

PUBLIC INSPECTION COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

| | | | |
|--|--|--|---|
| 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 | C Name of organization UNITED WAY INC UNITED WAY OF CENT & NE CONNECTICUT Doing business as UNITED WAY OF CENTRAL | | D Employer identification number 06-0646653 |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 30 LAUREL STREET | | E Telephone number (860) 493-6800 |
| | City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06106 | | G Gross receipts \$ 21,509,284. |
| | F Name and address of principal officer: PAULA GILBERTO SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| | I 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 | | H(c) Group exemption number ▶ |

J Website: ▶ **WWW.UNITEDWAYINC.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1924** **M** State of legal domicile: **CT**

Part I Summary

| | | | |
|---|--|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO ENGAGE PEOPLE TO IMPROVE LIVES AND CHANGE COMMUNITY CONDITIONS. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 27 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 27 |
| | 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 61 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 5845 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 38 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 17,637,535. | 18,765,607. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,344,066. | 0. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,292,224. | 1,128,534. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 167,415. | 180,504. |
| | | 20,441,240. | 20,074,645. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 14,547,266. | 14,328,786. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 3,891,381. | 3,433,166. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,216,917. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,915,091. | 1,851,683. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 20,353,738. | 19,613,635. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 87,502. | 461,010. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 34,375,312. | 34,079,395. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 13,207,061. | 13,182,300. |
| | 21,168,251. | 20,897,095. | |

Part II Signature Block

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

| | | | | | |
|-------------------------------|--|--------------------------------|-----------------|---|------------------|
| Sign Here | Signature of officer | | Date | | |
| | ▶ PAULA GILBERTO, PRESIDENT & CEO Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | LORI ROTHE YOKOBOSKY, CPA | LORI ROTHE YOKOBOSKY | 02/03/20 | <input type="checkbox"/> | P01273422 |
| | Firm's name ▶ COHNREZNICK LLP | Firm's EIN ▶ 22-1478099 | | | |
| | Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103 | | | Phone no. 959-200-7000 | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
UNITED WAY OF 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 No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,188,974. including grants of \$ 7,188,974.) (Revenue \$)
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 \$ 3,256,000. including grants of \$ 3,256,000.) (Revenue \$)
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 \$ 1,717,000. including grants of \$ 1,717,000.) (Revenue \$)
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 \$ 3,685,883. including grants of \$ 2,166,812.) (Revenue \$)

4e Total program service expenses **15,847,857.**

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 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> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| 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> | X | |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| 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> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| 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> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | Yes | No |
|------------|--|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| | 2a | | 61 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | 7d |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | X |

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

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

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | X |
| 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 |
| 11a | 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 | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X |
| c | 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 |
| 13 | Did the organization have a written whistleblower policy? | 13 | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X |
| b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 15b | X |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | X |
| 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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 **▶**
STEFANIE BOLES - (860)493-6800
30 LAUREL STREET, HARTFORD, CT 06106

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) ALFRED ENAGBARE OUTGOING BOARD MEMBER | 0.30 | X | | | | | | 0. | 0. | 0. |
| (2) ANDEN R. UTZINGER BOARD MEMBER | 0.30 | X | | | | | | 0. | 0. | 0. |
| (3) BIMAL PATEL BOARD MEMBER | 0.20 | X | | | | | | 0. | 0. | 0. |
| (4) COLLEEN A. MCGUIRE BOARD MEMBER | 0.20 | X | | | | | | 0. | 0. | 0. |
| (5) COURTNEY JINJIKA BOARD MEMBER | 0.20 | X | | | | | | 0. | 0. | 0. |
| (6) CYNTHIA A. RYAN BOARD MEMBER | 0.20 | X | | | | | | 0. | 0. | 0. |
| (7) DIANE NADEAU OUTGOING BOARD MEMBER | 0.20 | X | | | | | | 0. | 0. | 0. |
| (8) DONALD ALLAN, JR. BOARD CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (9) DONNA L. SODIPO BOARD MEMBER | 0.20 | X | | | | | | 0. | 0. | 0. |
| (10) ERIC D. DANIELS BOARD MEMBER | 0.20 | X | | | | | | 0. | 0. | 0. |
| (11) GREGORY C. TOCZYDLOWSKI OUTGOING BOARD MEMBER | 0.30 | X | | | | | | 0. | 0. | 0. |
| (12) JAIME YOUNG BOARD MEMBER | 0.20 | X | | | | | | 0. | 0. | 0. |
| (13) JAMES P. O'MEARA BOARD MEMBER/OUTGOING CHAIRMAN | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (14) JENNY CHERE OUTGOING BOARD MEMBER | 0.50 | X | | | | | | 0. | 0. | 0. |
| (15) LUIS A. VALDEZ-JIMENEZ BOARD MEMBER | 0.20 | X | | | | | | 0. | 0. | 0. |
| (16) LYN G. WALKER OUTGOING BOARD MEMBER | 0.50 | X | | | | | | 0. | 0. | 0. |
| (17) MARIO D. CONJURA BOARD MEMBER | 0.20 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below 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) MAUREEN WATERSON BOARD MEMBER | 0.20 | X | | | | | | 0. | 0. | 0. |
| (19) MICHAEL J. AUSERE BOARD TREASURER | 0.50 | X | | X | | | | 0. | 0. | 0. |
| (20) NATALIE B. MORRIS BOARD MEMBER | 0.40 | X | | | | | | 0. | 0. | 0. |
| (21) PAUL A. DUFF BOARD MEMBER | 0.20 | X | | | | | | 0. | 0. | 0. |
| (22) PETER COLLINS BOARD MEMBER | 0.20 | X | | | | | | 0. | 0. | 0. |
| (23) RICHARD J. TAVOLIERI BOARD MEMBER | 0.30 | X | | | | | | 0. | 0. | 0. |
| (24) ROBERT A. KOSIOR BOARD MEMBER | 0.20 | X | | | | | | 0. | 0. | 0. |
| (25) SHAWN J. MAYNARD BOARD MEMBER | 0.40 | X | | | | | | 0. | 0. | 0. |
| (26) SHELLYE DAVIS BOARD MEMBER | 0.30 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 527,925. | 0. | 68,811. |
| d Total (add lines 1b and 1c) | | | | | | | | 527,925. | 0. | 68,811. |

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

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | 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 |
|---|--------------------------------|---------------------|
| CONNECTICUT CENTER FOR ADVANCED TECHNOLOGY, 222 PITKIN STREET SUITE 101, DEMARCO MANAGEMENT CORPORATION | CONSULTANTS | 292,769. |
| 117 MURPHY ROAD, HARTFORD, CT 06114 | BUILDING MAINTENANCE | 128,530. |
| | | |
| | | |

