	-			-		
				d in section 509(a)(1) of						
- <b></b>	_			f supporting organization					airtina	
a			-	upervised, or controlled	• • • •	-				
		-		gularly appoint or elect a	majority c	or the direc	clors or truste	es or the st	ipporting	
			complete Part IV, Se					·· (-) ·· ·· ·· ··	4	
b _			-	l or controlled in connect			-		-	
		-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted	
_	·		st complete Part IV,							
c _		-		g organization operated				lly integrate	ed with,	
		-		). You must complete I						
d _		-		porting organization oper				•		
				ation generally must sat				I an attentiv	/eness	
_			,	nplete Part IV, Sections	-					
e		•		written determination fro			Туре I, Туре	II, Type III		
				nally integrated supporti	ng organiz	ation.			[	
	ter the number	• •	•							
<b>g</b> Pro		0	n about the supporte		(iv) is the ora	anization listed	( .) A maximum a	f man an at any i	(ui) Amount of other	
	(i) Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instruction	
	organization	•		above (see instructions))	Yes	No	Support (See ii			
				1					1	

Part II

## CAPITAL AREA UNITED WAY

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	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not	9006651	6277500	10242001	6985350.	5071070	27575551		
-	include any "unusual grants.")	8996651.	0211599.	10243981.	0903350.	50/19/0.	37575551.		
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	900CCE1	6077500	10042001	6005250	E071070	27575551		
	Total. Add lines 1 through 3	8996651.	62//599.	10243981.	6985350.	50/19/0.	37575551.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
	Public support. Subtract line 5 from line 4.						37575551.		
	tion B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 4	8996651.	62//599.	10243981.	6985350.	50/19/0.	37575551.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	1.0- 0.40							
	and income from similar sources $\dots$	135,042.	55,172.	72,403.	227,993.	221,547.	712,157.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						38287708.		
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12			
13	First 5 years. If the Form 990 is for the	-		•					
	organization, check this box and stor								
	tion C. Computation of Publi						00 14		
	Public support percentage for 2022 (I					14	98.14 %		
	Public support percentage from 2021					15	98.68 %		
16a	33 1/3% support test - 2022. If the c								
	stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qualifies as a publicly supported organization								
17a	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances te	-	-						
b	10% -facts-and-circumstances test	-					10% or		
	more, and if the organization meets the								
	organization meets the facts-and-circu								
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>		

Schedule A (Form 990) 2022

232022 12-09-22

## CAPITAL AREA UNITED WAY

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (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 $\dots$						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6		(.,	(-/	(-,	<u> </u>	
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
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.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	centage				
15 Public support percentage for 2022	(line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	. <b>022</b> (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
<b>18</b> Investment income percentage from	2021 Schedule A,	Part III, line 17 _			18	%
19a 33 1/3% support tests - 2022. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than a	33 1/3%, and I	ine 17 is not
more than 33 1/3%, check this box a	and <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	ation	
b 33 1/3% support tests - 2021. If the	e 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%, ch	eck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly supp	orted organiza	ition
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		
232023 12-09-22		16	5		Scheo	dule A (Form 990) 2022

2022.05020 CAPITAL AREA UNITED WAY

## CAPITAL AREA UNITED WAY

1

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3a

3b

3c

4a

4b

4c

5a

5b

5c

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8

9a

9b

9c

Yes No

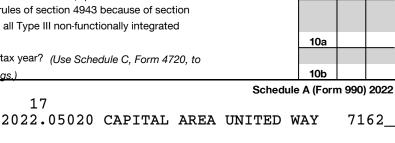
## Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

- 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.)

232024 12-09-22



17

Schedule A	(Form 990)	2022	CAPITAL	AREA	UNITED	WAY
Part IV	Suppor	ting Organ	izations (contin	ued)		

1

2

V. N

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		
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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	d. or controlled the supporting organization.	
Section C. T	ype II Supporting Organizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control or management of the support of the support of the same persons that control or managed
 Image: Control of the support of the su

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

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- 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.	Describe in Part VI how you supported a governmental entity (see instructions).
-----	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

18 2022.05020 CAPITAL AREA UNITED WAY 7162 1

Schedule A	(Form 990)	202
Part V	Type III	No

1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on l	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	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		
_				

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Sect	ion 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				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets 4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		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	ne organization is responsive	·		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022		Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	CAPITAL AREA UNI	TED WAY	72-0447100	Page <b>8</b>
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lin Section D, lines 5, 6, and 8;	<b>ation.</b> Provide the explanatic 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9 es 2 and 3; Part IV, Section E,	ns required by Part II, 9c, 11a, 11b, and 11c; lines 1c, 2a, 2b, 3a, ar	line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Section C d 3b; Part V, line 1; Part V, Section B, line 1e; Part e this part for any additional information.	D,
	(See instructions.)				
232028 12-09-2	2		21	Schedule A (Form 99	0) 2022

## Schedule B

Department of the Treasury

Internal Revenue Service

Name of the organization

## 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

2022

Employer identification number

72-0447100

Organization type (check o	ne):
Filers of:	Section:
Form 990 or 990-EZ	$\boxed{X}$ 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.

