

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
**Do not enter social security numbers on this form as it may be made public.**  
**Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**  
Open to Public  
Inspection

**A** For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY INC</b> <b>UNITED WAY OF CENT &amp; NE CONNECTICUT</b> Doing business as <b>UNITED WAY OF CENTRAL</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>30 LAUREL STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>HARTFORD, CT 06106</b> <b>F</b> Name and address of principal officer: <b>PAULA GILBERTO</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>06-0646653</b> <b>E</b> Telephone number <b>(860) 493-6800</b> <b>G</b> Gross receipts \$ <b>26,403,392.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: <b>WWW.UNITEDWAYINC.ORG</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> Year of formation: <b>1924</b> <b>M</b> State of legal domicile: <b>CT</b>		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO ENGAGE PEOPLE TO IMPROVE LIVES AND CHANGE COMMUNITY CONDITIONS.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>27</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>27</b>
<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>58</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>7009</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	<b>22,010,597.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	<b>641,375.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	<b>500,401.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	<b>156,247.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	<b>23,308,620.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	<b>18,087,938.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	<b>3,878,780.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	<b>0.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>2,406,052.</b>	<b>16b</b>	<b>2,406,052.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	<b>1,812,799.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	<b>23,779,517.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	<b>-470,897.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	<b>35,410,500.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	<b>15,751,598.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	<b>19,658,902.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>PAULA GILBERTO, PRESIDENT &amp; CEO</b> Type or print name and title	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PATRICIA MCGOWAN</b> Preparer's signature <b>PATRICIA MCGOWAN</b> Date Check <input type="checkbox"/> if self-employed PTIN <b>P00184514</b> Firm's name <b>COHNREZNICK LLP</b> Firm's EIN <b>22-1478099</b> Firm's address <b>350 CHURCH STREET, 12TH FLOOR</b> <b>HARTFORD, CT 06103</b> Phone no. <b>959-200-7000</b>		

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

**Part III Statement of Program Service Accomplishments**

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

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

UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT MOBILIZES PEOPLE AND ORGANIZATIONS TO GIVE, ADVOCATE AND VOLUNTEER TO HELP CHILDREN SUCCEED, ENSURE FAMILIES ARE HEALTHY AND FINANCIALLY SECURE, AND PROVIDE ACCESS TO BASIC NEEDS.

**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.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ **X** No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 8,188,072. including grants of \$ 8,188,072. ) (Revenue \$ 226,479. )

DONOR DESIGNATIONS: THROUGH THE UWCNCT COMMUNITY CAMPAIGN, DONORS CAN DIRECT THEIR GIFTS TO ANY QUALIFIED ORGANIZATION IN THE UNITED STATES OVER WHICH UWCNCT EXERCISES/RETAINS NO DISCRETION AS TO USE DUE TO DONOR INSTRUCTION. IN ORDER TO QUALIFY, AN ORGANIZATION MUST MEET THE FOLLOWING THREE CRITERIA: (1) FULLY TAX EXEMPT, (2) DONATIONS ARE 100% TAX DEDUCTIBLE, (3) IN FULL COMPLIANCE WITH FEDERAL PATRIOT ACT LAW.

**4b** (Code: ) (Expenses \$ 4,163,600. including grants of \$ 4,163,600. ) (Revenue \$ 0. )

EDUCATION - CHILDREN GRADUATE FROM HIGH SCHOOL COLLEGE AND CAREER READY: OUR UNITED WAY HELPS PREPARE YOUTH FOR ACADEMIC SUCCESS WITH AN EMPHASIS ON SCHOOL READINESS AND EARLY CHILDHOOD EDUCATION, MEETING APPROPRIATE GRADE-LEVEL READING BENCHMARKS, AND SUCCESSFUL TRANSITIONS FROM MIDDLE SCHOOL TO HIGH SCHOOL. WE BELIEVE THAT THESE COMPREHENSIVE APPROACHES TO ADDRESSING PRE-KINDERGARTEN THROUGH EIGHTH GRADE STUDENT ACHIEVEMENT WILL PROVIDE A SOLID FOUNDATION LEADING TO STUDENTS COMPLETING HIGH SCHOOL ON TIME AND WITH THE SKILLS NEEDED TO BE SUCCESSFUL IN COLLEGE AND BEYOND.

**4c** (Code: ) (Expenses \$ 1,987,400. including grants of \$ 1,987,400. ) (Revenue \$ 0. )

BASIC NEEDS - INDIVIDUALS AND FAMILIES HAVE BASIC SUPPORTS: ECONOMIC CONDITIONS CHALLENGE ALL OF US, SOME MORE THAN OTHERS. IN THE SHORT TERM, WE PROVIDE SUPPORT FOR EMERGENCY SERVICES SUCH AS FOOD, SHELTER, DISASTER RELIEF SERVICES, BASIC MATERIAL NEEDS AND SUPPORT FOR SURVIVORS OF SEXUAL ASSAULT OR DOMESTIC VIOLENCE. IN THE LONG TERM, OUR COMMUNITY WILL ONLY PROSPER AND GROW IF ALL CHILDREN AND YOUTH SUCCEED AND IF ALL FAMILIES ARE FINANCIALLY CAPABLE AND INDEPENDENT.

**4d** Other program services (Describe in Schedule O.)(Expenses \$ 4,385,403. including grants of \$ 2,581,344. ) (Revenue \$ 521,775. )**4e** Total program service expenses **18,724,475.**

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Form 990 (2016)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	20	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	58	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2016)

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	27			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent		27		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
<b>6</b> Did the organization have members or stockholders?			6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?			8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **CT**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: **THOMAS W. GLYNN - (860) 493-6810**  
**30 LAUREL ST., HARTFORD, CT 06106-1374**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES O'MEARA BOARD CHAIRMAN	1.00	X		X				0.	0.	0.
(2) GREGORY TOCZYDLOWSKI OUTGOING CHAIR/BOARD MEMBER	1.00	X		X				0.	0.	0.
(3) DONALD ALLAN BOARD TREASURER	0.60	X		X				0.	0.	0.
(4) SUZANNE ALI BOARD MEMBER	0.20	X						0.	0.	0.
(5) MICHAEL L. AUSERE BOARD MEMBER	0.30	X						0.	0.	0.
(6) GREG M. BARATS BOARD MEMBER	0.30	X						0.	0.	0.
(7) PEGGY BUCHANAN BOARD MEMBER	0.30	X						0.	0.	0.
(8) STEVEN J. CASEY BOARD MEMBER	0.30	X						0.	0.	0.
(9) JULIO A. CONCEPCION BOARD MEMBER	0.20	X						0.	0.	0.
(10) MARIO CONJURA BOARD MEMBER	0.30	X						0.	0.	0.
(11) ERIC DANIELS BOARD MEMBER	0.20	X						0.	0.	0.
(12) WILLIAM F. DOWLING BOARD MEMBER	0.30	X						0.	0.	0.
(13) PAUL A. DUFF BOARD MEMBER	0.20	X						0.	0.	0.
(14) ROBERT EMMETT EARLY, III OUTGOING BOARD MEMBER	0.30	X						0.	0.	0.
(15) OTTO EICHMANN OUTGOING BOARD MEMBER	0.20	X						0.	0.	0.
(16) DR. DEREK A. FRANKLIN OUTGOING BOARD MEMBER	0.20	X						0.	0.	0.
(17) VENTON B. FORBES BOARD MEMBER	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEFFREY L. HUBBARD BOARD MEMBER	0.20	X						0.	0.	0.
(19) MARGARET MARCHAK OUTGOING BOARD MEMBER	0.30	X						0.	0.	0.
(20) SHAWN J. MAYNARD BOARD MEMBER	0.40	X						0.	0.	0.
(21) COLLEEN MCGUIRE BOARD MEMBER	0.20	X						0.	0.	0.
(22) PATRICIA H. MEISER OUTGOING BOARD MEMBER	0.20	X						0.	0.	0.
(23) NATALIE B. MORRIS BOARD MEMBER	0.40	X						0.	0.	0.
(24) NOREEN RANDAZZO BOARD MEMBER	0.30	X						0.	0.	0.
(25) DR. WAYNE S. RAWLINS OUTGOING BOARD MEMBER	0.30	X						0.	0.	0.
(26) TIMOTHY RESTALL, JR. BOARD MEMBER	0.20	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								526,199.	0.	105,685.
<b>d Total (add lines 1b and 1c)</b>								526,199.	0.	105,685.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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## Part VII

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CYNTHIA RYAN BOARD MEMBER	0.40	X						0.	0.	0.
(28) LYNN RYAN OUTGOING BOARD MEMBER	0.20	X						0.	0.	0.
(29) ASHLEY M. SANYAL BOARD MEMBER	0.50	X						0.	0.	0.
(30) VI R. SMALLEY, ESQ BOARD MEMBER	0.20	X						0.	0.	0.
(31) DONNA L. SODIPO BOARD MEMBER	0.20	X						0.	0.	0.
(32) SUSAN TULLY BOARD MEMBER	0.20	X						0.	0.	0.
(33) ANDEN R.UTZINGER BOARD MEMBER	0.20	X						0.	0.	0.
(34) LYN GAMMILL WALKER BOARD MEMBER	0.50	X						0.	0.	0.
(35) JENNIFER L. WHITE BOARD MEMBER	0.50	X						0.	0.	0.
(36) PAULA S. GILBERTO PRESIDENT/CEO	52.00			X				165,820.	0.	28,363.
(37) THOMAS W. GLYNN CFO	52.00			X				146,484.	0.	16,448.
(38) JENNIFER GIFFORD VP OF COMMUNITY RESOURCES	52.00					X		110,764.	0.	25,747.
(39) ANITA FORD SAUNDERS MARKETING DIRECTOR	52.00					X		103,131.	0.	35,127.
Total to Part VII, Section A, line 1c								526,199.		105,685.