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 **2**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|---|---|--|---|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a 206,419. | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c 174,665. | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 18,384,523. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 91,741. | | | | |
| | h Total. Add lines 1a-1f | ▶ 18,765,607. | | | | |
| | Program Service Revenue | 2 a _____ | Business Code | | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d _____ | | | | | | |
| e _____ | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | ▶ | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | ▶ 1,012,564. | | | 1,012,564. | |
| | 4 Income from investment of tax-exempt bond proceeds | ▶ | | | | |
| | 5 Royalties | ▶ | | | | |
| | 6 a Gross rents | (i) Real | 83,192. | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | 0. | | | |
| | c Rental income or (loss) | 83,192. | | | | |
| | d Net rental income or (loss) | ▶ 83,192. | | | 83,192. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | 1,412,890. | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | 1,296,920. | | | |
| | | c Gain or (loss) | 115,970. | | | |
| | d Net gain or (loss) | ▶ 115,970. | | | 115,970. | |
| | 8 a Gross income from fundraising events (not including \$ 174,665. of contributions reported on line 1c). See Part IV, line 18 | a | 235,031. | | | |
| | | b Less: direct expenses | 137,719. | | | |
| c Net income or (loss) from fundraising events | | ▶ 97,312. | | | 97,312. | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | | | | | |
| | c Net income or (loss) from gaming activities | ▶ | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | | | | | |
| | c Net income or (loss) from sales of inventory | ▶ | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 | a _____ | | | | | |
| | b _____ | | | | | |
| | c _____ | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | ▶ | | | | |
| 12 Total revenue. See instructions | ▶ | 20,074,645. | 0. | 0. | 1,309,038. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 14,328,786. | 14,328,786. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 357,366. | 100,087. | 88,736. | 168,543. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 2,563,086. | 718,828. | 631,567. | 1,212,691. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 31,594. | 8,705. | 8,554. | 14,335. |
| 9 Other employee benefits | 209,228. | 57,645. | 56,651. | 94,932. |
| 10 Payroll taxes | 271,892. | 74,909. | 73,619. | 123,364. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 12,460. | 6,241. | 3,794. | 2,425. |
| b Legal | 5,768. | 1,530. | 1,649. | 2,589. |
| c Accounting | 59,610. | 3,396. | 50,467. | 5,747. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 25,000. | | 25,000. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 300,578. | 64,232. | 156,237. | 80,109. |
| 12 Advertising and promotion | 128,940. | 27,520. | | 101,420. |
| 13 Office expenses | 151,584. | 34,990. | 20,452. | 96,142. |
| 14 Information technology | 136,942. | 29,933. | 47,741. | 59,268. |
| 15 Royalties | | | | |
| 16 Occupancy | 344,659. | 173,238. | 104,584. | 66,837. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 33,653. | 6,288. | 16,835. | 10,530. |
| 20 Interest | | | | |
| 21 Payments to affiliates | 196,604. | 52,160. | 56,173. | 88,271. |
| 22 Depreciation, depletion, and amortization | 171,923. | 76,021. | 66,368. | 29,534. |
| 23 Insurance | 98,324. | 22,725. | 66,770. | 8,829. |
| 24 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.) | | | | |
| a DUES & SUBSCRIPTIONS | 71,722. | 40,903. | 21,068. | 9,751. |
| b AWARDS, SPONSORSHIPS & | 68,215. | 7,728. | 39,180. | 21,307. |
| c RENTAL AND MAINTENANCE | 45,701. | 11,992. | 13,416. | 20,293. |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 19,613,635. | 15,847,857. | 1,548,861. | 2,216,917. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

UNITED WAY INC
UNITED WAY OF CENT & NE CONNECTICUT

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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) | | (B) | |
|--|--|-------------------|-------------|-------------|--|
| | | Beginning of year | | End of year | |
| Assets | 1 Cash - non-interest-bearing | 366. | 1 | 363. | |
| | 2 Savings and temporary cash investments | 3,261,548. | 2 | 3,380,931. | |
| | 3 Pledges and grants receivable, net | 5,658,833. | 3 | 5,385,155. | |
| | 4 Accounts receivable, net | 535,938. | 4 | 243,209. | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | | |
| | 6 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 | | 6 | | |
| | 7 Notes and loans receivable, net | | 7 | | |
| | 8 Inventories for sale or use | | 8 | | |
| | 9 Prepaid expenses and deferred charges | 167,009. | 9 | 268,023. | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 4,363,828. | | | |
| | b Less: accumulated depreciation | 3,401,407. | | | |
| | 11 Investments - publicly traded securities | 1,107,179. | 10c | 962,421. | |
| | 12 Investments - other securities. See Part IV, line 11 | 16,668,926. | 11 | 16,887,062. | |
| | 13 Investments - program-related. See Part IV, line 11 | 6,970,613. | 12 | 6,947,331. | |
| | 14 Intangible assets | | 13 | | |
| | 15 Other assets. See Part IV, line 11 | 4,900. | 14 | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 34,375,312. | 15 | 4,900. | | |
| | | 16 | 34,079,395. | | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,105,535. | 17 | 1,599,957. | |
| | 18 Grants payable | 2,135,003. | 18 | 2,413,085. | |
| | 19 Deferred revenue | | 19 | | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 9,966,523. | 25 | 9,169,258. | |
| | 26 Total liabilities. Add lines 17 through 25 | 13,207,061. | 26 | 13,182,300. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | 12,746,150. | 27 | 12,467,982. | |
| | 28 Temporarily restricted net assets | 209,667. | 28 | 239,962. | |
| | 29 Permanently restricted net assets | 8,212,434. | 29 | 8,189,151. | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| 33 Total net assets or fund balances | 21,168,251. | 33 | 20,897,095. | | |
| 34 Total liabilities and net assets/fund balances | 34,375,312. | 34 | 34,079,395. | | |

Form **990** (2018)

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 20,074,645. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 19,613,635. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 461,010. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 21,168,251. |
| 5 | Net unrealized gains (losses) on investments | 5 | 132,547. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -864,713. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 20,897,095. |

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

| | Yes | No |
|----|-----|----|
| | | |
| 2a | | X |
| | | |
| 2b | X | |
| | | |
| 2c | X | |
| | | |
| 3a | | X |
| | | |
| 3b | | |

Form 990 (2018)

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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 23739532. | 22010597. | 20360474. | 17637535. | 18765607. | 102513745 |
| 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 Total. Add lines 1 through 3 | 23739532. | 22010597. | 20360474. | 17637535. | 18765607. | 102513745 |
| 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) | | | | | | 6479716. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 96034029. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 23739532. | 22010597. | 20360474. | 17637535. | 18765607. | 102513745 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1028952. | 968,847. | 803,372. | 950,057. | 1095756. | 4846984. |
| 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.) | 166,875. | 205,739. | 230,321. | 209,687. | 235,031. | 1047653. |
| 11 Total support. Add lines 7 through 10 | | | | | | 108408382 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 3,171,210. |
| 13 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|---------------------------------------|---------|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 88.59 % |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | 89.51 % |
| 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | ▶ <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | ▶ <input type="checkbox"/> | |
| 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | ▶ <input type="checkbox"/> | |
| b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | ▶ <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | ▶ <input type="checkbox"/> | |

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

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2018. 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 - 2017. 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 |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 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> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| 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> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 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> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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> | | |
| c 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> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body... Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... 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? Row 3: Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 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 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | 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 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

UNITED WAY INC

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | | | |
| d From 2016 | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014 | | | |
| b Excess from 2015 | | | |
| c Excess from 2016 | | | |
| d Excess from 2017 | | | |
| e Excess from 2018 | | | |

UNITED WAY INC

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

2014 AMOUNT: \$ 166,875.

2015 AMOUNT: \$ 205,739.

2016 AMOUNT: \$ 230,321.

2017 AMOUNT: \$ 209,687.

2018 AMOUNT: \$ 235,031.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

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 7/25/06, 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?