CAPITAL AREA UNITED WAY

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 \_\_\_\_\_\_\$

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) (2022)

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) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 SHELL X Person Payroll 7594 HIGHWAY 75 144,152. Noncash (Complete Part II for GEISMAR, LA 70734 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 DOW CHEMICAL COMPANY X Person Payroll LA HIGHWAY 1 NORTH 420,514. Noncash (Complete Part II for PLAQUEMINE, LA 70765 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 WESTLAKE GEISMAR SITE X Person Payroll 4338 HIGHWAY 30 124,161. Noncash \$ (Complete Part II for GEISMAR, LA 70734 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 ENTERGY NUCLEAR X Person Payroll 130,306. 5485 U.S. HIGHWAY 61 \$ Noncash (Complete Part II for ST. FRANCISVILLE, LA 70775 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 HUEY & ANGELINA WILSON FOUNDATION X Person Payroll 4463 BLUEBONNET BOULEVARD, SUITE A 252,550. Noncash \$ (Complete Part II for BATON ROUGE, LA 70809 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 BASF CORPORATION X Person Payroll 308,559. 37269 E HIGHWAY 30 Noncash \$ (Complete Part II for GEISMAR, LA 70734 noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

19530109 792291 7162

23 2022.05020 CAPITAL AREA UNITED WAY

7162 1

Page **2** 

### Schedule B (Form 990) (2022)

CAPITAL AREA UNITED WAY

Name of organization

Employer identification number

Page 2

72-0447100

### Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 CF INDUSTRIES, INC. X Person Payroll 39018 HIGHWAY 3089 226,234. Noncash (Complete Part II for DONALDSONVILLE, LA 70346 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 EXXONMOBILE REFINERY & CHEMICAL PLANT X Person Payroll 4999 SCENIC HIGHWYA 661,659. Noncash \$ (Complete Part II for BATON ROUGE, LA 70805 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 THE NEWTON GROUP, INC. X Person Payroll 8183 WEST EL CAJON DRIVE 134,424. Noncash \$ (Complete Part II for BATON ROUGE, LA 70815 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 TURNER INDUSTRIES X Person Payroll 652,424. 8687 UNITED PLAZA BOULEVARD \$ Noncash (Complete Part II for BATON ROUGE, LA 70809 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

24

2022.05020 CAPITAL AREA UNITED WAY 716

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
		   \$	

25

2022.05020 CAPITAL AREA UNITED WAY

Name of o	organization				Employer identification number
САРТТ	AL AREA UNITED WAY				72-0447100
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	through (e) and the followir haritable, etc., contributions of \$	na line entry. For or	anizations	at total more than \$1,000 for the year
(a) No. from	Use duplicate copies of Part III if additional s (b) Purpose of gift	c) Use of (	gift	(d) Desc	ription of how gift is held
Part I					
		(e) Transf	ier of gift		
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	yift	(d) Desc	ription of how gift is held
		(e) Transf	fer of gift		
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of trai	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	fer of gift		
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of trai	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	fer of gift		
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of trai	nsferor to transferee

Schedule B (Form 990) (2022)

26 2022.05020 CAPITAL AREA UNITED WAY 7162\_\_\_1

		<b>.</b>		_				- 45 00	47
SC	HEDULE D	Supplementa	al Financial Statemen <sup>.</sup>	ts			MB No. 15	045-00	47
(Forr	n 990)		nization answered "Yes" on Form 990				202	22	/
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or ttach to Form 990.	120.			Open to	Pub	lic
	Revenue Service	Go to www.irs.gov/Form99	0 for instructions and the latest inform	nation.			Inspect		
Nam	e of the organization	on CAPITAL AREA UNITE	N WAY		Emple		ntification 04471		nber
Pa	t I Organiza	ations Maintaining Donor Advise		s or Ac	count				
		n answered "Yes" on Form 990, Part IV, lin				0000			
	-		(a) Donor advised funds	(	b) Fund	s and oth	ner accou	ints	
1	Total number at er	nd of year			-				
2		f contributions to (during year)							
3		f grants from (during year)							
4		t end of year							
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor adv	rised fund	ls				
	are the organizatio	on's property, subject to the organization's	exclusive legal control?			🗆	Yes		No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used or	nly				
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpos	e conferri	ng		-		-
De	impermissible priva						Yes		No
Pa		ation Easements. Complete if the org		, Part IV,	line 7.				
1		servation easements held by the organization							
		of land for public use (for example, recrea	<i>'</i>		-	•		1	
		f natural habitat	Preservation	of a certil	ried histo	oric struc	ture		
2		of open space through 2d if the organization held a qualif	fied conservation contribution in the form	n of a cor	neorvatio	n esser	ont on th		+
2	day of the tax year						e End of th		
а		onservation easements			2a				
b					2b				
c	-	vation easements on a certified historic stru			2c				
d		vation easements included in (c) acquired a							
					2d				
3	Number of conserv	vation easements modified, transferred, rel			zation d	uring the	tax		
	year								
4	Number of states	where property subject to conservation eas	sement is located	_					
5	Does the organization	tion have a written policy regarding the per	iodic monitoring, inspection, handling o	f			-		_
	,	orcement of the conservation easements it					Yes		No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservatio	n easem	ients dur	ing the ye	ear	
_		<del></del>							
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conserv	ation eas	sements	during th	ne year		
			a action the requirements of costion 17	0/b\/ <i>4</i> \/D\/	:)				
8		vation easement reported on line 2(d) abov (4)(B)(ii)?	, , , , , , , , , , , , , , , , , , , ,		.,		Yes		No
9		be how the organization reports conservation				∟		L	
Ŭ		d include, if applicable, the text of the footr	•			bes the			
	organization's acc	ounting for conservation easements.	-						
Pa	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or C	Other Si	imilar	Assets	-		
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.						
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and bala	nce she	et works			
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, education, or research in	furtheran	ce of pu	ıblic			
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ems.					
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	d balance	sheet w	orks of			
		ures, or other similar assets held for public	exhibition, education, or research in fu	therance	of publi	ic service	<b>,</b>		
	•	ng amounts relating to these items:							
		ded on Form 990, Part VIII, line 1							
~	. ,								
2	•	received or held works of art, historical tre-		iai gain, p	provide				
~	•	unts required to be reported under FASB A	v		¢				
		on Form 990, Part VIII, line 1			φΦ				