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**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	220,498.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	128,600.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	20,011,376.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		105,114.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> ADMINISTRATIVE FEES AND OTHER .....	<b>Business Code</b>	900099	469,767.	469,767.		
	<b>b</b> COMMUNITY GRANTS, INITIATIVES, AN .....		900099	278,487.	278,487.		
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			748,254.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			720,180.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		(i) Real	(ii) Personal				
<b>b</b> Less: rental expenses .....		83,192.	0.				
<b>c</b> Rental income or (loss) .....		83,192.					
<b>d</b> Net rental income or (loss) .....			83,192.				
<b>7 a</b> Gross amount from sales of assets other than inventory .....		(i) Securities	(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....		4,260,971.					
<b>c</b> Gain or (loss) .....		4,170,985.	89,986.				
<b>d</b> Net gain or (loss) .....			89,986.				
<b>8 a</b> Gross income from fundraising events (not including \$ 128,600. of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>	230,321.				
<b>b</b> Less: direct expenses .....		<b>b</b>	140,831.				
<b>c</b> Net income or (loss) from fundraising events .....			89,490.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....		<b>a</b>					
<b>b</b> Less: cost of goods sold .....	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> .....							
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions. ....				22,091,576.	748,254.	0.	982,848.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,920,416.	16,920,416.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	373,261.	82,839.	199,275.	91,147.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,610,891.	945,116.	454,902.	1,210,873.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	262,362.	82,889.	59,426.	120,047.
<b>9</b> Other employee benefits	350,724.	100,781.	99,806.	150,137.
<b>10</b> Payroll taxes	254,184.	72,212.	73,322.	108,650.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	10,800.	5,410.	3,289.	2,101.
<b>b</b> Legal	4,000.	1,154.	1,154.	1,692.
<b>c</b> Accounting	65,088.	2,572.	58,506.	4,010.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	25,000.		25,000.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	337,428.	53,398.	24,557.	259,473.
<b>12</b> Advertising and promotion	110,219.	42,747.	352.	67,120.
<b>13</b> Office expenses	152,939.	15,061.	23,001.	114,877.
<b>14</b> Information technology	78,944.	26,951.	32,547.	19,446.
<b>15</b> Royalties				
<b>16</b> Occupancy	341,514.	167,673.	106,060.	67,781.
<b>17</b> Travel	16,619.	7,318.	1,930.	7,371.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	14,815.	4,187.	6,693.	3,935.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	243,179.	68,954.	70,148.	104,077.
<b>22</b> Depreciation, depletion, and amortization	209,777.	73,396.	107,866.	28,515.
<b>23</b> Insurance	92,781.	21,198.	63,348.	8,235.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a AWARDS, SPONSORSHIPS &amp;</b>	59,771.	5,449.	43,964.	10,358.
<b>b RENTAL AND MAINTENANCE</b>	41,939.	11,889.	12,098.	17,952.
<b>c DUES &amp; SUBSCRIPTIONS</b>	32,326.	12,865.	11,206.	8,255.
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	22,608,977.	18,724,475.	1,478,450.	2,406,052.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	361.	<b>1</b>	364.
	<b>2</b> Savings and temporary cash investments .....	4,880,343.	<b>2</b>	4,911,366.
	<b>3</b> Pledges and grants receivable, net .....	6,423,051.	<b>3</b>	5,774,236.
	<b>4</b> Accounts receivable, net .....	251,218.	<b>4</b>	397,200.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	133,184.	<b>9</b>	116,797.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,256,637.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,061,154.	<b>10c</b>	1,195,483.
	<b>11</b> Investments - publicly traded securities .....	16,108,868.	<b>11</b>	16,802,597.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	6,243,951.	<b>12</b>	6,664,429.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,900.	<b>15</b>	4,900.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	35,410,500.	<b>16</b>	35,867,372.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,896,168.	<b>17</b>	866,455.
	<b>18</b> Grants payable .....	2,308,087.	<b>18</b>	2,463,730.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	11,547,343.	<b>25</b>	11,238,878.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	15,751,598.	<b>26</b>	14,569,063.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	11,905,151.	<b>27</b>	12,984,941.
	<b>28</b> Temporarily restricted net assets .....	267,980.	<b>28</b>	407,119.
	<b>29</b> Permanently restricted net assets .....	7,485,771.	<b>29</b>	7,906,249.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	19,658,902.	<b>33</b>	21,298,309.
	<b>34</b> Total liabilities and net assets/fund balances .....	35,410,500.	<b>34</b>	35,867,372.

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	22,091,576.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	22,608,977.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-517,401.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	19,658,902.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	736,143.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,420,665.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	21,298,309.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2016)

Department of the Treasury  
Internal Revenue Service

**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.**

# 2016

**Open to Public Inspection**

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization	UNITED WAY INC	Employer identification number
	UNITED WAY OF CENT & NE CONNECTICUT	06-0646653

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

- 1** ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

**2** ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

**3** ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

**4** ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

**5** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

**6** ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

**7** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

**8** ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

**9** ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_

**10** ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

**11** ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

**12** ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

**a** ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

**b** ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

**c** ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

**d** ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

**e** ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

**f** Enter the number of supported organizations .....

**g** Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s):						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

## UNITED WAY INC

Schedule A (Form 990 or 990-EZ) 2016 UNITED WAY OF CENT &amp; NE CONNECTICUT 06-0646653 Page 2

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	24916056.	24054841.	23739532.	22010597.	20360474.	115081500
2 Tax revenues levied for the organization'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 .....						
4 <b>Total.</b> Add lines 1 through 3 .....	24916056.	24054841.	23739532.	22010597.	20360474.	115081500
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) .....						6520814.
6 <b>Public support.</b> Subtract line 5 from line 4.						108560686

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4 .....	24916056.	24054841.	23739532.	22010597.	20360474.	115081500
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1014500.	977,020.	1028952.	968,847.	803,372.	4792691.
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.) .....	111,524.	137,610.	166,875.	205,739.	230,321.	852,069.
11 <b>Total support.</b> Add lines 7 through 10 .....						120726260
12 Gross receipts from related activities, etc. (see instructions) .....					12	3,780,675.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						► <input type="checkbox"/>

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

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	14	89.92	%
15 Public support percentage from 2015 Schedule A, Part II, line 14 .....	15	90.60	%
16a <b>33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			► <input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2016

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ☐



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2016

## UNITED WAY INC

Schedule A (Form 990 or 990-EZ) 2016

UNITED WAY OF CENT &amp; NE CONNECTICUT

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7</b> <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

## FUNDRAISING EVENTS

2012 AMOUNT: \$ 111,524.

2013 AMOUNT: \$ 137,610.

2014 AMOUNT: \$ 166,875.

2015 AMOUNT: \$ 205,739.

2016 AMOUNT: \$ 230,321.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at** [www.irs.gov/form990](http://www.irs.gov/form990).

**Name of the organization** **UNITED WAY INC**  
**UNITED WAY OF CENT & NE CONNECTICUT**  
**Employer identification number** **06-0646653**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ .....

(ii) Assets included in Form 990, Part X ▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ .....

b Assets included in Form 990, Part X ▶ \$ .....

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

Schedule D (Form 990) 2016

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,108,865.	16,601,728.	16,915,567.	15,483,278.	14,327,005.
b Contributions					
c Net investment earnings, gains, and losses	1,143,731.	-42,863.	186,161.	1,832,289.	1,456,273.
d Grants or scholarships					
e Other expenditures for facilities and programs	450,000.	450,000.	500,000.	400,000.	300,000.
f Administrative expenses					
g End of year balance	16,802,596.	16,108,865.	16,601,728.	16,915,567.	15,483,278.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ☒ 92.50 %
- b Permanent endowment ☒ 7.50 %
- c Temporarily restricted endowment ☒ .00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,323.		3,323.
b Buildings		3,368,481.	2,218,330.	1,150,151.
c Leasehold improvements				
d Equipment		774,273.	739,419.	34,854.
e Other		110,560.	103,405.	7,155.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,195,483.

Schedule D (Form 990) 2016

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) INVESTMENTS HELD IN TRUST		
(B) BY OTHERS	6,664,429.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	6,664,429.	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CAMPAIGN SUPPORT DUE TO COMMUNITY		
(3) HEALTH CHARITIES	454,021.	
(4) AGENCY PROGRAM SUPPORT PAYABLE	8,211,134.	
(5) DONOR DESIGNATIONS PAYABLE	2,573,723.	
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	11,238,878.	

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



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	15,264,619.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	736,143.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,420,665.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,156,808.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	13,107,811.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	25,000.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	8,958,765.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	8,983,765.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	22,091,576.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	13,625,212.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	13,625,212.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	25,000.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	8,958,765.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	8,983,765.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	22,608,977.

**Part XIII Supplemental Information.**

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 V, LINE 4:**

THE ENDOWMENT IS DESIGNED TO PRESERVE THE REAL VALUE OF THE UNRESTRICTED INVESTMENT RESERVES OVER TIME WHILE PROVIDING A MODEST LEVEL OF INCOME FOR CURRENT OPERATING NEEDS.

**PART X, LINE 2:**

UWCNCT HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2017 AND 2016.