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)?

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) 2018

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
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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 | 16,668,925. | 16,802,596. | 16,108,865. | 16,601,728. | 16,915,567. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 818,137. | 466,329. | 1,143,731. | -42,863. | 186,161. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 600,000. | 600,000. | 450,000. | 450,000. | 500,000. |
| f Administrative expenses | | | | | |
| g End of year balance | 16,887,062. | 16,668,925. | 16,802,596. | 16,108,865. | 16,601,728. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 92.00 %
- b Permanent endowment 8.00 %
- c Temporarily restricted endowment _____ %

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:

- (i) unrelated organizations
- (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 3,323. | | 3,323. |
| b Buildings | | 3,403,646. | 2,498,343. | 905,303. |
| c Leasehold improvements | | | | |
| d Equipment | | 956,859. | 903,064. | 53,795. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 962,421. |

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 | 6,947,331. | COST |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 6,947,331. | |

Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) AGENCY PROGRAM SUPPORT PAYABLE | 6,968,510. |
| (3) DONOR DESIGNATIONS PAYABLE | 2,200,748. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 9,169,258. |

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.

| | | | | |
|---|---|----|------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 12,415,635. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | 132,547. | |
| b | Donated services and use of facilities | 2b | 149,411. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | -864,713. | |
| e | Add lines 2a through 2d | 2e | | -582,755. |
| 3 | Subtract line 2e from line 1 | | 3 | 12,998,390. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 25,000. | |
| b | Other (Describe in Part XIII.) | 4b | 7,051,255. | |
| c | Add lines 4a and 4b | 4c | | 7,076,255. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 20,074,645. |

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.

| | | | | |
|---|--|----|------------|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 12,686,791. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 149,411. | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 137,719. | |
| e | Add lines 2a through 2d | 2e | | 287,130. |
| 3 | Subtract line 2e from line 1 | | 3 | 12,399,661. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 25,000. | |
| b | Other (Describe in Part XIII.) | 4b | 7,188,974. | |
| c | Add lines 4a and 4b | 4c | | 7,213,974. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 19,613,635. |

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, 2019 AND 2018. UWCNCT'S FEDERAL AND STATE INFORMATION RETURNS PRIOR TO FISCAL YEAR 2016 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:

Table with 2 columns: Description and Amount. Rows include: PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST (-841,430), CHANGE IN INVESTMENTS HELD IN TRUST BY OTHERS (-23,283), TOTAL TO SCHEDULE D, PART XI, LINE 2D (-864,713).

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Rows include: AMOUNTS DESIGNATED BY DONORS (7,188,974), FUNDRAISING EXPENSES (-137,719), TOTAL TO SCHEDULE D, PART XI, LINE 4B (7,051,255).

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Row includes: FUNDRAISING EXPENSES (137,719).

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Row includes: AMOUNTS DESIGNATED BY DONORS (7,188,974).

UNITED WAY INC

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 (add col. (a) through col. (c)) |
|-----------------|--|---|--------------|------------------------|--|
| | | LUNCHEON (event type) | (event type) | NONE (total number) | |
| Revenue | 1 | Gross receipts | 409,696. | | 409,696. |
| | 2 | Less: Contributions | 174,665. | | 174,665. |
| | 3 | Gross income (line 1 minus line 2) | 235,031. | | 235,031. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | 10,500. | | 10,500. |
| | 7 | Food and beverages | 68,197. | | 68,197. |
| | 8 | Entertainment | 14,354. | | 14,354. |
| | 9 | Other direct expenses | 44,668. | | 44,668. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 97,312. |

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 | | | |
| | 2 | Cash prizes | | | |
| Direct Expenses | 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: _____

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**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.**

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

OMB No. 1545-0047

2018

**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.

| 1 (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 noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| ACADEMY OF OUR LADY OF MERCY 200 HIGH STREET MILFORD, CT 06460-3249 | 06-0653077 | 501C3 | 5,733. | 0. | | | DONOR DESIGNATED GIFTS |
| ACCESS COMMUNITY ACTION AGENCY 1315 MAIN STREET, SUITE 2 WILLIMANTIC, CT 06226 | 06-0801861 | 501C3 | 20,163. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| ALS ASSOCIATION, CT CHAPTER 4 OXFORD ROAD, SUITE E4 MILFORD, CT 06460-3850 | 04-3417472 | 501C3 | 8,067. | 0. | | | DONOR DESIGNATED GIFTS |
| ALZHEIMER'S ASSN - CT CHAPTER 200 EXECUTIVE BOULEVARD, SUITE 4B SOUTHINGTON, CT 06489-1058 | 42-1540769 | 501C3 | 13,778. | 0. | | | DONOR DESIGNATED GIFTS |
| ALZHEIMER'S DISEASE AND RELATED DISORDER ASSOCIATION - 117-A LONGWOOD DRIVE SE SUITE A - HUNTSVILLE, AL 35801 | 62-1860364 | 501C3 | 6,394. | 0. | | | DONOR DESIGNATED GIFTS |
| AMERICA CHARITIES LISTINGS 14150 NEWBROOK DRIVE, SUITE 340 CHANTILLY, VA 20151 | 54-1517707 | 501C3 | 58,301. | 0. | | | DONOR DESIGNATED GIFTS |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 166.