27

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2022.05020	CAPITAL	AREA	UNITED	WAY	7162	1

Sche		AREA UNITE				72-04			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make s	significant (	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	f art, historical treas	ures, or other simila	r assets		_		_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes" o	n 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 assets not	included		_		_
	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	
С	Beginning balance				<u>1c</u>				
	Additions during the year								
е	Distributions during the year				<u>1e</u>				
f	Ending balance						_		
	Did the organization include an amount on Fo				• • • • • • • •	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	<b>t V Endowment Funds.</b> Complete i						( ) =		<del></del>
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y		(e) Fou		
1a	Beginning of year balance	471,172.	490,115.	406,101.	4	00,336.		376,	514.
b	Contributions								
С	Net investment earnings, gains, and losses	-28,027.	-18,943.	84,014.		5,765.		23,	822.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	499,199.	471,172.	490,115.	4	06,101.		400,	336.
2	Provide the estimated percentage of the curr		(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	100	_%						
b	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	d administered for t	he		1		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		<u>X</u>
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S						
	Description of property	(a) Cost or ot basis (investm	• • •		Accumulate epreciation		( <b>d</b> ) Boo	k value	e e
1a	Land								
	Buildings								
	Leasehold improvements	283,6			253,5			0,10	
	Equipment		.63.		587,8	72.	1	3,29	91.
	Other								
	. Add lines 1a through 1e. (Column (d) must e		(. column (B). line 10	Dc.)	<u></u>		4	3,39	93.
		•		-		<u> </u>	- /-		

Schedule D (Form 990) 2022

Part VII	Investment	s - Other Securitie	es.		
Schedule D	(Form 990) 2022	CAPITAL	AREA	UNITED	WAY

Complete if the organi:	zation answered "Yes"	on Form 990	Part IV line 11	h See Form 990	Part X li

Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) CERTIFICATES OF DEPOSIT	1,104,736.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 990 Part X col (B) line 12)	1,104,736	

## 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. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	

(a) Description of liability (b) Book value 1. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) 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

X

Schedule D (Form 990) 2022

232053 09-01-22

	dule D (Form 990) 2022 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	1.			
1	Total revenue, gains, and other support per audited financial statements			1	4,853,638.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-435,001.		
b	Donated services and use of facilities	. 2b	17,020.		
с	Recoveries of prior year grants	. 2c			
d					
е	Add lines 2a through 2d			2e	-417,981.
3	Subtract line 2e from line 1			3	5,271,619.
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			
				4c	0.
с					
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	5,271,619.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	Expenses per F		
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	ents With	Expenses per F		
5	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.)</i>	ents With	Expenses per F		
5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>At XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	I Expenses per F	leturi	n.
5 Pa	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:	ents With	Expenses per F	leturi	n.
5 Pa 1 2	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 	I Expenses per F	leturi	n.
5 Pa 1 2	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	2a 2b	I Expenses per F	leturi	n.
5 Pa 1 2 a b	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	I Expenses per F	leturi	n.
5 Par 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         Other (Describe in Part XIII.)	2a 2b 2c 2d	17,020. -7,803.	leturi	n. <u>6,673,518.</u> 9,217.
5 Par 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.)         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	2a 2b 2c 2d	17,020. -7,803.	1	n. 6,673,518.
5 Par 1 2 a b c d e	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 (Describe in Part XIII.)	2a 2b 2c 2d	17,020. -7,803.	1 2e	n. <u>6,673,518.</u> 9,217.
5 Par 1 2 a b c d e 3	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	2a 2b 2c 2d	17,020. -7,803.	1 2e	n. <u>6,673,518.</u> 9,217.
5 Par 1 2 a b c d e 3 4	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:	2a 2b 2c 2d 2d	17,020. -7,803.	1 2e	n. <u>6,673,518.</u> 9,217.
5 Par 1 2 a b c d e 3 4	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	2a 2b 2c 2d 4a 4b	17,020.	1 2e	n. <u>6,673,518.</u> 9,217.
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.)         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 4a 4b	17,020.	1 2e 3	n. 6,673,518. 9,217. 6,664,301.