UWCNCT'S FEDERAL AND STATE INFORMATION RETURNS PRIOR TO FISCAL YEAR 2014 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

**Part XIII** Supplemental Information (continued)

IF UWCNCT HAS UNRELATED BUSINESS INCOME TAXES, UWCNCT WILL RECOGNIZE  
INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF  
THE INCOME TAX PROVISION AND INCLUDE ACCRUED INTEREST AND PENALTIES WITH  
THE RELATED TAX LIABILITY IN THE STATEMENT OF FINANCIAL POSITION.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

## PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION

COST	1,000,187.
CHANGE IN INVESTMENTS HELD IN TRUST BY OTHERS	420,478.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,420,665.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

COMMUNITY HEALTH CHARITIES SHARE OF DIRECT PUBLIC SUPPORT	770,692.
AMOUNTS DESIGNATED BY DONORS	8,188,073.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	8,958,765.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS DESIGNATED BY DONORS	8,188,073.
COMMUNITY HEALTH CHARITIES SHARE OF DIRECT PUBLIC SUPPORT	770,692.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	8,958,765.

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

# 2016

**Open to Public Inspection**

UNITED WAY OF CENT & NE CONNECTICUT

06-0646653

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- d** ☐ In-person solicitations

- ☐
- No

- [illegible]

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

UNITED WAY INC

Schedule G (Form 990 or 990-EZ) 2016 UNITED WAY OF CENT & NE CONNECTICUT 06-0646653 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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		LUNCHEON		NONE	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	358,921.			358,921.
	2 Less: Contributions .....	128,600.			128,600.
	3 Gross income (line 1 minus line 2) .....	230,321.			230,321.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	9,447.			9,447.
	7 Food and beverages .....	43,144.			43,144.
	8 Entertainment .....	15,150.			15,150.
	9 Other direct expenses .....	73,090.			73,090.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				140,831.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				89,490.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

UNITED WAY INC

Schedule G (Form 990 or 990-EZ) 2016 UNITED WAY OF CENT & NE CONNECTICUT 06-0646653 Page 3

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization **UNITED WAY INC**  
**UNITED WAY OF CENT & NE CONNECTICUT**  
Employer identification number  
**06-0646653**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AARP FOUNDATION 601 EAST STREET NW, SUITE A1 350 WASHINGTON, DC 20049-0001	52-0794300	501C3	17,136.	0.			DONOR DESIGNATED GIFTS
ACADEMY OF OUR LADY OF MERCY 200 HIGH STREET MILFORD, CT 06460-3249	06-0653077	501C3	9,083.	0.			DONOR DESIGNATED GIFTS
ACCESS COMMUNITY ACTION AGENCY 1315 MAIN STREET, SUITE 2 WILLIMANTIC, CT 06226	06-0801861	501C3	40,000.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
ACCION INC U.S. NETWORK 85 BROAD ST, 18TH FLOOR NEW YORK, NY 10004	11-3317234	501C3	7,301.	0.			DONOR DESIGNATED GIFTS
ADVENT UNITED METHODIST CHURCH 2258 WOODRUFF ROAD SIMPSONVILLE, SC 29681	57-0895177	501C3	14,000.	0.			DONOR DESIGNATED GIFTS
AMERICAN RED CROSS 1501 SOUTH BRAND BOULEVARD GLENDALE, CA 91204	53-0196605	501C3	219,280.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 212.
- 3** Enter total number of other organizations listed in the line 1 table 212.

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY OF ANIMALS - 520 EIGHTH AVENUE 7TH FLOOR - NEW YORK, NY 10018	13-1623829	501C3	6,110.	0.			DONOR DESIGNATED GIFTS
ANDOVER, HEBRON, MARLBOROUGH YOUTH SERVICES - 25 PENDELTON DRIVE - HEBRON, CT 06248-1525	22-2595584	501C3	5,049.	0.			DONOR DESIGNATED GIFTS
ARCHBISHOP'S ANNUAL APPEAL 134 FARMINGTON AVENUE HARTFORD, CT 06105	06-0646669	501C3	9,585.	0.			DONOR DESIGNATED GIFTS
AURORA WOMEN AND GIRLS FOUNDATION INC - 80 SOUTH MAIN ST - WEST HARTFORD, CT 06107	06-1587403	501C3	5,484.	0.			DONOR DESIGNATED GIFTS
AVON HIGH SCHOOL BOOSTER CLUB P.O. BOX 9 AVON, CT 06001	06-1244290	501C3	5,420.	0.			DONOR DESIGNATED GIFTS
AVON OLD FARMS SCHOOL 500 OLD FARMS ROAD AVON, CT 06001	06-06555480	501C3	9,162.	0.			DONOR DESIGNATED GIFTS
BEN BRONZ FOUNDATION INC 141 NORTH MAIN STREET WEST HARTFORD, CT 06107-1264	06-1185278	501C3	5,193.	0.			DONOR DESIGNATED GIFTS
BETH EI TEMPLE OF WEST HARTFORD 2626 ALBANY AVENUE WEST HARTFORD, CT 06117	57-1152503	501C3	5,240.	0.			DONOR DESIGNATED GIFTS
BETHANY COVENANT CHURCH (CT) 785 MILL STREET BERLIN, CT 06037-2428	06-0646547	501C3	6,038.	0.			DONOR DESIGNATED GIFTS

Schedule I (Form 990)



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BIRTHRIGHT OF GREATER HARTFORD INC. - 914 MAIN STREET- ROOM 216 - EAST HARTFORD, CT 06108	23-7378225	501C3	5,098.	0.			DONOR DESIGNATED GIFTS
BOY SCOUT TROOP 355 1075 MAIN STREET NEWINGTON, CT 06111	06-0676853	501C3	5,754.	0.			DONOR DESIGNATED GIFTS
BOYS & GIRLS CLUB OF NEW BRITAIN INC. - 150 WASHINGTON STREET - NEW BRITAIN, CT 06051	06-0660406	501C3	100,709.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
BOYS & GIRLS CLUBS OF HARTFORD 170 SIGOURNEY STREET HARTFORD, CT 06105	06-6026005	501C3	197,786.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
BUSHNELL CENTER FOR THE PERFORMING ARTS - 166 CAPITOL AVENUE - HARTFORD, CT 06106	06-0662112	501C3	28,267.	0.			DONOR DESIGNATED GIFTS
CATHOLIC CHARITIES, DIOCESE OF NORWICH - 331 MAIN STREET - NORWICH, CT 06360	06-0646609	501C3	33,045.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
CATHOLIC CHARITIES, INC. ARCHDIOCESE OF HARTFORD - 839 ASYLUM AVENUE # 841 - HARTFORD, CT 06105-2801	06-0667607	501C3	516,572.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
CBIA EDUCATION FOUNDATION INC. 350 CHURCH STREET HARTFORD, CT 06103-1136	22-2474078	501C3	90,452.	0.			DONOR DESIGNATED GIFTS
CCARC, INC. 950 SLATER ROAD NEW BRITAIN, CT 06053-1658	06-6011543	501C3	20,386.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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CHILDREN'S LAW CENTER 30 ARBOR STREET, NORTH BUILDING, 4TH FLOOR - HARTFORD, CT 06106-1215	06-1381700	501C3	31,629.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
CHRISTIAN ACTIVITIES COUNCIL 47 VINE STREET HARTFORD, CT 06112	06-0689693	501C3	17,000.	0.			DONOR DESIGNATED GIFTS
CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS - 50 EAST NORTH TEMPLE, ROOM 1521 - SALT LAKE CITY, UT 84150	23-7300405	501C3	7,500.	0.			DONOR DESIGNATED GIFTS
CITADEL OF LOVE PO BOX 1932 HARTFORD, CT 06144	06-1441758	501C3	8,253.	0.			DONOR DESIGNATED GIFTS
CITY OF HOPE 1500 EAST DUARTE ROAD DUARTE, CA 91010	95-1683875	501C3	6,701.	0.			DONOR DESIGNATED GIFTS
CITY OF NEW BRITAIN BOARD OF EDUCATION - 272 MAIN STREET - NEW BRITAIN , CT 06051	22-2486319	501C3	60,000.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
COLONIAL POINT CHRISTIAN CHURCH 855 CHAPEL ROAD SOUTH WINDSOR, CT 06074-4252	06-1553246	501C3	7,427.	0.			DONOR DESIGNATED GIFTS
COMMUNITY BICYCLE CENTER PO BOX 783 BIDDEFORD, ME 04005	20-3684834	501C3	8,955.	0.			DONOR DESIGNATED GIFTS
COMMUNITY FOUNDATION OF GREATER NEW BRITAIN - 74A VINE STREET - NEW BRITAIN, CT 06052	06-6036461	501C3	20,215.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES OF NEW ENGLAND - 1199 NORTH FAIRFAX STREET SUITE 600 - ALEXANDRIA , VA 22314	06-6079596	501C3	8,650.	0.			DONOR DESIGNATED GIFTS
COMMUNITY MENTAL HEALTH AFFILIATES, INC - 270 JOHN DOWNEY DRIVE - NEW BRITAIN, CT 06051-2906	06-0934544	501C3	97,450.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
COMPASS YOUTH COLLABORATIVE 55 AIRPORT ROAD, SUITE 201 HARTFORD, CT 06114	31-1768549	501C3	242,098.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
CONNECTICUT CHILDREN'S MEDICAL CENTER - 282 WASHINGTON STREET - HARTFORD, CT 06106-3322	06-0646755	501C3	15,715.	0.			DONOR DESIGNATED GIFTS
CONNECTICUT COMMUNITY CARE, INC. 43 ENTERPRISE DRIVE BRISTOL, CT 06010	06-1024632	501C3	9,225.	0.			DONOR DESIGNATED GIFTS
CONNECTICUT FORUM, INC 750 MAIN STREET HARTFORD, CT 06103	06-1343149	501C3	8,175.	0.			DONOR DESIGNATED GIFTS
CONNECTICUT HUMANE SOCIETY 701 RUSSELL ROAD NEWINGTON, CT 06111-1593	06-0667605	501C3	20,157.	0.			DONOR DESIGNATED GIFTS
CONNECTICUT HUMANIE SOCIETY 169 OLD COLCHESTER ROAD QUAKER HILL, CT 06375-0041	06-0667605	501C3	7,529.	0.			DONOR DESIGNATED GIFTS
CONNECTICUT PUBLIC BROADCASTING, INC. - 1049 ASYLUM AVENUE - HARTFORD, CT 06105-2432	06-0758938	501C3	6,480.	0.			DONOR DESIGNATED GIFTS