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

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

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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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| AMERICAN CANCER SOCIETY FOUNDATION 825 BROOK STREET, BLD 3 ROCKY HILL, CT 06067 | 13-1788491 | 501C3 | 31,647. | 0. | | | DONOR DESIGNATED GIFTS |
| AMERICAN HEART ASSOCIATION 5 BROOKSIDE DRIVE WALLINGFORD, CT 06492-1822 | 13-5613797 | 501C3 | 10,236. | 0. | | | DONOR DESIGNATED GIFTS |
| AMERICAN LUNG ASSN OF THE NORTHEAST - 45 ASH STREET - EAST HARTFORD, CT 06108 | 06-0646594 | 501C3 | 13,315. | 0. | | | DONOR DESIGNATED GIFTS |
| AMERICAN RED CROSS 1501 SOUTH BRAND BOULEVARD GLENDALE, CA 91204 | 53-0196605 | 501C3 | 6,077. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| AMERICA'S BEST CHARITIES 1100 LARKSPUR LANDING CIRCLE SUITE LARKSPUR, CA 94939 | 94-3067804 | 501C3 | 209,883. | 0. | | | DONOR DESIGNATED GIFTS |
| ARCHBISHOP'S ANNUAL APPEAL 134 FARMINGTON AVENUE HARTFORD, CT 06105 | 06-0646669 | 501C3 | 233,858. | 0. | | | DONOR DESIGNATED GIFTS |
| AVON OLD FARMS SCHOOL 500 OLD FARMS ROAD AVON, CT 06001 | 06-0655480 | 501C3 | 6,722. | 0. | | | DONOR DESIGNATED GIFTS |
| BETH EL TEMPLE OF WEST HARTFORD 2626 ALBANY AVENUE WEST HARTFORD, CT 06117 | 57-1152503 | 501C3 | 6,700. | 0. | | | DONOR DESIGNATED GIFTS |
| BILLINGS FORGE COMMUNITY WORKS 227 LAWRENCE STREET, 2ND FLOOR HARTFORD, CT 06106 | 26-1412551 | 501C3 | 42,184. | 0. | | | DONOR DESIGNATED GIFTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| BOYS & GIRLS CLUBS OF HARTFORD 170 SIGOURNEY STREET HARTFORD, CT 06105 | 06-6026005 | 501C3 | 187,711. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| BURLINGTON LIBRARY ASSOCIATION 34 LIBRARY LANE BURLINGTON, CT 06013 | 06-6100035 | 501C3 | 5,917. | 0. | | | DONOR DESIGNATED GIFTS |
| CANCER COUCH FOUNDATION INC. 53 ENNIS LANE FAIRFIELD, CT 06824-6489 | 81-1529788 | 501C3 | 9,896. | 0. | | | DONOR DESIGNATED GIFTS |
| CAPITAL WORKFORCE PARTNERS ONE UNION PLACE, 3RD FLOOR HARTFORD, CT 06103-1400 | 06-1013293 | 501C3 | 152,626. | 0. | | | DONOR DESIGNATED GIFTS |
| CATHOLIC CHARITIES, DIOCESE OF NORWICH - 331 MAIN STREET - NORWICH, CT 06360 | 06-0646609 | 501C3 | 33,069. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| CATHOLIC CHARITIES, INC. ARCHDIOCESE OF HARTFORD HARTFORD, CT 06105-2801 | 06-0667607 | 501C3 | 404,817. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| CBIA EDUCATION FOUNDATION INC. 350 CHURCH STREET HARTFORD, CT 06103-1136 | 22-2474078 | 501C3 | 55,439. | 0. | | | DONOR DESIGNATED GIFTS |
| CCARC, INC. 950 SLATER ROAD NEW BRITAIN, CT 06053 | 06-6011543 | 501C3 | 25,806. | 0. | | | DONOR DESIGNATED GIFTS |
| CHARLOTTE COUNTRY DAY SCHOOL 1440 CAMEL ROAD CHARLOTTE, NC 28226 | 56-0623935 | 501C3 | 5,315. | 0. | | | DONOR DESIGNATED GIFTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| CITY OF NEW BRITAIN BOARD OF EDUCATION - 272 MAIN STREET - NEW BRITAIN, CT 06051 | 22-2486319 | 501C3 | 120,000. | 0. | | | DONOR DESIGNATED GIFTS |
| COLONIAL POINT CHRISTIAN CHURCH 855 CHAPEL ROAD SOUTH WINDSOR, CT 06074-4252 | 06-1553246 | 501C3 | 14,029. | 0. | | | DONOR DESIGNATED GIFTS |
| COMMUNITY BICYCLE CENTER PO BOX 783 BIDDEFORD, ME 04005 | 20-3684834 | 501C3 | 7,216. | 0. | | | DONOR DESIGNATED GIFTS |
| COMMUNITY HEALTH CHARITIES OF NEW ENGLAND - 1199 NORTH FAIRFAX STREET SUITE 600 - ALEXANDRIA, VA 22314 | 06-6079596 | 501C3 | 63,638. | 0. | | | DONOR DESIGNATED GIFTS |
| COMMUNITY HEATH RESOURCES 995 DAY HILL ROAD WINDSOR, CT 06095 | 06-6082527 | 501C3 | 10,000. | 0. | | | DONOR DESIGNATED GIFTS |
| COMPASS YOUTH COLLABORATIVE 55 AIRPORT ROAD, SUITE 201 HARTFORD, CT 06114 | 31-1768549 | 501C3 | 229,492. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| CONNECTICUT ASSOCIATION FOR HUMAN SERVICES - 237 HAMILTON STREET, SUITE 208 - HARTFORD, CT 06106 | 06-0653158 | 501C3 | 10,927. | 0. | | | DONOR DESIGNATED GIFTS |
| CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION - 282 WASHINGTON STREET - HARTFORD, CT 06106-3322 | 06-0646755 | 501C3 | 24,910. | 0. | | | DONOR DESIGNATED GIFTS |
| CONNECTICUT COALITION TO END HOMELESSNESS - 257 LAWRENCE STREET - HARTFORD, CT 06106-1430 | 06-1126880 | 501C3 | 58,268. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CONNECTICUT FOOD BANK, INC. 2 RESEARCH PARKWAY WALLINGFORD, CT 06492 | 06-1063025 | 501C3 | 36,891. | 0. | | | DONOR DESIGNATED GIFTS |
| CONNECTICUT FORUM INC. 750 MAIN STREET HARTFORD, CT 06103 | 06-1343149 | 501C3 | 11,810. | 0. | | | DONOR DESIGNATED GIFTS |
| CONNECTICUT HUMANE SOCIETY 169 OLD COLCHESTER ROAD QUAKER HILL, CT 06375-0041 | 06-0667605 | 501C3 | 15,534. | 0. | | | DONOR DESIGNATED GIFTS |
| CONNECTICUT HUMANE SOCIETY 701 RUSSELL ROAD NEWINGTON, CT 06111-1593 | 06-0667605 | 501C3 | 11,392. | 0. | | | DONOR DESIGNATED GIFTS |
| CONNECTICUT PUBLIC BROADCASTING, INC. - 1049 ASYLUM AVENUE - HARTFORD, CT 06105-2432 | 06-0758938 | 501C3 | 11,909. | 0. | | | DONOR DESIGNATED GIFTS |
| CONNECTICUT RIVERS COUNCIL BOY SCOUTS OF AMERICA - 60 DARLIN STREET - EAST HARTFORD, CT 06108-3256 | 06-0662110 | 501C3 | 19,684. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| CONNECTICUT SCIENCE CENTER 250 COLUMBUS BLVD HARTFORD, CT 06103 | 06-1538101 | 501C3 | 5,371. | 0. | | | DONOR DESIGNATED GIFTS |
| CONNECTIKIDS WEST MIDDLE SCHOOL HARTFORD, CT 06105-2805 | 06-1035985 | 501C3 | 58,343. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| CT LEGAL SERVICES-HARTFORD 62 WASHINGTON STREET MIDDLETOWN, CT 06457 | 06-0955461 | 501C3 | 17,491. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BP418 BOSTON, MA 02215 | 04-2263040 | 501C3 | 6,111. | 0. | | | DONOR DESIGNATED GIFTS |
| DEEP RIVER CONGREGATIONAL CHURCH PO BOX 246 DEEP RIVER, CT 06417-0246 | 06-6038248 | 501C3 | 6,847. | 0. | | | DONOR DESIGNATED GIFTS |
| EARTH SHARE 7735 OLD GEORGETOWN ROAD SUITE 900 BETHESDA, MA 20814 | 22-3151372 | 501C3 | 24,223. | 0. | | | DONOR DESIGNATED GIFTS |