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

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

Schedule D (Form 990) 2022

19530109 792291 7162

232054 09-01-22

30

2022.05020 CAPITAL AREA UNITED WAY 7162\_\_\_1

Schedule D (Form 990) 2022 CAPITAL AREA UNITED WAY	72-0447100 Page 5
Part XIII Supplemental Information (continued)	
UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD	REQUIRE
RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE F	INANCIAL
STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY	TAXING
JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PRO	GRESS.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES RECORDED IN REVENUE SECTION OF 990	-7,803.
232055 09-01-22	Schedule D (Form 990) 2022

232055 09-01-22

19530109 792291 7162

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivities		DMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the						ə 🗌	2022
5 <i></i>	organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.						Open to Public	
Department of the Treasury Internal Revenue Service	Go te	o www.irs.gov/Form990 for instruc				ı.		Inspection
Name of the organization							-	ntification number
		AREA UNITED WAY					0447	
	complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, li	ine 17. Form	990-EZ	filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	<b>(v)</b> Amount to (or retain fundrais listed in co	ed by) ser	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total			-					
	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt	from re	gistration

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Schedule G (Form 990) 2022

232081 10-27-22

CAPITAL AREA UNITED WAY

72-0447100 Page 2

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-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 JAMBALAYA	(b) Event #2	(c) Other events NONE	(d) Total events
			JAM			(add col. <b>(a)</b> through
Revenue			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	15,863.			15,863.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	15,863.			15,863.
	4	Cash prizes				
(0)	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	37,761.			37,761.
	10		9 in column (d)			37,761.
	11	Net income summary. Subtract line 10 from li				-21,898.
Pa	rt I	<b>Gaming.</b> Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
		Maharaharan laharan	Yes%	Yes%	Yes%	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			rear (	Yes No
23208	32 10	)-27-22			Sche	dule G (Form 990) 2022

Schedule G (Form 990) 2022	CAPITAL ARE	A UNITED WAY	72-	0447100 Page 3
<b>11</b> Does the organization conduc	t gaming activities with non	nembers?		Yes No
<b>12</b> Is the organization a grantor, b				
				Yes No
<b>13</b> Indicate the percentage of gar				
				13a %
				13b %
14 Enter the name and address of				
	n the person who prepares	ne organization s gaming/s	pecial events books and records.	
Name				
Address				
<b>15a</b> Does the organization have a	contract with a third party fi	om whom the organization	receives gaming revenue?	Yes No
		sin men ne ergamzanen		
<b>b</b> If "Yes," enter the amount of g	naming revenue received by	the organization \$	and the amount	
of gaming revenue retained by		······································		
c If "Yes," enter name and addre				
Name				
Address				
Autess				
16 Caming manager information:				
<b>16</b> Gaming manager information:				
Nome				
Name				
	<b>^</b>			
Gaming manager compensation	on \$	_		
	- 4			
Description of services provide	ed			
Director/officer	Employee	Independent cor	Itractor	
<u> </u>				
<b>17</b> Mandatory distributions:				
<b>a</b> Is the organization required ur		able distributions from the	gaming proceeds to	
retain the state gaming license				Yes No
	•		exempt organizations or spent in the	
organization's own exempt ac		\$		
			rt I, line 2b, columns (iii) and (v); and P	art III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b	o, as applicable. Also provid	e any additional information	I. See instructions.	
232083 10-27-22			Sche	dule G (Form 990) 2022
		34		· · ·

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

232084 04-01-22

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	irants and Oth vernments, an ete if the organizatio	nd Individual	<b>s in the Ŭni</b> on Form 990, Pai 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 <b>2022</b> Open to Public Inspection
Name of the organization							Employer identification number
5	REA UNITE	D WAY					72-0447100
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance?				•	•	on Yes X No
Part II Grants and Other Assistance to recipient that received more than s	•				anization answered "Y	′es" on Form 990, Part	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
CATHOLIC CHARITIES OF THE DIOCESE OF BATON ROUGE - P.O. BOX 1668 - BATON ROUGE, LA 70821	72-0590685	501C3	135,000.	0.			ALLOCATION
THE EMERGE CENTER 7784 INNOVATION PARK DR BATON ROUGE, LA 70820	45-5434705	501C3	165,000.	0.			ALLOCATION
BIG BUDDY 1415 MAIN ST. BATON ROUGE, LA 70802	72-0904506	501C3	25,000.	0.			ALLOCATION
BOYS AND GIRLS CLUBS OF METRO LOUISIANA - 8281 GOODWOOD BLVD., SUITE A - BATON ROUGE, LA 70806	72-0928014	501C3	65,000.	0.			ALLOCATION
GOODWILL INDUSTRIES OF SELA 3400 TULANE AVENUE, SUITE 1000 NEW ORLEANS, LA 70119	72-0546906	501C3	100,000.	0.			ALLOCATION
HOPE MINISTRIES OF BATON ROUGE 4643 WINBOURNE AVENUE BATON ROUGE, LA 70805	72-1245521	501C3	140,000.	0.			ALLOCATION
2 Enter total number of section 501(c)(3) a	•	anizations listed in the	e line 1 table			•	55.