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CONNECTICUT RIVERS COUNCIL BOY SCOUTS OF AMERICA - 60 DARLIN STREET - EAST HARTFORD, CT 06108-3256	06-0662110	501C3	138,087.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
CONNECTICUT SCIENCE CENTER 250 COLUMBUS BLVD HARTFORD, CT 06103	06-1538101	501C3	15,773.	0.			DONOR DESIGNATED GIFTS
CONNECTICUT TREES OF HONOR MEMORIAL - PO BOX 86 - CROMWELL, CT 06416-0086	45-2398794	501C3	12,037.	0.			DONOR DESIGNATED GIFTS
CONNECTICUT WOMEN'S EDUCATION & LEGAL FUND INC - 1 HARTFORD SQUARE STE 300 - HARTFORD, CT 06106-1983	06-0913214	501C3	10,100.	0.			DONOR DESIGNATED GIFTS
CONNECTIKIDS 814 ASYLUM AVENUE HARTFORD, CT 06105-2805	06-1035985	501C3	53,909.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
CONVENANT PREPARATORY SCHOOL 135 BROAD STREET HARTFORD, CT 06105	74-3238578	501C3	12,021.	0.			DONOR DESIGNATED GIFTS
CT LEGAL SERVICES-HARTFORD 62 WASHINGTON STREET MIDDLETOWN, CT 06457	06-0955461	501C3	45,687.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
CWEALF ONE HARTFORD SQUARE WEST SUITE 1-30 HARTFORD, CT 06106	06-0913214	501C3	62,015.	0.			DONOR DESIGNATED GIFTS
DANA FARBER CANCER INSTITUTE INC. 450 BROOKLINE AVENUE BP418 BOSTON, MA 02215-5418	04-2263040	501C3	16,506.	0.			DONOR DESIGNATED GIFTS

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DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE, ROOM 304 HANOVER, NH 03755	02-0222111	501C3	6,813.	0.			DONOR DESIGNATED GIFTS
DEEP RIVER CONGREGATIONAL CHURCH PO BOX 246 DEEP RIVER, CT 06417-0246	06-6038248	501C3	6,470.	0.			DONOR DESIGNATED GIFTS
EAST HARTFORD PUBLIC SCHOOLS 1110 MAIN STREET EAST HARTFORD, CT 06108	06-6001989	501C3	40,000.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
EDUCATIONAL RESOURCES FOR CHILDREN INC - 119B POST ROAD - ENFIELD, CT 06082-5626	03-0399205	501C3	75,486.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
EMERGENCY AID ASSOCIATION, INC. 450 SOUTH STREET SUFFIELD, CT 06078-2210	06-0646618	501C3	5,324.	0.			DONOR DESIGNATED GIFTS
ENGINEERS WITHOUT BORDERS USA 1031 33RD STREET, SUITE 210 DENVER, CO 80205	84-1589324	501C3	7,400.	0.			DONOR DESIGNATED GIFTS
FARMINGTON VALLEY ACADEMY MONTESSORI - 150 FISHER AVE - AVON, CT 06001	20-1571082	501C3	8,003.	0.			DONOR DESIGNATED GIFTS
FARMINGTON VALLEY VISITING NURSE ASSOCIATION - 8 OLD MILL LANE - SIMSBURY, CT 06070-1932	06-0646899	501C3	66,166.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
FIDELCO GUIDE DOG FOUNDATION INC. 103 VISION WAY BLOOMFIELD, CT 06002-5322	06-6060478	501C3	7,997.	0.			DONOR DESIGNATED GIFTS

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FIRST CONGREGATIONAL CHURCH IN BLOOMFIELD - 10 WINSTONBURY AVENUE - BLOOMFIELD, CT 06002	06-0727636	501C3	32,000.	0.			DONOR DESIGNATED GIFTS
FOODSHARE, INC. 450 WOODLAND AVENUE BLOOMFIELD, CT 06002-1342	22-2474771	501C3	237,477.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
FRISCO BIBLE CHURCH 8000 SANCTUARY DRIVE FRISCO, TX 75033	75-2543496	501C3	6,700.	0.			DONOR DESIGNATED GIFTS
GIFTS OF LOVE INC 35 EAST MAIN STREET AVON, CT 06001-0463	06-1309318	501C3	7,876.	0.			DONOR DESIGNATED GIFTS
GIRL SCOUTS OF CONNECTICUT 340 WASHINGTON STREET HARTFORD, CT 06106-3317	06-0646759	501C3	187,152.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
GRACE ACADEMY INC. 277 MAIN STREET HARTFORD, CT 06106	27-1673012	501C3	14,687.	0.			DONOR DESIGNATED GIFTS
GRANBY COMMUNITY FUND PO BOX 94 GRANBY, CT 06035-0094	06-6037713	501C3	10,773.	0.			DONOR DESIGNATED GIFTS
GREATER HARTFORD ARTS COUNCIL P.O. BOX 231436 HARTFORD, CT 06123-1436	23-7111486	501C3	80,093.	0.			DONOR DESIGNATED GIFTS
GREATER HARTFORD CHURCH OF CHRIST P.O. BOX 1081 ARGYLE , TX 76226-1081	06-1414914	501C3	20,450.	0.			DONOR DESIGNATED GIFTS

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GREATER HARTFORD CONSORTIUM FOR HIGHER EDUCATION - 31 PRATT STREET, 5TH FLOOR - HARTFORD, CT 06103	23-7288868	501C3	73,333.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
GREATER HARTFORD LEGAL AID INC. 999 ASYLUM AVENUE, 3RD FLOOR HARTFORD, CT 06105-2465	06-0730611	501C3	224,646.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
GUIDE DOGS OF AMERICA CT, RI, & WESTERN MA CHAPTERS - 300 SAYBROOK ROAD - HIGGANUM, CT 06441	95-1586088	501C3	79,474.	0.			DONOR DESIGNATED GIFTS
HARC, INC. 900 ASYLUM AVENUE HARTFORD, CT 06105-1985	06-0710289	501C3	167,462.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
HARTFORD AREA HABITAT FOR HUMANITY 780 WINDSOR STREET HARTFORD, CT 06144-1933	06-1253049	501C3	8,198.	0.			DONOR DESIGNATED GIFTS
HARTFORD FOUNDATION FOR PUBLIC GIVING - 10 COLUMBUS BOULEVARD, 8TH FLOOR - HARTFORD, CT 06106	06-0699252	501C3	70,513.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
HARTFORD HEALTHCARE AT HOME, INC. 1290 SILAS DEANE HIGHWAY, STE 4B WETHERSFIELD, CT 06109-4337	06-0646938	501C3	375,137.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 06105	06-0646668	501C3	16,357.	0.			DONOR DESIGNATED GIFTS
HARTFORD YOUTH SCHOLARS FOUNDATION INC - 129 ALLEN PLACE - HARTFORD, CT 06106-3103	20-3495171	501C3	16,152.	0.			DONOR DESIGNATED GIFTS

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HARTFORD'S CAMP COURANT 285 BROAD STREET HARTFORD, CT 06115-3785	06-1018155	501C3	5,448.	0.			DONOR DESIGNATED GIFTS
HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BOULEVARD ORLANDO, FL 32804-4717	59-0808854	501C3	14,913.	0.			DONOR DESIGNATED GIFTS
HISPANIC HEALTH COUNCIL 175 MAIN STREET HARTFORD, CT 06106-1818	06-1018979	501C3	102,259.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
HOCKANUM VALLEY COMMUNITY COUNCIL INC. - 29 NAEK ROAD, SUITE 5A - VERNON, CT 06066-3942	06-0864311	501C3	16,937.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
HODDING CARTER MEMORIAL YMCA 1688 FAIRGROUNDS ROAD GREENVILLE, MS 38703-7805	64-0306257	501C3	12,020.	0.			DONOR DESIGNATED GIFTS
HOLCOMB FARM, INC. 113 SIMSBURY ROAD WEST GRANBY, CT 06090	06-1384197	501C3	5,331.	0.			DONOR DESIGNATED GIFTS
HOLE IN THE WALL GANG FUND, INC 555 LONG WHARF DRIVE NEW HAVEN, CT 06511-5901	06-1157655	501C3	6,534.	0.			DONOR DESIGNATED GIFTS
HOMEWORK HOUSE INC. 54 NORTH SUMMER STREET HOLYOKE, MA 01040-6208	56-2666698	501C3	5,125.	0.			DONOR DESIGNATED GIFTS
HOPEWELL BAPTIST CHURCH 280 WINDSOR AVENUE WINDSOR, CT 06095	22-2600105	501C3	5,159.	0.			DONOR DESIGNATED GIFTS