| EAST HARTFORD PUBLIC SCHOOLS 1110 MAIN STREET EAST HARTFORD, CT 06108 | 06-6001989 | 501C3 | 199,237. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| EDUCATIONAL RESOURCES FOR CHILDREN INC - 174 SOUTH ROAD # 200 - ENFIELD, CT 06082-4414 | 03-0399205 | 501C3 | 81,387. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| ELIZABETH GLSER PEDIATRIC AIDS FOUNDATION - PO BOX 418649 - BOSTON, MA 02241-8649 | 95-4191698 | 501C3 | 5,121. | 0. | | | DONOR DESIGNATED GIFTS |
| ENGINEERS WITHOUT BORDERS USA 1031 33RD STREET, SUITE 210 DENVER, CO 80205 | 84-1589324 | 501C3 | 5,949. | 0. | | | DONOR DESIGNATED GIFTS |
| FARMINGTON VALLEY ACADEMY MONTESSORI - 8 OLD MILL LANE - SIMSBURY, CT 06070-1932 | 06-0646899 | 501C3 | 7,720. | 0. | | | DONOR DESIGNATED GIFTS |
| FIRST CONGREGATIONAL CHURCH IN BLOOMFIELD - 10 WINTONBURY AVENUE - BLOOMFIELD, CT 06002 | 06-0727636 | 501C3 | 40,000. | 0. | | | DONOR DESIGNATED GIFTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| FOODSHARE, INC. 450 WOODLAND AVENUE BLOOMFIELD, CT 06002-1342 | 22-2474771 | 501C3 | 239,799. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| GIRL SCOUTS OF CONNECTICUT 340 WASHINGTON STREET HARTFORD, CT 06106-3317 | 06-0646759 | 501C3 | 11,926. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| GLOBAL IMPACT PO BOX 10 RED HOOK, NY 12571 | 52-1273585 | 501C3 | 58,701. | 0. | | | DONOR DESIGNATED GIFTS |
| GREATER HARTFORD ARTS COUNCIL 100 PEARL STREET HARTFORD, CT 06103 | 23-7111486 | 501C3 | 57,510. | 0. | | | DONOR DESIGNATED GIFTS |
| GREATER HARTFORD LEGAL AID INC. 999 ASYLUM AVENUE, 3RD FLOOR HARTFORD, CT 06105-2465 | 06-0730611 | 501C3 | 114,517. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| GUIDE DOGS OF AMERICA CT, RI, & WESTERN MA CHAPTERS - 300 SAYBROOK ROAD - HIGGANUM, CT 06441 | 95-1586088 | 501C3 | 76,724. | 0. | | | DONOR DESIGNATED GIFTS |
| HARC, INC. 900 ASYLUM AVENUE HARTFORD, CT 06105-1985 | 06-0710289 | 501C3 | 153,050. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| HARTFORD AREA HABITAT FOR HUMANITY 780 WINDSOR STREET HARTFORD, CT 06144-1933 | 06-1253049 | 501C3 | 7,957. | 0. | | | DONOR DESIGNATED GIFTS |
| HARTFORD FOUNDATION FOR PUBLIC GIVING - 10 COLUMBUS BOULEVARD, 8TH FLOOR - HARTFORD, CT 06106 | 06-0699252 | 501C3 | 138,978. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| HARTFORD HEALTHCARE AT HOME, INC. 1290 SILAS DEANE HIGHWAY, STE 4B WETHERSFIELD, CT 06109-4337 | 06-0646938 | 501C3 | 219,918. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 06105 | 06-0646668 | 501C3 | 7,454. | 0. | | | DONOR DESIGNATED GIFTS |
| HARTFORD YOUTH SCHOLARS FOUNDATION INC - 129 ALLEN PLACE - HARTFORD, CT 06106-3103 | 20-3495171 | 501C3 | 14,233. | 0. | | | DONOR DESIGNATED GIFTS |
| HARTFORD'S CAMP COURANT 285 BROAD STREET HARTFORD, CT 06115-3785 | 06-1018155 | 501C3 | 25,384. | 0. | | | DONOR DESIGNATED GIFTS |
| HISPANIC HEALTH COUNCIL 175 MAIN STREET HARTFORD, CT 06106-1818 | 06-1018979 | 501C3 | 163,293. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| HODDING CARTER MEMORIAL YMCA 1688 FAIRGROUNDS ROAD GREENVILLE, MS 38703-7805 | 64-0306257 | 501C3 | 12,258. | 0. | | | DONOR DESIGNATED GIFTS |
| HOLCOMB FARM, INC. 113 SIMSBURY ROAD WEST GRANBY, CT 06090 | 06-1384197 | 501C3 | 5,705. | 0. | | | DONOR DESIGNATED GIFTS |
| HOPE PARTNERSHIP INC 191 MAIN STREET, SUITE 5 OLD SAYBROOK, CT 06475-2392 | 20-1683627 | 501C3 | 8,425. | 0. | | | DONOR DESIGNATED GIFTS |
| HUMAN RESOURCES AGENCY OF NEW BRITAIN - 180 CLINTON STREET - NEW BRITAIN, CT 06053-3512 | 06-0954802 | 501C3 | 354,316. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| INDEPENDENT DAY SCHOOL INC. PO BOX 451 MIDDLEFIELD, CT 06455-0451 | 06-6012653 | 501C3 | 7,451. | 0. | | | DONOR DESIGNATED GIFTS |
| INTERVAL HOUSE P.O. BOX 340207 HARTFORD, CT 06134-0207 | 06-0960005 | 501C3 | 125,562. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD - 333 BLOOMFIELD AVE, SUITE D - WEST HARTFORD, CT 06117 | 06-1372107 | 501C3 | 29,917. | 0. | | | DONOR DESIGNATED GIFTS |
| JEWISH FAMILY SERVICE OF GREATER HARTFORD - 333 BLOOMFIELD AVENUE, SUITE A - WEST HARTFORD, CT 06117-1500 | 06-0653062 | 501C3 | 15,252. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| JOURNEY HOME 255 MAIN ST., 2ND FLOOR HARTFORD, CT 06106 | 80-0143570 | 501C3 | 56,364. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND - 70 FARMINGTON AVENUE - HARTFORD, CT 06105-3704 | 06-0665972 | 501C3 | 16,367. | 0. | | | DONOR DESIGNATED GIFTS |
| JUVENILE DIABETES RESEARCH FOUNDATION - 20 BATTERSON PARK ROAD, 3RD FLOOR - FARMINGTON, CT 06032 | 23-1907729 | 501C3 | 28,889. | 0. | | | DONOR DESIGNATED GIFTS |
| LEADERSHIP GREATER HARTFORD 30 LAUREL STREET HARTFORD, CT 06106 | 06-1167174 | 501C3 | 14,250. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| LITERACY VOLUNTEERS OF GREATER HARTFORD - 30 ARBOR STREET, SOUTH BUILDING - HARTFORD, CT 06106 | 23-7237570 | 501C3 | 55,641. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| MADINA ACADEMY 519 PALISADO AVENUE WINDSOR, CT 06095-0564 | 06-1589428 | 501C3 | 6,255. | 0. | | | DONOR DESIGNATED GIFTS |
| MANCHESTER AREA CONFERENCE OF CHURCHES - 466 MAIN STREET - MANCHESTER, CT 06045-3804 | 23-7354956 | 501C3 | 24,452. | 0. | | | DONOR DESIGNATED GIFTS |
| MANCHESTER PUBLIC SCHOOLS 45 NORTH SCHOOL STREET MANCHESTER, CT 06045 | 06-6002029 | 501C3 | 57,778. | 0. | | | DONOR DESIGNATED GIFTS |
| MERIDEN NEW BRITAIN BERLIN YMCA 50 HIGH STREET NEW BRITAIN, CT 06051 | 06-0646977 | 501C3 | 61,220. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| MIDDLESEX UNITED WAY 100 RIVERVIEW CENTER, SUITE 230 MIDDLETOWN, CT 06457-2862 | 06-0665170 | 501C3 | 151,825. | 0. | | | DONOR DESIGNATED GIFTS |
| MY SISTERS PLACE INC 237 HAMILTON STREET, SUITE 203 HARTFORD, CT 06106-2977 | 06-1079879 | 501C3 | 30,545. | 0. | | | DONOR DESIGNATED GIFTS |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY, - WESTERN CONNECTICUT CHAPTER - HARTFORD, CT 06112-1259 | 06-0792055 | 501C3 | 16,319. | 0. | | | DONOR DESIGNATED GIFTS |
| NEIGHBOR TO NATION 1199 NORTH FAIRFAX STREET SUITE 600 ALEXANDRIA, VA 22314 | 54-1879282 | 501C3 | 10,958. | 0. | | | DONOR DESIGNATED GIFTS |
| NETWORK AGAINST DOMESTIC ABUSE OF NORTH CENTRAL CT, INC - 139 HAZARD AVENUE BUILDING 3 - ENFIELD, CT 06082 | 22-2670688 | 501C3 | 32,673. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |