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

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

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

(a) Name and address of organization or government	<b>(b)</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
SALVATION ARMY							
7361 AIRLINE HIGHWAY							
BATON ROUGE, LA 70805	58-0660607	501C3	15,000.	0.			ALLOCATION
FAMILY SERVICE OF GREATER BATON							
ROUGE - 4727 REVERE AVE BATON							
ROUGE, LA 70808	72-0491100	501C3	50,000.	0.			ALLOCATION
AMERICAN RED CROSS							
4655 SHERWOOD COMMON BLVD.							
BATON ROUGE, LA 70816	53-0196605	501C3	75,000.	0.			ALLOCATION
SOUTHEAST LOUISIANA LEGAL SERVICES 715 ST. FERDINAND STREET							
BATON ROUGE, LA 70802	72-0877422	50103	54,591.	0.			ALLOCATION
BATON ROUGE, LA 70802	72-0077422	50105	54,591.	0.			ALLOCATION
BATON ROUGE CHILDREN'S ADVOCACY							
CENTER - 626 EAST BLVD BATON							
ROUGE, LA 70802	26-0028918	501C3	45,000.	0.			ALLOCATION
GREATER BATON ROUGE FOOD BANK							
P.O. BOX 45830				_			
BATON ROUGE, LA 70895	72-1065318	501C3	62,250.	0.			ALLOCATION
THE WALLS PROJECT							
458 AMERICA ST. NO D							
BATON ROUGE, LA 70802	45-5485171	501C3	41,000.	0.			ALLOCATION
,			,				
O'BRIEN HOUSE							
446 NORTH 12TH STREET							
BATON ROUGE, LA 70802	72-0702820	501C3	84,000.	0.			ALLOCATION
THREE O'CLOCK PROJECT							
804 MAIN ST							
BATON ROUGE, LA 70802	81-2133947	50103	56,250.	0.			ALLOCATION

Schedule I (Form 990) CAPITAL A			and Domestic Or	Vornmonte (Cob			72-0447100 Pa		
Part II         Continuation of Grants and Other A           (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance		
KIDS ORCHESTRA, INC									
, 519 JEFFERSON HWY SUITE 1A									
BATON ROUGE, LA 70806	27-4098793	501C3	85,000.	0.			ALLOCATION		
CAPITAL AREA FAMILY VIOLENCE			,						
INTERVENTION CENTER DBA IRIS -									
.O. BOX 52809 - BATON ROUGE, LA									
, 70821	72-0986008	501C3	60,000.	0.			ALLOCATION		
			, ,	-					
CHILD ADVOCACY SERVICES									
1504 WEST CHURCH STREET									
HAMMOND, LA 70401	72-1262466	501C3	60,000.	0.			ALLOCATION		
FRONT YARD BIKES									
413 STEELE BLVD. E									
BATON ROUGE, LA 70806	46-1149453	501C3	104,000.	0.			ALLOCATION		
OPENING DOORS									
230 RENEE DRIVE									
BATON ROUGE, LA 70810	38-3645358	501C3	75,000.	0.			ALLOCATION		
ADULT LITERACY ADVOCATES OF GBR									
460 N 11TH ST	00 4040500								
BATON ROUGE, LA 70802	23-1010529	501C3	40,000.	0.			ALLOCATION		
THE LEE OF A GINGLE NON									
THE LIFE OF A SINGLE MOM									
12015 JUSTICE AVE.	45-3478448	50103	40.000	0.			ALLOCATION		
BATON ROUGE, LA 70816	40-0440	20103	40,000.	0.			ALLOCATION		
BATON ROUGE YOUTH COALITION (BRYC)									
60 B 11TH STREET									
	26-2477597	50103	90,000.	0.			ALLOCATION		
BATON ROUGE, LA 70802	20-24//39/	50103	30,000.	υ.			ATTOCATION		
100 BLACK MEN									
2050 N. FOSTER DRIVE									
BATON ROUGE, LA 70806	43-1566609	50103	13,000.	0.			ALLOCATION		
MILON ROUGH, MA /0000		55105	1,000.	٥.			1		