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HOUSE OF BREAD 1453 MAIN STREET HARTFORD, CT 06120	06-1073478	501C3	5,712.	0.			DONOR DESIGNATED GIFTS
HUMAN RESOURCES AGENCY OF NEW BRITAIN - 180 CLINTON STREET - NEW BRITAIN, CT 06053-3512	06-0954802	501C3	322,243.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
INTERVAL HOUSE P.O. BOX 340207 HARTFORD, CT 06134-0207	06-0960005	501C3	136,220.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD - 333 BLOOMFIELD AVE, SUITE D - WEST HARTFORD, CT 06117	06-1372107	501C3	15,328.	0.			DONOR DESIGNATED GIFTS
JEWISH FAMILY SERVICE OF GREATER HARTFORD - 333 BLOOMFIELD AVENUE, SUITE A - WEST HARTFORD, CT 06117-1500	06-0653062	501C3	100,359.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
JOURNEY HOME 255 MAIN ST., 2ND FLOOR HARTFORD, CT 06106	80-0143570	501C3	55,325.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
JUNIOR ACHIEVEMENT INC ONE EDUCATION WAY COLORADO SPRINGS, CO 80906	13-1635270	501C3	46,781.	0.			DONOR DESIGNATED GIFTS
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND - 70 FARMINGTON AVENUE - HARTFORD, CT 06105-3704	06-0665972	501C3	17,301.	0.			DONOR DESIGNATED GIFTS
KINGSWOOD OXFORD SCHOOL, INC. 170 KINGSWOOD ROAD WEST HARTFORD, CT 06119-1430	06-0646688	501C3	7,628.	0.			DONOR DESIGNATED GIFTS

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<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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LAST MILE HEALTH PO BOX 130122 BOSTON, MA 02113	26-1401736	501C3	7,417.	0.			DONOR DESIGNATED GIFTS
LEADERSHIP GREATER HARTFORD 30 LAUREL STREET HARTFORD, CT 06106	06-1167174	501C3	18,465.	0.			DONOR DESIGNATED GIFTS
LEGACY BIBLE CHURCH 4818 FM 691 DENISON, TX 75020-8206	75-2874919	501C3	15,000.	0.			DONOR DESIGNATED GIFTS
LIGHTHOUSE MISSION 1543 MONTAUK HIGHWAY BELLPORT, NY 11713	20-5850026	501C3	5,400.	0.			DONOR DESIGNATED GIFTS
LISC/ FIDUCIARY FOR HARTFORD NEIGHBORHOOD DEVELOPMENT SUPPORT COLLABORATIVE - 75 CHARTER OAK AVENUE, SUITE 2-250 - HARTFORD, CT	13-3030229	501C3	173,000.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
LITERACY VOLUNTEERS OF CENTRAL CONNECTICUT - 20 HIGH STREET - NEW BRITAIN, CT 06051	22-2527030	501C3	41,444.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
LITERACY VOLUNTEERS OF GREATER HARTFORD - 30 ARBOR STREET, SOUTH BUILDING - HARTFORD, CT 06106	23-7237570	501C3	47,291.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
MALTA HOUSE OF CARE FOUNDATION 19 WOODLAND STREET, SUITE 21 HARTFORD, CT 06105-2535	20-3562371	501C3	6,800.	0.			DONOR DESIGNATED GIFTS
MANCHESTER AREA CONFERENCE OF CHURCHES - 466 MAIN STREET - MANCHESTER, CT 06045-3804	23-7354956	501C3	21,117.	0.			DONOR DESIGNATED GIFTS

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARC, INC. OF MANCHESTER 151 SHELDON ROAD MANCHESTER, CT 06042-2318	06-0712057	501C3	5,989.	0.			DONOR DESIGNATED GIFTS
MASONICARE PARTNERS HOME HEALTH & HOSPICE - 104 SOUTH TURNPIKE ROAD - WALLINGFORD, CT 06492-4320	26-0758992	501C3	29,100.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
MASTERS SCHOOL, INC. 36 WESTLEDGE ROAD WEST SIMSBURY, CT 06092-2319	23-7016084	501C3	12,350.	0.			DONOR DESIGNATED GIFTS
MIDDLESEX UNITED WAY 100 RIVERVIEW CENTER, SUITE 230 MIDDLETOWN, CT 06457-2862	06-0665170	501C3	129,861.	0.			DONOR DESIGNATED GIFTS
MY SISTERS PLACE INC 237 HAMILTON STREET, SUITE 203 HARTFORD, CT 06106-2977	06-1079879	501C3	51,069.	0.			DONOR DESIGNATED GIFTS
MYSTIC AQUARIUM & INSTITUTE FOR EXPLORATION - 55 COOGAN COULEVARD - MYSTIC, CT 06355	06-1480300	501C3	5,000.	0.			DONOR DESIGNATED GIFTS
NATIONAL CONFERENCE FOR COMMUNITY & JUSTICE INC - 820 PROSPECT HILL ROAD, SUITE A - WINDSOR, CT 06095-1559	13-1809982	501C3	6,308.	0.			DONOR DESIGNATED GIFTS
NORTHWEST CATHOLIC HIGH SCHOOL FOUNDATION - 29 WAMPANOAG DRIVE - WEST HARTFORD, CT 06117-1299	06-0768002	501C3	12,260.	0.			DONOR DESIGNATED GIFTS
NORTHWEST CATHOLIC HIGH SCHOOL FOUNDATION - 29 WAMPANOAG DRIVE - WEST HARTFORD, CT 06117-1299	06-6079624	501C3	7,573.	0.			DONOR DESIGNATED GIFTS

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NUTMEG BIG BROTHERS/BIG SISTERS 30 LAUREL STREET, 3RD FLOOR HARTFORD, CT 06106	06-0850379	501C3	144,955.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
OLD SAYBROOK YOUTH & FAMILY SERVICES - 322 MAIN STREET - OLD SAYBROOK, CT 06475	74-3129840	501C3	9,183.	0.			DONOR DESIGNATED GIFTS
OM FOUNDATION/ SRI SAI SPIRITUAL CENTER - 749 OLD SAY BROOK ROAD-UNIT A101 - MIDDLETOWN, CT 06457	26-3534277	501C3	5,649.	0.			DONOR DESIGNATED GIFTS
OPPORTUNITIES INDUSTRIALIZATION CENTER OF NEW BRITAIN, INC. - 114 NORTH STREET - NEW BRITAIN, CT 06051-1918	06-0876897	501C3	32,781.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
OUR COMPANIONS DOMESTIC ANIMAL SANCTUARY, INC. - PO BOX 956 - MANCHESTER, CT 06045-0956	41-2047734	501C3	5,887.	0.			DONOR DESIGNATED GIFTS
OUR PIECE OF THE PIE - OPP 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659	501C3	405,637.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
PKD FOUNDATION 1001 E 101ST TERRACE KANSAS CITY, MO 64131	43-1266906	501C3	5,718.	0.			DONOR DESIGNATED GIFTS
PROTECTORS OF ANIMALS, INC 144 MAIN STREET, UNIT O EAST HARTFORD, CT 06118-3239	06-0959891	501C3	6,961.	0.			DONOR DESIGNATED GIFTS
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	05-0258932	501C3	5,251.	0.			DONOR DESIGNATED GIFTS

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PRUDENCE CRANDALL CENTER 594 BURRITT STREET NEW BRITAIN, CT 06053	06-0968557	501C3	35,377.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
RICHARD M. KEANE FOUNDATION INC 126 BROAD STREET WETHERSFIELD, CT 06109-3105	06-1635181	501C3	6,892.	0.			DONOR DESIGNATED GIFTS
SAINT AGNES HOME, INC 104 MAYFLOWER STREET WEST HARTFORD, CT 06110	06-0653189	501C3	5,952.	0.			DONOR DESIGNATED GIFTS
SAINT FRANCIS HOSPITAL & MEDICAL CENTER FOUNDATION - 95 WOODLAND STREET - HARTFORD, CT 06105-1208	06-1491191	501C3	6,360.	0.			DONOR DESIGNATED GIFTS
SAINT JOHN'S CHURCH 679 FARMINGTON AVENUE WEST HARTFORD, CT 06119-1895	06-0653123	501C3	9,956.	0.			DONOR DESIGNATED GIFTS
SAINT MATTHEW LUTHERAN CHURCH 224 LOVELY STREET AVON, CT 06001	06-1019980	501C3	5,292.	0.			DONOR DESIGNATED GIFTS
SALVATION ARMY 855 ASYLUM AVENUE HARTFORD, CT 06142-0628	13-5562351	501C3	315,753.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
SAN FRANCISCO CITY ACADEMY 230 JONES STREET SAN FRANCISCO, CA 94102-2662	90-0332259	501C3	50,100.	0.			DONOR DESIGNATED GIFTS
SCARED HEART CHURCH 446 MOUNTAIN ROAD SUFFIELD, CT 06078	06-0653168	501C3	11,626.	0.			DONOR DESIGNATED GIFTS

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SERVICES FOR THE ELDERLY OF FARMINGTON - 321 NEW BRITAIN AVENUE - UNIONVILLE, CT 06085-1041	06-0860153	501C3	36,537.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
SEXUAL ASSAULT CRISIS CENTER OF EASTERN CT - PO BOX 24 - WILLIMANTIC, CT 06226-0024	06-1033609	501C3	16,958.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
SHORELINE CHRISTIAN CENTER 15201 BURNET ROAD AUSTIN, TX 78728	74-2428868	501C3	5,080.	0.			DONOR DESIGNATED GIFTS
SHRINERS HOSPITALS FOR CHILDREN 516 CAREW STREET SPRINGFIELD, MA 01104	04-2121377	501C3	8,051.	0.			DONOR DESIGNATED GIFTS
SIMSBURY UNITED METHODIST CHURCH 799 HOPEMEADOW STREET SIMSBURY, CT 06070-1821	22-2487294	501C3	6,127.	0.			DONOR DESIGNATED GIFTS
SOUTH PARK INN EMERGENCY SHELTER 75 MAIN STREET HARTFORD, CT 06106	06-1083735	501C3	101,045.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
SPECIAL OLYMPICS CONNECTICUT, INC 2666 STATE STREET, SUITE 1 HAMDEN, CT 06517	23-7099756	501C3	11,893.	0.			DONOR DESIGNATED GIFTS
ST JOHN'S HIGH SCHOOL 378 MAIN STREET SHREWSBURY, MA 01545	04-2178393	501C3	13,050.	0.			DONOR DESIGNATED GIFTS
ST. ANN'S CHURCH OF AVON 289 ARCH ROAD AVON, CT 06001-4209	06-0658084	501C3	21,629.	0.			DONOR DESIGNATED GIFTS