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| NEW BRITAIN YOUTH MUSEUM 30 HIGH STREET NEW BRITAIN, CT 06051 | 06-0646767 | 501C3 | 9,000. | 0. | | | DONOR DESIGNATED GIFTS |
| NORTH MADISON CONGRETATION CHURCH 1271 DURHAM ROAD MADISON, CT 06443 | 06-6049109 | 501C3 | 7,051. | 0. | | | DONOR DESIGNATED GIFTS |
| NORTHWEST CATHOLIC HIGH SCHOOL FOUNDATION - 29 WAMPANOAG DRIVE - WEST HARTFORD, CT 06117-1299 | 06-6079624 | 501C3 | 12,567. | 0. | | | DONOR DESIGNATED GIFTS |
| NUTMEG BIG BROTHERS/BIG SISTERS 30 LAUREL STREET, 3RD FLOOR HARTFORD, CT 06106 | 06-0850379 | 501C3 | 61,915. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| OM FOUNDATION/ SRI SAI SPIRITUAL CENTER - 749 OLD SAY BROOK ROAD-UNIT A101 - MIDDLETOWN, CT 06457 | 26-3534277 | 501C3 | 30,318. | 0. | | | DONOR DESIGNATED GIFTS |
| OPPORTUNITIES INDUSTRIALIZATION CENTER OF NEW BRITAIN, INC (OIC) - 114 NORTH STREET - NEW BRITAIN, CT 06051-1918 | 06-0876897 | 501C3 | 27,314. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| OUR COMPANIONS DOMESTIC ANIMAL SANCTUARY, INC. - PO BOX 956 - MANCHESTER, CT 06045-0956 | 41-2047734 | 501C3 | 13,099. | 0. | | | DONOR DESIGNATED GIFTS |
| OUR PIECE OF THE PIE - OPP 20-28 SARGEANT STREET HARTFORD, CT 06105 | 06-0939659 | 501C3 | 314,173. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| PATHWAYS/SENDEROS 43 VIETS STREET NEW BRITAIN, CT 06053-3948 | 06-1401224 | 501C3 | 25,117. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |

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| PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVENUE - NEW HAVEN, CT 06511 | 06-0263565 | 501C3 | 5,359. | 0. | | | DONOR DESIGNATED GIFTS |
| PROTECTORS OF ANIMALS, INC. 144 MAIN STREET, UNIT O EAST HARTFORD, CT 06118-3239 | 06-0959891 | 501C3 | 6,641. | 0. | | | DONOR DESIGNATED GIFTS |
| PRUDENCE CRANDALL CENTER 594 BURRITT STREET NEW BRITAIN, CT 06053 | 06-0968557 | 501C3 | 40,655. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| REGION 15 CENTRAL OFFICE P.O. BOX 395 MIDDLEBURY, CT 06762 | 06-0854923 | 501C3 | 5,500. | 0. | | | DONOR DESIGNATED GIFTS |
| RIVERFRONT RECAPTURE INC 50 COLUMBUS BOULEVARD, FLOOR 1 HARTFORD, CT 06106 | 06-1045653 | 501C3 | 5,351. | 0. | | | DONOR DESIGNATED GIFTS |
| SAINT JAMES EPISCOPAL CHURCH 2584 MAIN STREET GLASTONBURY, CT 06033 | 06-0758629 | 501C3 | 8,964. | 0. | | | DONOR DESIGNATED GIFTS |
| SALVATION ARMY 855 ASYLUM AVENUE HARTFORD, CT 06142-0628 | 13-5562351 | 501C3 | 340,026. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| SENIORS JOB BANK 50 SOUTH MAIN STREET WEST HARTFORD, CT 06107-2408 | 36-4748147 | 501C3 | 5,485. | 0. | | | DONOR DESIGNATED GIFTS |
| SERVICES FOR THE ELDERLY OF FARMINGTON - 321 NEW BRITAIN AVENUE - UNIONVILLE, CT 06085-1041 | 06-0860153 | 501C3 | 36,458. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |

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| SEXUAL ASSAULT CRISIS CENTER OF EASTERN CT - PO BOX 24 - WILLIMANTIC, CT 06226-0024 | 06-1033609 | 501C3 | 16,339. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| SIMSBURY UNITED METHODIST CHURCH 799 HOPEMEADOW STREET SIMSBURY, CT 06070-1821 | 22-2487294 | 501C3 | 5,481. | 0. | | | DONOR DESIGNATED GIFTS |
| SNEHA, INC PO BOX 271650 WEST HARTFORD, CT 06127 | 31-1567083 | 501C3 | 5,366. | 0. | | | DONOR DESIGNATED GIFTS |
| SOUTH PARK INN EMERGENCY SHELTER 75 MAIN STREET HARTFORD, CT 06106 | 06-1083735 | 501C3 | 90,154. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| SOUTH WINDSOR COMMUNITY FOUNDATION, INC. - PO BOX 1341 - SOUTH WINDSOR, CT 06074-4252 | 20-0820971 | 501C3 | 6,219. | 0. | | | DONOR DESIGNATED GIFTS |
| SPECIAL OLYMPICS CONNECTICUT, INC. 2666 STATE STREET, SUITE 1 HAMDEN, CT 06517 | 23-7099756 | 501C3 | 16,270. | 0. | | | DONOR DESIGNATED GIFTS |
| ST. ANN'S CHURCH OF AVON 289 ARCH ROAD AVON, CT 06001-4209 | 06-0658084 | 501C3 | 12,710. | 0. | | | DONOR DESIGNATED GIFTS |
| ST. CHRISTOPHER SCHOOL 570 BREWER STREET EAST HARTFORD, CT 06118 | 22-2547126 | 501C3 | 5,898. | 0. | | | DONOR DESIGNATED GIFTS |
| ST. GEORGE GREEK ORTHODOX CATHEDRAL - 433 FAIRFIELD AVENUE - HARTFORD, CT 06114 | 06-0679118 | 501C3 | 5,642. | 0. | | | DONOR DESIGNATED GIFTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ST. IGNATIUS OF ANTIOCH PARISH 715 EAST ORANGE STREET TARPON SPRINGS, FL 34689 | 59-6031664 | 501C3 | 8,000. | 0. | | | DONOR DESIGNATED GIFTS |
| ST. JAMES EPISCOPAL CHURCH 3 MOUNTAIN ROAD FARMINGTON, CT 06032-2339 | 06-0773790 | 501C3 | 7,308. | 0. | | | DONOR DESIGNATED GIFTS |
| ST. JAMES SCHOOL 73 PARK STREET MANCHESTER, CT 06040 | 51-0151112 | 501C3 | 6,263. | 0. | | | DONOR DESIGNATED GIFTS |
| ST. JAMES'S EPISCOPAL CHURCH 19 WALDEN STREET WEST HARTFORD, CT 06107 | 06-0646602 | 501C3 | 7,908. | 0. | | | DONOR DESIGNATED GIFTS |
| ST. JOHN'S HIGH SCHOOL (MA) 378 MAIN STREET SHREWSBURY, MA 01545 | 04-2178393 | 501C3 | 10,000. | 0. | | | DONOR DESIGNATED GIFTS |
| ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105 | 62-0646012 | 501C3 | 24,521. | 0. | | | DONOR DESIGNATED GIFTS |
| ST. MARY'S CHURCH 51 FREESTONE AVENUE PORTLAND, CT 06480 | 06-0676857 | 501C3 | 5,163. | 0. | | | DONOR DESIGNATED GIFTS |
| ST. MARY'S PARISH - SIMSBURY, CT P.O. BOX 575 SIMSBURY, CT 06070 | 06-0658096 | 501C3 | 15,153. | 0. | | | DONOR DESIGNATED GIFTS |
| SUSAN G. KOMEN BREAST CANCER FOUNDATION - CT - 74 BATTERSON PARK ROAD, SUITE 2 - FARMINGTON, CT 06032-2565 | 91-2018838 | 501C3 | 6,123. | 0. | | | DONOR DESIGNATED GIFTS |

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| TEMPLE BETH SHOLOM ENDOWMENT FOUNDATION, INC. - 400 EAST MIDDLE TURNPIKE - MANCHESTER, CT 06040 | 05-0540805 | 501C3 | 8,796. | 0. | | | DONOR DESIGNATED GIFTS |
| THE ARC OF FARMINGTON VALLEY (FAVARH) - 225 COMMERCE DRIVE - CANTON, CT 06019-1099 | 06-6011136 | 501C3 | 45,984. | 0. | | | DONOR DESIGNATED GIFTS |
| THE CENTER FOR LEADERSHIP & JUSTICE - 47 VINE STREET - HARTFORD, CT 06112 | 06-0689693 | 501C3 | 26,757. | 0. | | | DONOR DESIGNATED GIFTS |
| THE CONNECTICUT AUDUBON SOCIETY, INC. - 314 UNQUOWA ROAD - FAIRFIELD, CT 06824 | 06-0653531 | 501C3 | 5,162. | 0. | | | DONOR DESIGNATED GIFTS |
| THE VILLAGE FOR FAMILIES & CHILDREN - 1680 ALBANY AVENUE - HARTFORD, CT 06105-1099 | 06-0668594 | 501C3 | 886,273. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| TOWN OF WINDHAM- BOARD OF EDUCATION - 322 PROSPECT STREET - WILLIMANTIC, CT 06226 | 06-1201204 | 501C3 | 130,900. | 0. | | | DONOR DESIGNATED GIFTS |
| TRINITY COVENANT CHURCH 302 HACKMATAK STREET MANCHESTER, CT 06040 | 06-0867977 | 501C3 | 5,399. | 0. | | | DONOR DESIGNATED GIFTS |
| TRUE COLORS, INC 30 ARBOR STREET, SUITE 201A HARTFORD, CT 06106-1215 | 06-1537001 | 501C3 | 8,608. | 0. | | | DONOR DESIGNATED GIFTS |
| TRUSTEES OF COLUMBIA UNIVERSITY 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025 | 13-5598093 | 501C3 | 10,000. | 0. | | | DONOR DESIGNATED GIFTS |

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| UNITED LABOR AGENCY(JOHN J. DRISCOLL ULA) - 56 TOWN LINE ROAD - ROCKY HILL, CT 06067-1241 | 06-0987695 | 501C3 | 117,817. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| UNITED SERVICE ORGANIZATIONS OF METRO NY - 625 EIGHTH AVENUE, NORTH WING 2ND FLOOR - NEW YORK, NY 10018 | 13-2500122 | 501C3 | 6,062. | 0. | | | DONOR DESIGNATED GIFTS |
| UNITED WAY GREATER CAPITAL REGION INC. - PO BOX 13865 - ALBANY, NY 12212 | 14-1364505 | 501C3 | 8,585. | 0. | | | DONOR DESIGNATED GIFTS |
| UNITED WAY MERIDEN & WALLINGFORD 35 PLEASANT STREET, SUITE 1E MERIDEN, CT 06450-5786 | 06-0646714 | 501C3 | 27,856. | 0. | | | DONOR DESIGNATED GIFTS |
| UNITED WAY MILFORD-STATE CAMPAIGN UMI - 20 EVERGREEN AVENUE - MILFORD, CT 06460-4807 | 06-0724409 | 501C3 | 6,342. | 0. | | | DONOR DESIGNATED GIFTS |
| UNITED WAY NAUGATUCK BEACON FALLS - STATE CAMPAIGN - PO BOX 209 - NAUGATUCK, CT 06770 | 06-0788028 | 501C3 | 5,177. | 0. | | | DONOR DESIGNATED GIFTS |
| UNITED WAY OF CONNECTICUT 1344 SILAS DEANE HIGHWAY ROCKY HILL, CT 06067-1342 | 06-1084194 | 501C3 | 221,596. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| UNITED WAY OF GREATER NEW HAVEN 370 JAMES STREET, SUITE 403 NEW HAVEN, CT 06513-3091 | 06-0646761 | 501C3 | 29,882. | 0. | | | DONOR DESIGNATED GIFTS |
| UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET, 2ND FLOOR WATERBURY, CT 06702-1512 | 06-0646634 | 501C3 | 68,328. | 0. | | | DONOR DESIGNATED GIFTS |