Schedule I (Form 990) CAPITAL A							<mark>2-0447100 Ра</mark>
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	art II.)	1
(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)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
EST FELICIANA PUBLIC SCHOOLS							
.0. BOX 1910							
T. FRANCISVILLE, LA 70775	72-6001491	501C3	30,000.	0.			ALLOCATION
NID LADY OF THE LAVE FOUNDATION							
UR LADY OF THE LAKE FOUNDATION							
200 ESSEN LN	70 1014204	E0102	15 000	0			AT LOGATION
ATON ROUGE, LA 70809	72-1014324	501C3	15,000.	0.			ALLOCATION
IUMANITIES AMPED							
.O. BOX 64653							
ATON ROUGE, LA 70896	82-4794136	501C3	100,000.	0.			ALLOCATION
MCA OF THE CAPITAL AREA							
1404 LAKE SHERWOOD AVENUE N SUITE							
	72-0650993	50103	40,000.	0.			ALLOCATION
ATON ROUGE, LA 70816	72-0030993	50105	40,000.	0.			ALLOCATION
EACH FOR AMERICA, SOUTH LA							
15 WEST 36TH STREET							
EW YORK, NY 10018	13-3541913	501C3	15,000.	0.			ALLOCATION
ADDEDE INTELATIVE INC							
ARDERE INITIATIVE INC. 435 NED AVE APT A							
	47-1391639	50103	40,125.	0.			ALLOCATION
ATON ROUGE, LA 70820	47-1591059	50105	40,125.	0.			ALLOCATION
HE CHRISTIAN OUTREACH CENTER OF							
ATON ROUGE - 6455 BROWNFIELDS DR.							
BATON ROUGE, LA 70811	72-1445772	501C3	71,250.	0.			ALLOCATION
NT KIDO							
MI KIDS							
5555 BEECHWOOD DRIVE	E0 17100E0		40.000	٥.			ALLOCATION
ATON ROUGE, LA 70805	58-1712853		40,000.	0.			ALLOCATION
SCENSION PARISH SCHOOL BOARD							
100 WEBSTER STREET							
ONALDSONVILLE, LA 70346	72-6000093		25,000.	0.			ALLOCATION

Schedule I (Form 990) CAPITAL A							2-0447100 Pag
Part II Continuation of Grants and Other A	Assistance to Dom	nestic Organization	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
(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
BELOVED COMMUNITY 2021			18,686.	٥.			ALLOCATION
CANCER SERVICES							
1950 ESSEN LANE							
BATON ROUGE, LA 70808	82-4227871		10,000.	0.			ALLOCATION
CAPITAL AREA CORPORATE RECYCLING							
COUNCIL - 1400 MAIN STREET - BATON							
ROUGE, LA 70802	72-1315510		15,000.	0.			ALLOCATION
CAPITAL AREA FAMILY JUSTICE CENTER							
1120 GOVERNMENT ST, BUILDING C BATON ROUGE, LA 70802	83-4197348		30,000.	0.			ALLOCATION
CAREER COMPASS							
5441 JONES CREEK ROAD, SUITE H							
BATON ROUGE, LA 70817	20-4511965		74,000.	0.			ALLOCATION
CENTER FOR THE ARTS							
PO BOX 440							
JEW ROADS, LA 70760	72-2451146		15,000.	0.			ALLOCATION
EPILEPSY ALLIANCE LOUISIANA							
1822 JUSTICE AVENUE, SUITE B							
BATON ROUGE, LA 70891	72-0824847		10,000.	0.			ALLOCATION
FRANCISCAN MISSIONARIES OF OUR							
ADY UNIVERSITY - 514 BRITTANY							
DRIVE - BATON ROUGE, LA 70808	72-1173156		11,500.	0.			ALLOCATION
GARDERE COMMUNITY CHRISTIAN CHURCH							
S538 GSRI AVENUE	C1 1C140C1		15 000	<u>^</u>			
BATON ROUGE, LA 70808	61-1614861		15,000.	0.			ALLOCATION

Schedule I (Form 990) CAPITAL A							<u>2-0447100 Ра</u>
Part II         Continuation of Grants and Other A           (a) Name and address of organization or government	Assistance to Don (b) EIN	<b>(c)</b> IRC section if applicable	s and Domestic Go (d) Amount of cash grant	(e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GIRLS ON THE RUN SOUTH LOUISIANA 2041 PERKINS ROAD	27-0832549		12,080				ALLOCATION
RATON ROUGE, LA 70808 RANDPARENTS RAISING GRANDCHILDREN NFORMATION CENTER OF LA - PO BOX	27-0832549		12,080.	0.			
5275 - BATON ROUGE, LA 70815	42-1589914		18,000.	0.			ALLOCATION
GREATER BATON ROUGE ECONOMIC PARTNERSHIP - 564 LAUREL STREET - BATON ROUGE, LA 70801	72-1270359		9,000.	0.			ALLOCATION
HABITAT FOR HUMANITY OF GBR 5500 FLORIDA BLVD BATON ROUGE, LA 70806	72-1141747		15,000.	0.			ALLOCATION
INTERFAITH FEDERATION 3112 CONVENTION STREET 3ATON ROUGE, LA 70806	72-1072489		31,200.	0.			ALLOCATION
LAUNCH 1310 S RANGE AVENUE DENHAM SPRINGS, LA 70726	47-3554614		15,000.	0.			ALLOCATION
OUISIANA WILDLIFE & FISHERIES PO BOX 80378	72-1314968			0			ALLOCATION
BATON ROUGE, LA 70898 LSH HEALTH FOUNDATION 2000 TULANE AVENUE			7,500.	0.			
NEW ORLEANS, LA 70112 MARY BIRD PERKINS CANCER CENTER 4950 ESSEN LANE	72-1115391		15,000.	0.			ALLOCATION
BATON ROUGE, LA 70809	23-7010520		10,000.	0.	1	1	ALLOCATION