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ST. CHRISTOPHER SCHOOL 570 BREWER STREET EAST HARTFORD, CT 06118	22-2547126	501C3	8,445.	0.			DONOR DESIGNATED GIFTS
ST. GEORGE GREEK ORTHODOX CATHEDRAL - 433 FAIRFIELD AVENUE - HARTFORD, CT 06114	06-0679118	501C3	6,976.	0.			DONOR DESIGNATED GIFTS
ST. JAMES EPISCOPAL CHURCH 3 MOUNTAIN ROAD FARMINGTON, CT 06032-2339	06-0773790	501C3	8,846.	0.			DONOR DESIGNATED GIFTS
ST. MARY'S CHURCH 51 FREESTONE AVENUE PORTLAND, CT 06480	06-0676857	501C3	5,704.	0.			DONOR DESIGNATED GIFTS
STANFORD UNIVERSITY - BOARD OF TRUSTEES - 326 GALVEZ STREET - STANFORD, CA 94305-6105	94-1156365	501C3	5,400.	0.			DONOR DESIGNATED GIFTS
STONEBRIAR COMMUNITY CHURCH 4801 LEGENDARY DRIVE FRISCO, TX 75034	75-2780864	501C3	15,000.	0.			DONOR DESIGNATED GIFTS
TEMPLE BETH SHOLOM ENDOWMENT FOUNDATION, INC - 400 EAST MIDDLE TURNPIKE - MANCHESTER, CT 06040	05-0540805	501C3	5,800.	0.			DONOR DESIGNATED GIFTS
THE ARC OF FARMINGTON VALLEY (FAVARH) - 225 COMMERCE DRIVE - CANTON, CT 06019-1099	06-6011136	501C3	34,806.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
THE CARTER CENTER INC 453 FREEDOM PARKWAY ATLANTA, GA 30307	58-1454716	501C3	7,285.	0.			DONOR DESIGNATED GIFTS

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THE FLETCHER SCHOOL 8500 SARDIS ROAD CHARLOTTE, NC 28270	59-1340099	501C3	6,333.	0.			DONOR DESIGNATED GIFTS
THE VILLAGE FOR FAMILIES & CHILDREN - 1680 ALBANY AVENUE - HARTFORD, CT 06105-1099	06-0668594	501C3	839,028.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
TOWN OF WINDHAM- BOARD OF EDUCATION - 322 PROSPECT STREET - WILLIMANTIC, CT 06226	06-1201204	501C3	63,000.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
TRINITY COVENANT CHURCH 302 HACKMATAK STREET MANCHESTER, CT 06040	06-0867977	501C3	6,290.	0.			DONOR DESIGNATED GIFTS
TRINITY EPISCOPAL CHURCH 11 CHURCH STREET TARIFFVILLE, CT 06081	06-6051129	501C3	11,733.	0.			DONOR DESIGNATED GIFTS
TRINITY EVANGELICAL FREE CHURCH 33 CENTER RD WOODBIDGE, CT 06525-1629	06-0886049	501C3	5,500.	0.			DONOR DESIGNATED GIFTS
TRUE COLORS, INC 30 ARBOR STREET, SUITE 201A HARTFORD, CT 06106-1215	06-1537001	501C3	25,733.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
TRUSTEES OF COLUMBIA UNIVERSITY 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	13-5598093	501C3	15,000.	0.			DONOR DESIGNATED GIFTS
UNITED LABOR AGENCY (JOHN J. DRISCOLL ULA) - 56 TOWN LINE ROAD - ROCKY HILL, CT 06067-1241	06-0987695	501C3	28,128.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS

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UNITED STATES OLYMPIC COMMITTEE ONE OLYMPIC PLAZA COLORADO SPRINGS, CO 80909-5724	13-1548339	501C3	55,416.	0.			DONOR DESIGNATED GIFTS
UNITED WAY GREATER TWIN CITIES P.O. BOX 2949 MINNEAPOLIS, MN 55402	41-1973442	501C3	12,288.	0.			DONOR DESIGNATED GIFTS
UNITED WAY MERIDEN & WALLINGFORD 35 PLEASANT STREET, SUITE 1E MERIDEN, CT 06450-5786	06-0646714	501C3	30,491.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF CENTRAL CAROLINAS, INC. - PO BOX 890685 - CHARLOTTE, NC 28289-0685	56-0529948	501C3	28,429.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF CENTRAL INDIANA PO BOX 88409 INDIANAPOLIS, IN 46208-0409	35-1007590	501C3	11,234.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF CENTRAL OKLAHOMA 1444 NORTHWEST 28TH STREET OKLAHOMA CITY, OK 73106-0837	73-0589829	501C3	17,324.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF CHESTER COUNTY 211 NORTH WALNUT STREET WEST CHESTER, PA 19380	23-2131877	501C3	5,792.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF CONNECTICUT 1344 SILAS DEANE HIGHWAY ROCKY HILL, CT 06067-1342	06-1084194	501C3	266,430.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
UNITED WAY OF GREATER ATLANTA 100 EDGEWOOD AVENUE NE ATLANTA, GA 30303	58-0566194	501C3	12,220.	0.			DONOR DESIGNATED GIFTS

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UNITED WAY OF GREATER NEW HAVEN 370 JAMES STREET, SUITE 403 NEW HAVEN, CT 06513-3091	06-0646761	501C3	15,850.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY - 1709 BENJAMIN FRANKLIN PARKWAY - PHILADELPHIA, PA 19103-1294	23-1556045	501C3	36,641.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET, 2ND FLOOR WATERBURY, CT 06702-1512	06-0646634	501C3	43,339.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF MARTIN COUNTY, INC. PO BOX 362 STUART, FL 34995-0362	59-1051699	501C3	15,436.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF MASSACHUSETTS BAY AND MERRIMACK COUNTY - PO BOX 51381 - BOSTON, MA 02205	04-2382233	501C3	11,644.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF METROPOLITAN DALLAS 1800 NORTH LAMAR STREET DALLAS, TX 75202-1701	75-6005352	501C3	10,093.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF NEW YORK CITY 205 EAST 42ND STREET, 12TH FLOOR NEW YORK, NY 10017	13-2617681	501C3	5,127.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF NORTHWEST CT 333 KENNEDY DRIVE, SUITE R101 TORRINGTON, CT 06790-3060	06-6009309	501C3	7,340.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF PALM BEACH COUNTY, INC. - 477 SOUTH ROSEMARY AVENUE SUITE 230 - WEST PALM BEACH, FL 33401-5758	59-0683258	501C3	78,977.	0.			DONOR DESIGNATED GIFTS

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<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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UNITED WAY OF PIONEER VALLEY 1441 MAIN STREET, SUITE 147 SPRINGFIELD, MA 01103-1447	04-2152680	501C3	131,395.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF SAN ANTONIO & BEXAR COUNTY - 700 SOUTH ALAMO STREET - SAN ANTONIO, TX 78205-3404	74-1272381	501C3	45,946.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF SAN DIEGO 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123-4320	95-2213995	501C3	11,624.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF SOUTHEASTERN CT 283 STODDARDS WHARF ROAD GALES FERRY, CT 06335-0375	06-0771393	501C3	35,906.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF SOUTHWINGTON 31 LIBERTY STREET SUITE 210 SOUTHWINGTON, CT 06489-3114	06-0790621	501C3	18,212.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF THE BAY AREA 550 KEARNY STREET, SUITE 1000 SAN FRANCISCO, CA 94108-2524	94-1312348	501C3	9,142.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF THE CHATTAHOOCHEE VALLEY, INC. - 1100 5TH AVENUE - COLUMBUS, GA 31901	58-0572434	501C3	90,139.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF THE GREATER SEACOAST 112 CORPORATE DRIVE, UNIT 3 PORTSMOUTH, NH 03801-6890	02-0271825	501C3	14,294.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF THE LAKESHORE 31 EAST CLAY AVENUE MUSKEGON, MN 49442-0207	38-1426895	501C3	8,771.	0.			DONOR DESIGNATED GIFTS

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UNITED WAY OF WEST CENTRAL CT 440 N MAIN STREET STE D BRISTOL, CT 06010-1902	06-0653262	501C3	16,555.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF YORK COUNTY (ME) PO BOX 727 KENNEBUNK, ME 04043-0727	01-0276862	501C3	130,360.	0.			DONOR DESIGNATED GIFTS
UNITED WAY WORLDWIDE P.O. BOX 418607 BOSTON, MA 02241-8607	23-7424837	501C3	251,711.	0.			DONOR DESIGNATED GIFTS
UNIVERSITY OF CT FOUNDATION, INC. 2390 ALUMNI DRIVE, UNIT 3206 STORRS, CT 06269	06-6070722	501C3	111,027.	0.			DONOR DESIGNATED GIFTS
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556-5612	35-0868188	501C3	7,000.	0.			DONOR DESIGNATED GIFTS
UNIVERSITY OF SAINT JOSEPH 1678 ASYLUM AVENUE WEST HARTFORD, CT 06117-2764	06-0646829	501C3	7,314.	0.			DONOR DESIGNATED GIFTS
URBAN LEAGUE OF GREATER HARTFORD 140 WOODLAND STREET HARTFORD, CT 06105-1210	06-6066991	501C3	248,430.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
VALLEY COMMUNITY BAPTIST CHURCH 590 WEST AVON ROAD AVON, CT 06001	06-0948931	501C3	19,005.	0.			DONOR DESIGNATED GIFTS
VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK RD, SUITE 375 PHOENIX, AZ 85018-2328	86-0104419	501C3	17,037.	0.			DONOR DESIGNATED GIFTS