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| UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE, WA 98104 | 91-0565555 | 501C3 | 5,285. | 0. | | | DONOR DESIGNATED GIFTS |
| UNITED WAY OF MARTIN COUNTY, INC. PO BOX 362 STUART, FL 34995-0362 | 59-1051699 | 501C3 | 16,760. | 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 | 75,742. | 0. | | | DONOR DESIGNATED GIFTS |
| UNITED WAY OF PIONEER VALLEY 1441 MAIN STREET, SUITE 147 SPRINGFIELD, MA 01103-1447 | 04-2152680 | 501C3 | 57,185. | 0. | | | DONOR DESIGNATED GIFTS |
| UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909-2459 | 05-0276059 | 501C3 | 6,839. | 0. | | | DONOR DESIGNATED GIFTS |
| UNITED WAY OF SOUTHEASTERN CT 283 STODDARDS WHARF ROAD GALES FERRY, CT 06335-0375 | 06-0771393 | 501C3 | 30,422. | 0. | | | DONOR DESIGNATED GIFTS |
| UNITED WAY OF SOUTHTON 31 LIBERTY STREET SUITE 210 SOUTHTON, CT 06489-3114 | 06-0790621 | 501C3 | 13,672. | 0. | | | DONOR DESIGNATED GIFTS |
| UNITED WAY OF THE CHATTAHOOCHEE VALLEY, INC. - 1100 5TH AVENUE - COLUMBUS, GA 31901 | 58-0572434 | 501C3 | 109,429. | 0. | | | DONOR DESIGNATED GIFTS |
| UNITED WAY OF THE GREATER SEACOAST 112 CORPORATE DRIVE, UNIT 3 PORTSMOUTH, NH 03801-6890 | 02-0271825 | 501C3 | 19,249. | 0. | | | DONOR DESIGNATED GIFTS |

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| UNITED WAY OF THE LAKESHORE 31 EAST CLAY AVENUE MUSKEGON, MI 49442-0207 | 38-1426895 | 501C3 | 6,357. | 0. | | | DONOR DESIGNATED GIFTS |
| UNITED WAY OF WEST CENTRAL CT 440 N MAIN STREET STE D BRISTOL, CT 06010-1902 | 06-0653262 | 501C3 | 15,639. | 0. | | | DONOR DESIGNATED GIFTS |
| UNITED WAY OF WESTERN CT STAMFORD 301 MAIN STREET, SUITE 2-5 DANBURY, CT 06810 | 06-0646577 | 501C3 | 8,123. | 0. | | | DONOR DESIGNATED GIFTS |
| UNITED WAY OF YORK COUNTY (ME) PO BOX 727 KENNEBUNK, ME 04043-0727 | 01-0276862 | 501C3 | 142,306. | 0. | | | DONOR DESIGNATED GIFTS |
| UNIVERSITY OF CT FOUNDATION, INC. 2390 ALUMNI DRIVE, UNIT 3206 STORRS, CT 06269 | 06-6070722 | 501C3 | 112,487. | 0. | | | DONOR DESIGNATED GIFTS |
| URBAN LEAGUE OF GREATER HARTFORD 140 WOODLAND STREET HARTFORD, CT 06105-1210 | 06-6066991 | 501C3 | 108,110. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| VIRGIN MARY & ARCHANGEL MIKHAEL COPTIC ORTHODOX CHURCH - 87 BENHAM STREET - HAMDEN, CT 06514 | 06-1215945 | 501C3 | 5,900. | 0. | | | DONOR DESIGNATED GIFTS |
| WINDHAM AREA INTERFAITH MINISTRY (WAIM) - 866 MAIN STREET - WILLIMANTIC, CT 06226 | 06-1122323 | 501C3 | 19,662. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| WOMEN'S LEAGUE INC. 1695 MAIN STREET HARTFORD, CT 06120 | 06-0646969 | 501C3 | 19,662. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |

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| WOMEN'S LEAGUE, INC. CHILD DEVELOPMENT CENTER - 1695 MAIN STREET - HARTFORD, CT 06120 | 06-0646969 | 501C3 | 10,206. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256-6033 | 20-2370934 | 501C3 | 587,833. | 0. | | | DONOR DESIGNATED GIFTS |
| XAVIER HIGH SCHOOL 181 RANDOLPH ROAD MIDDLETOWN, CT 06457-5606 | 06-1442909 | 501C3 | 12,107. | 0. | | | DONOR DESIGNATED GIFTS |
| YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508 | 06-0646652 | 501C3 | 6,103. | 0. | | | DONOR DESIGNATED GIFTS |
| YMCA OF GREATER HARTFORD 50 STATE HOUSE SQUARE, SECOND FLOOR HARTFORD, CT 06103-3902 | 06-0881325 | 501C3 | 168,680. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| YWCA HARTFORD REGION 135 BROAD STREET HARTFORD, CT 06105 | 06-0646993 | 501C3 | 236,652. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
| YWCA OF NEW BRITAIN 19 FRANKLIN SQUARE NEW BRITAIN, CT 06051-2604 | 06-0598620 | 501C3 | 539,157. | 0. | | | ALLOCATION FUNDING & DESIGNATED GIFTS |
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Schedule I (Form 990)

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

Part IV Supplemental Information

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

OMB No. 1545-0047

2018

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 **1b**

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? **2**

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? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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 **7**

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 **8**

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

| | Yes | No |
|-----------|-----|----------|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2018

UNITED WAY INC
UNITED WAY OF CENT & NE CONNECTICUT

06-0646653

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) PAULA S. GILBERTO PRESIDENT & SECRETARY/CEO | (i) | 180,017. | 0. | 1,584. | 5,665. | 11,845. | 199,111. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) JENNIFER GIFFORD VP OF COMMUNITY RESOURCES | (i) | 123,709. | 0. | 240. | 1,950. | 28,456. | 154,355. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 | 11 | 91,741. | 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) 2018

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 THE NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for supplemental information input.

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.

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

OMB No. 1545-0047

2018

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:

OTHER PROGRAM SERVICES

EXPENSES \$ 2,454,883. INCLUDING GRANTS OF \$ 935,812. REVENUE \$ 0.

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 \$ 1,231,000. INCLUDING GRANTS OF \$ 1,231,000. REVENUE \$ 0.

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

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

Schedule O (Form 990 or 990-EZ) (2018)

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

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 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:

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

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

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

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 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.

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

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:

| | |
|--|------------------|
| <u>CHANGE IN INVESTMENTS HELD IN TRUST BY OTHERS</u> | <u>-23,283.</u> |
| <u>PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION</u> | |
| <u>COST</u> | <u>-841,430.</u> |
| <u>TOTAL TO FORM 990, PART XI, LINE 9</u> | <u>-864,713.</u> |

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.