# 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	<b>(d)</b> 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	<b>(h)</b> Purpose of grant or assistance
MID CITY REDEVELOPMENT ALLIANCE							
419 N 19TH STREET							
BATON ROUGE, LA 70802	72-1196990		45,000.	0.			ALLOCATION
MISSION HEART, INC.							
9655 PERKINS ROAD, SUITE C-13							
BATON ROUGE, LA 70810	38-3697976		45,000.	0.			ALLOCATION
ONE TOUCH MINISTRY, INC.							
1717 DALLAS DRIVE							
BATON ROUGE, LA 70806	81-0659125		15,000.	0.			ALLOCATION
,			,				
PARTICULAR COUNCIL OF ST. VINCENT							
DE PAUL BRLA SPECIAL WORKS - PO							
BOX 127 - BATON ROUGE, LA 70821	72-0646911		71,250.	0.			ALLOCATION
PENNINGTON BIOMEDICAL RESEARCH							
60400 PERKINS ROAD							
BATON ROUGE, LA 70808	58-1767810		14,410.	0.			ALLOCATION
PERFECTLY SUITED							
2349 ALDEN WOODS							
JONESBORO, GA 30236	72-1494522		7,075.	0.			ALLOCATION
POINTE COUPEE EARLY CHILDHOOD							
COALITION - PO BOX 578 - NEW	20 2055212		50 000	0.			AT LOCATION
ROADS, LA 70760	20-2855213		50,000.	0.			ALLOCATION
REBUILDING TOGETHER BATON ROUGE,							
INC PO BOX 1109 - BATON ROUGE,							
LA 70821	20-1459780		15,000.	0.			ALLOCATION
SEXUAL TRAUMA AWARENESS AND			10,000.				
RESPONSE CENTER - 5615 CORPORATE							
BLVD, SUITE 200 - BATON ROUGE, LA							
70808	45-3088168		40,000.	0.			ALLOCATION

# 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	<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	<b>(h)</b> Purpose of grant or assistance
SOUTHERN UNIVERSITY SYSTEM							
FOUNDATION - 598 HARDING BLVD -							
BATON ROUGE, LA 70807	23-7052911		15,000.	0.			ALLOCATION
			,				
SPECIAL OLYMPICS LOUISIANA INC.							
46 LOUIS PRIMA DRIVE, SUIT A							
COVINGTON , LA 70433	72-0706608		15,000.	0.			ALLOCATION
			, , , , , , , , , , , , , , , , , , ,				
THE SAFETY PLACE							
2041 SILVERSIDE DRIVE							
BATON ROUGE, LA 70808	27-4504881		15,000.	0.			ALLOCATION
THE WOMEN'S HELP CENTER, INC.							
7515 SCENIC HIGHWAY							
BATON ROUGE, LA 70807	82-4353708		44,981.	0.			ALLOCATION
TOP BOX FOODS							
300 NORTH BROAD STREET, SUITE 101							
NEW ORLEANS, LA 70119	45-3930886		56,250.	0.			ALLOCATION
URBAN RESTORATION							
7732 GOODWOOD BLVD, SUITE 204	50 1000045		60,000	•			
BATON ROUGE, LA 70806	72-1223347		60,000.	0.			ALLOCATION
VOLUNTEER ASCENSION							
PO BOX 1564							
GONZALES, LA 70707	72-1376404		31,000.	0.			ALLOCATION
VOLUNTEERS OF AMERICA SOUTH	,2 13,0104		51,000.	۰.			
CENTRAL LOUISIANA INC 7389							
FLORIDA BLVD, SUITE 101A - BATON							
ROUGE, LA 70806	72-1020853		150,000.	0.			ALLOCATION
			100,000.				
WESTSIDE SPONSORING COMMITTEE							
PO BOX 260							
PORT ALLEN, LA 70767	45-4007646		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
OUTH OASIS							
260 SOUTH ACADIAN THRUWAY							
BATON ROUGE, LA 70806	72-1406254		75,000.	0.			ALLOCATION
MCA GREATER BATON ROUGE							
.1404 LAKE SHERWOOD AVE, N. SUITE B							
BATON ROUGE, LA 70816	72-0650993		100,000.	0.			ALLOCATION
ENTER FOR THE INNOVATIVE TRAINING							
DF YOUTH, INC P.O. BOX 531783 -							
IEW ORLEANS, LA 70153			50,000.	0.			ALLOCATION
				- •			
INE 4 LINE							
49 NORTH ACADIAN THWY							
BATON ROUGE, LA 70806	81-4426216		15,000.	Ο.			ALLOCATION
,			,				

Part III

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ert IV Supplemental Information Dravida the information					

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2022 CAPITAL AREA UNITED WAY