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VALLEY UNITED WAY 54 GROVE STREET SUITE 1 SHELTON, CT 06484	06-0847098	501C3	5,003.	0.			DONOR DESIGNATED GIFTS
VISITING NURSE & HEALTH SERVICES OF CT INC. - 8 KEYNOTE DRIVE - VERNON, CT 06066-5040	06-0646795	501C3	10,368.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
WADSWORTH ATHENEUM MUSEUM OF ART 600 MAIN STREET HARTFORD, CT 06103	06-0653111	501C3	5,579.	0.			DONOR DESIGNATED GIFTS
WATKINSON SCHOOL 180 BLOOMFIELD AVENUE HARTFORD, CT 06105-1096	06-0655136	501C3	6,139.	0.			DONOR DESIGNATED GIFTS
WETHERSFIELD EVANGELICAL FREE CHURCH - 511 MAPLE STREET - WETHERSFIELD, CT 06109	06-0886824	501C3	6,778.	0.			DONOR DESIGNATED GIFTS
WINDHAM AREA INTERFAITH MINISTRY (WAIM) - 866 MAIN STREET - WILLIMANTIC, CT 06226	06-1122323	501C3	22,731.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
WOMEN'S BUSINESS DEVELOPMENT COUNCIL - 184 BEDFORD STREET, SUITE 201 - STAMFORD, CT 06901	06-1493737	501C3	45,000.	0.			DONOR DESIGNATED GIFTS
WOMEN'S LEAGUE, INC. CHILD DEVELOPMENT CENTER - 1695 MAIN STREET - HARTFORD, CT 06120	06-0646969	501C3	582,328.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE ROAD WORCESTER, MA 01609	04-2121303	501C3	6,878.	0.			DONOR DESIGNATED GIFTS

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WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256-6033	20-2370934	501C3	14,544.	0.			DONOR DESIGNATED GIFTS
XAVIER HIGH SCHOOL 181 RANDOLPH ROAD MIDDLETOWN, CT 06457-5606	06-1442909	501C3	5,938.	0.			DONOR DESIGNATED GIFTS
YMCA OF GREATER HARTFORD 50 STATE HOUSE SQUARE, SECOND FLOOR HARTFORD, CT 06103-3902	06-0881325	501C3	315,458.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
YWCA HARTFORD REGION 135 BROAD STREET HARTFORD, CT 06105	06-0646993	501C3	118,635.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
YWCA OF NEW BRITAIN 19 FRANKLIN SQUARE NEW BRITAIN, CT 06051-2604	06-0598620	501C3	298,090.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
UNITED WAY GREATER CAPITAL REGION INC - PO BOX 13865 - ALBANY, NY 12212	14-1364505	501C3	11,772.	0.			DONOR DESIGNATED GIFTS
VALLEY UNITED WAY 201 LAFAYETTE STREET, SUITE 201 UTRICA, NY 13502-4311	15-0532074	501C3	26,089.	0.			DONOR DESIGNATED GIFTS
FOX VALLEY UNITED WAY 44 EAST GALENA BOULEVARD AURORA, IL 60505-3314	36-2195467	501C3	5,238.	0.			DONOR DESIGNATED GIFTS

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Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV

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

FORM 990, PART IV

THROUGH THE UWCNCT COMMUNITY CAMPAIGN, DONORS CAN DIRECT THEIR GIFTS TO ANY QUALIFIED ORGANIZATION IN THE UNITED STATE OVER WHICH UWCNCT EXERCISES/RETAINS NO DISCRETION AS TO USE DUE TO DONOR INSTRUCTION. IN ORDER TO QUALIFY, AN ORGANIZATION MUST MEET THE FOLLOWING THREE CRITERIA: (1) FULLY TAX EXEMPT, (2) DONATIONS ARE 100% TAX DEDUCTIBLE, (3) IN FULL COMPLIANCE WITH FEDERAL PATRIOT ACT LAW. AS A MEMBER OF UNITED WAY WORLDWIDE (UWW), UWCNCT ADHERES TO ALL MEMBERSHIP CRITERIA INCLUDING THE REQUIREMENTS FOR DEDUCTING EXPENSES FROM DONOR-DIRECTED

PLEDGES (UWW PUBLICATION TITLED "COST DEDUCTION STANDARDS FOR MEMBERSHIP REQUIREMENT M").

PART II, LINE 1H

ORGANIZATIONS LISTED IN SCHEDULE I, PART II THAT HAVE A PURPOSE DESCRIPTION OF "ALLOCATION FUNDING & DESIGNATED GIFTS" REPRESENT AGENCIES THAT HAVE MET UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT'S STANDARDS FOR MANAGEMENT, GOVERNANCE AND FISCAL ACCOUNTABILITY. THEY RECEIVE UNITED WAY COMMUNITY INVESTMENT SUPPORT FOR THEIR WORK IN THE AREAS OF EDUCATION, INCOME AND HEALTH. THEY ALSO RECEIVE DONOR DESIGNATIONS PROCESSED BY UWCNCT.

ORGANIZATIONS LISTED WITH A PURPOSE OF DESCRIPTION OF "DESIGNATED GIFTS" ONLY RECEIVE DONOR DESIGNATIONS PROCESSED BY UWCNCT.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

UNITED WAY INC

UNITED WAY OF CENT & NE CONNECTICUT

Employer identification number

06-0646653

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2016

**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.

[illegible]

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.

[illegible]

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2016**

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▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization **UNITED WAY INC**  
**UNITED WAY OF CENT & NE CONNECTICUT** Employer identification number  
**06-0646653**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	13	105,114.	FAIR VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( ) .....				
26 Other ▶ ( ) .....				
27 Other ▶ ( ) .....				
28 Other ▶ ( ) .....				

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

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

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

**Schedule M (Form 990) (2016)**

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT IN COLUMN B REPRESENTS NUMBER OF CONTRIBUTORS.

SCHEDULE M, LINE 32B:

UWCNCT ACCEPTS THE TRANSFER OF STOCK AS PAYMENT AGAINST PLEDGES MADE TO  
OUR ANNUAL UNITED WAY COMMUNITY CAMPAIGN. THE DATE OF THE GIFT/PAYMENT  
IS THE DAY THE STOCK PASSES FROM THE DONORS CONTROL TO UWCNCT. UWCNCT  
ADVISES ITS BROKER, A THIRD PARTY, TO SELL ALL SUCH STOCK TRANSFERS  
IMMEDIATELY UPON RECEIPT.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

UNITED WAY INC

UNITED WAY OF CENT & NE CONNECTICUT

Employer identification number

06-0646653

FORM 990, PART I, DOING BUSINESS AS:

UNITED WAY OF CENTRAL

AND NORTHEASTERN CONNECTICUT

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FINANCIAL SECURITY FAMILIES ARE FINANCIALLY SECURE: OUR UNITED WAY  
HELPS FAMILIES BUILD FINANCIAL SECURITY BY HELPING PEOPLE GET CONNECTED  
TO GOOD JOBS, WITH AN EMPHASIS ON MEETING EMPLOYER NEEDS FOR A  
COMPETITIVE WORKFORCE BY ENSURING ADULTS HAVE THE TRAINING AND SKILLS  
NEEDED TO GET A JOB AND ADVANCE TO FAMILY-SUSTAINING WAGES. WE ALSO  
FOCUS ON ENSURING THAT WHILE INDIVIDUALS ARE ON THE PATH TO  
FAMILY-SUSTAINING EMPLOYMENT, THEY HAVE OPPORTUNITIES TO SAVE AND GROW  
THEIR MONEY.

EXPENSES \$ 1,349,000. INCLUDING GRANTS OF \$ 1,349,000. REVENUE \$ 0.

HEALTH SERVICES

UWCNCT PARTNERS WITH COMMUNITY HEALTH CHARITIES OF NEW ENGLAND (CHC) TO  
CONDUCT A JOINT COMMUNITY CAMPAIGN, WITH THE INTENTION OF PROVIDING THE  
DONOR COMMUNITY WITH A SINGLE CAMPAIGN THROUGH WHICH CONTRIBUTIONS CAN  
BE MADE TO THE REGION'S MAJOR SOCIAL AND HEALTH SERVICE PROVIDERS.  
CHC'S MEMBER NETWORK IS COMPRISED OF NATIONALLY RECOGNIZED HEALTH  
AGENCIES.

EXPENSES \$ 770,692. INCLUDING GRANTS OF \$ 770,692. REVENUE \$ 0.

OTHER PROGRAM SERVICES

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization	UNITED WAY INC UNITED WAY OF CENT & NE CONNECTICUT	Employer identification number 06-0646653
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EXPENSES \$ 2,265,711. INCLUDING GRANTS OF \$ 461,652. REVENUE \$ 521,775.

FORM 990, PART VI, SECTION A, LINE 6:

BY LAWS, ARTICLE VI "MEMBERS" 1. - THE CORPORATION SHALL HAVE ONE CLASS OF MEMBERS CONSISTING OF EACH INDIVIDUAL AND CORPORATE CONTRIBUTOR TO THE UNITED WAY'S ANNUAL CAMPAIGN IN THE PRECEDING CALENDAR YEAR.