Page 2

SC	HEDULE J	Compensation Information	I	OMB No.	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	<u> </u>
		Compensated Employees		20	22	-
Dopor	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization	1		identificatio		mber
		CAPITAL AREA UNITED WAY	72-0	044710	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Forr	n 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for pers	onal use			
	Travel for com	panions Payments for business use of personal r	esidence			
	_	ation and gross-up payments Health or social club dues or initiation fe	es			
	Discretionary	spending account Personal services (such as maid, chauff	eur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
2	•	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		ny, of the following the organization used to establish the compensation of the organization				
		ector. Check all that apply. Do not check any boxes for methods used by a related organiza	tion to			
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensatior					
	·	compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations Approval by the board or compensation	committee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a re					
а	•			4a		x
b		e payment or change-or-control payment?				X
	-					X
U	-	here a payment from an equity-based compensation arrangement?				
	Only section 501(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 compensat	ion			
-	contingent on the r					
а	•			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymen	s			
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forr	n 990)	) 2022

232111 10-18-22

Schedule J (Form 990) 2022

### 72-0447100

Page **2** 

#### 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-MIS compensation	C and/or 1099-NEC	other deferred	(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)	182,245.	25,355.	0.	38,671.	27,660.	273,931.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(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
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#### (Form 990)

## **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047	
0000	

LULL
Open To Public
Inspection

Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.							Open To Public Inspection						
Name of the organization	on Employer							identification number						
		PITAL AREA UNITED WAY         72-044           t Transactions         (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only							)0					
	the organization						o, or Form 990-EZ, Pa	rt V, lii	ne 40	b.			-+	
1 (a) Name of disquali	fied person	person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected Yes No.						No						
											+ "	<u>,,</u>		
											—	$\rightarrow$		
											—	-+		
2 Enter the amount of	f tax incurred by	the or	nanization man	aners	or disc	l Invalified persons dur	ing the year under							
	-		-	-					\$					
3 Enter the amount of														
D. III I I I I I I I I I I I I I I I I I														
	and/or From													
	amount on Form					, Part V, line 38a or F	Form 990, Part IV, line	26; 0	r if th	e orgar	iizatio	n		
(a) Name of	(b) Relation	Î	(c) Purpose	(d) Lo	an to or	(e) Original	(f) Balance due (g) In (			<b>(h)</b> App	) Approved (i) Written			
interested person	with organiz		of loan		n the zation?	principal amount	()	default? comm		ard or				
				То	From			Yes	No	Yes	No	Yes	No	
													<u> </u>	
													<u> </u>	
Total				1		\$	1	1					1	
Part III Grants o	r Assistance	Ben	efiting Inter	estec	d Per	sons.								
Complete if	the organization	answ	vered "Yes" on F	Form 9	90, Pa	art IV, line 27.								
(a) Name of interested person		(b) Relationship between interested person and the organization				<b>(c)</b> Amount of assistance						) Purpose of assistance		
		+							_					
		-												
		1												

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

Schedule L (Form 990) 2022

232131 11-01-22

Complete if the organization answered (a) Name of interested person	(b) Relati	orm 990, Part IV, line 28a, 2 onship between interested on and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues? <b>No</b>		
JOHN EVERETT	BOARD	MEMBER	252,160.	CAPITAL ARE		X		
ROBERT HARRISON	_	MEMBER		ROBERT HARR		X		
						<b> </b>		
						<b> </b>		
						<b> </b>		
						1		
Part V         Supplemental Information.           Provide additional information for resp	onses to qu	estions on Schedule L (see	instructions).	1	1			
SCH L, PART IV, BUSINESS T	RANSAC	TIONS INVOLVIN	IG INTERESTE	D PERSONS:				
(A) NAME OF PERSON: JOHN E	VERETT	1						
<u>(,</u>	<u> </u>							
(D) DESCRIPTION OF TRANSAC	ਯ ⊺ ∩ N ∙		אסע האדעד					
(D) DESCRIPTION OF TRANSAC	I ION:	CAPITAL AREA (	MIIED WAI R					
					<b>—</b> та			
CERTIFICATE OF DEPOSIT WIT	H FIRS	ST HORIZON BANK	C, OF WHICH	JOHN EVERET	T IS			
EMPLOYED. THE CERTIFICATE	OF DEE	POSIT WAS PURCH	IASED UNDER	NORMAL TERM	S AN	D		
CONIDITIONS EXTENDED TO AL	L CUSI	OMERS.						
		2011						
(A) NAME OF PERSON: ROBERT	HARRI	SON						
(D) DESCRIPTION OF TRANSAC	TION:	ROBERT HARRISC	<u>ON IS THE DI</u>	RECTOR OF				
DEVELOPMENT WITH THE SOUTH	ERN UN	IVERSITY SYSTE	M FOUNDATIC	N AND ALSO	A			
BOARD MEMBER OF CAPITAL AR	דאד דאד	ጥፍር መልጀ						
BOARD MEMBER OF CAFILLE AR	EA UNI	IED WAI.						
				Schedule L (	Form 00	10) 2020		
				Schedule L (	0111 95	0 2024		

 Schedule L (Form 990) 2022
 CAPITAL
 AREA
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 WA

 Part IV
 Business Transactions Involving Interested Persons.

CAPITAL AREA UNITED WAY

232132 11-01-22

72-0447100 Page 2

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

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51

Schedule O (Form 990) 2022		Page 2
Name of the organization CAPITAL AREA UNITED	WAY	Employer identification number $72 - 0447100$
REQUEST.		
232212 10-28-22		Schedule O (Form 990) 2022