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

BY LAWS, ARTICLE VI "MEMBERS" 2. - AN ANNUAL MEETING OF THE MEMBERS OF THE UNITED WAY SHALL BE HELD EACH YEAR ON SUCH DATE AND AT SUCH TIME AND PLACE AS THE BOARD CHAIR SHALL FIX, FOR THE PURPOSE OF ELECTING DIRECTORS AND OTHER BUSINESS AS MAY PROPERLY COME BEFORE THE MEETING.

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

UWCNCT'S AUDIT COMMITTEE REVIEWS AND ACCEPTS THE 990. THEN IT IS REVIEWED AND ACCEPTED BY THE FINANCE COMMITTEE. IT IS THEN PROVIDED IN ELECTRONIC FORM TO EACH MEMBER OF THE BOARD SEVERAL DAYS PRIOR TO THE NOVEMBER BOARD MEETING AT WHICH TIME IT IS PRESENTED FOR ACCEPTANCE BY THE FULL BOARD.

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

ANNUALLY EACH MEMBER OF THE BOARD IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT. EACH BOARD MEMBER STATEMENT IS REVIEWED BY THE AUDIT COMMITTEE CHAIR. CONFLICT OF INTEREST STATEMENTS ARE COMPLETED BY ALL STAFF AND REVIEWED BY THE PRESIDENT & CEO.

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

SENIOR EXECUTIVE COMPENSATION POLICY:

Name of the organization	UNITED WAY INC UNITED WAY OF CENT & NE CONNECTICUT	Employer identification number 06-0646653
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THE BENEFITS AND COMPENSATION COMMITTEE WILL:

- BE CHAIRED BY A BOARD MEMBER AND WILL HAVE AT LEAST THREE OTHER MEMBERS FROM THE BOARD, THE COMMUNITY AND/OR ORGANIZATION STAFF (EXCLUDING THE CEO) WHO POSSESS EXPERIENCE AND EXPERTISE IN HUMAN RESOURCES AND BENEFITS.
- PARTICIPATE IN THE REVIEW OF THE SENIOR EXECUTIVE COMPENSATION ANNUALLY (DEFINED AS ANY POSITION VICE PRESIDENT AND ABOVE) AND DOCUMENT VIA THE MINUTES AND VOTE THEIR REVIEW AND OVERSIGHT OF THE COMPENSATION PROCESS AND DATA.
- DEVELOP A REPORT THAT WILL INCLUDE MEETING MINUTES AND SUPPORTING MATERIALS THAT DOCUMENT EXECUTIVE COMPENSATION DECISIONS APPROVED BY THE EXECUTIVE COMMITTEE OR THE BOARD.

THE BENEFITS AND COMPENSATION COMMITTEE CHAIRPERSON WILL:

- REPORT AND RECOMMEND EXECUTIVE COMPENSATION AND BENEFITS TO THE EXECUTIVE COMMITTEE AND THE BOARD.
- IN CONJUNCTION WITH HUMAN RESOURCES, REPORT SPECIFICALLY THE PRESIDENT AND CEO COMPENSATION INFORMATION TO THE UNITED WAY WORLDWIDE MEMBERSHIP ACCOUNTABILITY COMMITTEE (MAC) ALONG WITH THE BENEFITS AND COMPENSATION COMMITTEE POLICY ON COMPENSATION.

COMPENSATION REVIEW:

THE BENEFITS AND COMPENSATION COMMITTEE WILL REVIEW AND RECOMMEND SENIOR EXECUTIVE COMPENSATION AND BENEFITS TO THE EXECUTIVE COMMITTEE ON AN ANNUAL BASIS, TYPICALLY PRIOR TO THE NOVEMBER BOARD MEETING. CONSIDERATION WILL INCLUDE COMPARABLE MARKET DATA, FINANCIAL CIRCUMSTANCE OF THE ORGANIZATION AND PERFORMANCE OF THE INDIVIDUAL. ALL SENIOR EXECUTIVES' COMPENSATION AND BENEFITS (DEFINED AS ANY POSITION VICE PRESIDENT AND ABOVE) WILL BE REVIEWED ANNUALLY BY HR UTILIZING COMPENSATION BEST PRACTICES. NO SENIOR



Name of the organization	UNITED WAY INC UNITED WAY OF CENT & NE CONNECTICUT	Employer identification number 06-0646653
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EXECUTIVE MAY PARTICIPATE IN THE DELIBERATION OR THE RECOMMENDATION OF THE BENEFITS AND COMPENSATION COMMITTEE OR THE EXECUTIVE COMMITTEE WITH RESPECT TO SUCH SENIOR EXECUTIVE'S COMPENSATION OR BENEFITS. TYPICALLY AT THE NOVEMBER BOARD MEETING, THE RECOMMENDATIONS WILL BE REVIEWED AND APPROVED BY THE BOARD.

IN ORDER TO REMAIN RELATIVELY COMPETITIVE FOR STAFFING PURPOSES, IT IS OUR GOAL TO MAINTAIN SALARIES WITHIN 10% - 15% OF THE POSITION MEDIAN AS REFLECTED BY THE MARKET. MARKET IS GENERALLY DEFINED AS COMPARABLY-SIZED CHARITABLE ORGANIZATIONS WITH SIMILAR MISSION STATEMENTS, LOCATED IN THE NORTHEAST. MARKET DATA MAY INCLUDE FOR-PROFIT ORGANIZATIONS, TO THE EXTENT REQUIRED BY THE LOCAL MARKET FOR TALENT. IF A POSITION FALLS BENEATH THE 15% RANGE, IT IS REVIEWED AND A SALARY ADJUSTMENT MAY OR MAY NOT BE RECOMMENDED. THIS RANGE IS OFFERED AS A GUIDELINE NOT AN EXACT MEASURE AND CONSIDERATION IS GIVEN TO AN INDIVIDUAL'S PERFORMANCE, CONTRIBUTION, EXPERIENCE, ETC. AS PART OF THE COMPENSATION.

UNITED WAY WORLDWIDE (UWW) DATA IS A PRIMARY SOURCE FOR ALL STAFF COMPENSATION ANALYSES WHICH IS COMPRISED OF DATA SOLICITED PERIODICALLY FROM UNITED WAYS ACROSS THE COUNTRY. UWW DATA IS THEN NARROWED BY REGION AND REVENUE LEVELS TO ENSURE APPLICABILITY.

SPECIFIC COMPENSATION SURVEYS ARE ALSO ORDERED TO PROVIDE ADDITIONAL DATA SOURCES AS WELL ALONG WITH ANY FREE ONLINE TOOLS THAT PROVIDE COMPENSATION DATA. FOR SENIOR EXECUTIVES, DATA FOR LOCAL NON PROFITS OF COMPARABLE SIZE ARE ALSO UTILIZED VIA INFORMATION ON THE IRS FORM 990. WE STRIVE TO FIND MULTIPLE DATA SOURCES TO ENSURE THAT WE HAVE A THOROUGH COMPARISON FOR EACH POSITION.

#### MERIT BASED COMPENSATION:

PERFORMANCE WILL BE REVIEWED ANNUALLY TYPICALLY ON OR ABOUT JULY 1ST, THE

Name of the organization	UNITED WAY INC UNITED WAY OF CENT & NE CONNECTICUT	Employer identification number 06-0646653
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BEGINNING OF THE FISCAL YEAR. UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT WILL RECOGNIZE PERFORMANCE WITH INCREASES TO BASE SALARY FOR ELIGIBLE EMPLOYEES. SALARY INCREASES ARE NOT AUTOMATIC EACH YEAR, BUT ARE BASED ON PERFORMANCE, FINANCIAL CIRCUMSTANCES OF THE ORGANIZATION AND THE DISCRETION OF MANAGEMENT AND THE BOARD. SALARY RANGES FOR POSITIONS WILL BE ESTABLISHED AND REVIEWED PERIODICALLY TO ENSURE SUCH RANGES REFLECT THE MARKET. MANAGEMENT RETAINS DISCRETION TO PROVIDE A LUMP SUM PAYMENT IN LIEU OF A SALARY INCREASE IN THE EVENT AN INDIVIDUAL'S SALARY IS NEAR OR ABOVE THE MARKET RANGE FOR THE POSITION.

PRESIDENT AND CEO EXPENSE REVIEW PROCESS:

A STAFF PERSON OF FINANCE (INDIVIDUAL RESPONSIBLE FOR ACCOUNTS PAYABLE) OR DESIGNEE IS RESPONSIBLE FOR GATHERING AND COMPILING THE DETAILS OF THE PRESIDENT AND CEO'S EXPENSES INCLUDING CREDIT CARD EXPENSES. THESE ARE THEN PROVIDED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS BY THE CHIEF FINANCIAL OFFICER FOR REVIEW AND APPROVAL ON A QUARTERLY BASIS.

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

THE ORGANIZATION USES GUIDESTAR.ORG AND THEIR OWN WEBSITE TO MAKE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN INVESTMENTS HELD IN TRUST BY OTHERS	420,478.
PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST	1,000,187.
TOTAL TO FORM 990, PART XI, LINE 9	1,420,665.

Name of the organization **UNITED WAY INC****UNITED WAY OF CENT & NE CONNECTICUT**

Employer identification number

**06-0646653****990 PART XII LINE 2C**

**THE ORGANIZATION HAS A COMMITTEE RESPONSIBLE FOR THE OVERSIGHT OF THE  
AUDIT AS WELL AS THE SELECTION OF THE INDEPENDENT ACCOUNTANT.**