

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

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 Number and street (or P.O. box if mail is not delivered to street address) Room/suite 30 LAUREL STREET City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06106 F Name and address of principal officer: PAULA GILBERTO SAME AS C ABOVE	D Employer identification number 06-0646653 E Telephone number (860) 493-6800 G Gross receipts \$ 20,755,183. 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 H(c) Group exemption number ▶
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		
J Website: ▶ WWW.UNITEDWAYINC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1924 M State of legal domicile: CT

Part I Summary

	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.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	52
	6	Total number of volunteers (estimate if necessary)	6	7486
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	15,561,883.
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	751,759.	1,663,015.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,356.	72,049.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,340,998.	15,455,549.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,949,458.
	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)	2,577,762.	3,326,360.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,343,488.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,883,580.	1,914,852.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,410,800.	15,590,765.
	19	Revenue less expenses. Subtract line 18 from line 12	-69,802.	-135,216.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	33,178,720.	33,638,932.
	21	Total liabilities (Part X, line 26)	13,819,860.	10,791,475.
	22	Net assets or fund balances. Subtract line 21 from line 20	19,358,860.	22,847,457.

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 PAULA GILBERTO, PRESIDENT & CEO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name LORI ROTHE YOKOBOSKY, CPA	Preparer's signature LORI ROTHE YOKOBOSKY	Date 11/09/21	Check if self-employed <input type="checkbox"/>	PTIN P01273422
	Firm's name ▶ COHNREZNICK LLP Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103	Firm's EIN ▶ 22-1478099	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 \$ 2,415,049. including grants of \$ 2,415,049.) (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 \$ 1,575,000. including grants of \$ 1,575,000.) (Revenue \$)
EDUCATION - YOUNG PEOPLE 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 \$ 753,000. including grants of \$ 753,000.) (Revenue \$)
BASIC NEEDS - INDIVIDUALS AND FAMILIES HAVE BASIC SUPPORTS: 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 ADDITION WE PROVIDE INFORMATION AND REFERRAL, AND ASSISTANCE TO INDIVIDUALS IN TIMES OF CRISIS SUCH AS THE RECENT COVID-19 PANDEMIC.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 7,141,918. including grants of \$ 5,606,504.) (Revenue \$)

4e Total program service expenses **11,884,967.**

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 donor-restricted endowments or in 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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?	X	

Note: All Form 990 filers are required to complete Schedule O

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		52
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 on 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?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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.	13a	
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 on Schedule O	14b	
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.	15	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.	16	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 on 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 on Schedule O.		
	1a	30	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	30	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	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?	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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 on Schedule O		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?	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	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).	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?		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?		

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 on Schedule O)
- 19** Describe on 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. See instructions for the order in which to list the persons above.

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

(A) 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) PAULA S. GILBERTO PRESIDENT & SECRETARY/CEO	52.00			X			197,427.	0.	32,499.	
(2) STEFANIE BOLES COO	52.00			X			144,867.	0.	34,082.	
(3) JENNIFER GIFFORD VP OF COMMUNITY RESOURCES	52.00					X	135,062.	0.	35,789.	
(4) MAURA COOK SR DIRECTOR OF MKTG & ENGAGEMENT	52.00					X	108,879.	0.	11,930.	
(5) ELIZABETH BUCZYNSKI DIRECTOR OF COMMUNITY INVESTMENT	52.00					X	107,324.	0.	8,432.	
(6) JESSE MEJIA DIRECTOR OF WORKPLACE GIVING	52.00					X	100,705.	0.	2,871.	
(7) ANDEN R. UTZINGER BOARD MEMBER	0.30	X					0.	0.	0.	
(8) BIMAL PATEL OUTGOING BOARD MEMBER	0.20	X					0.	0.	0.	
(9) COLLEEN A. MCGUIRE BOARD MEMBER	0.20	X					0.	0.	0.	
(10) COURTNEY JINJIKA BOARD MEMBER	0.20	X					0.	0.	0.	
(11) CYNTHIA A. RYAN OUTGOING BOARD MEMBER	0.20	X					0.	0.	0.	
(12) DONALD ALLAN, JR. BOARD CHAIR	1.00	X		X			0.	0.	0.	
(13) DONNA L. SODIPO BOARD MEMBER	0.20	X					0.	0.	0.	
(14) DR. JACQUELYNN GAROFANO BOARD MEMBER	0.20	X					0.	0.	0.	
(15) ERIC B. GALVIN BOARD MEMBER	0.20	X					0.	0.	0.	
(16) ERIC D. DANIELS OUTGOING BOARD MEMBER	0.20	X					0.	0.	0.	
(17) JAIME YOUNG 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) JAMES P. O'MEARA BOARD MEMBER	1.00	X						0.	0.	0.
(19) JENNIFER L. SHANLEY BOARD MEMBER	0.20	X						0.	0.	0.
(20) LUIS A. VALDEZ-JIMENEZ OUTGOING BOARD MEMBER	0.20	X						0.	0.	0.
(21) MARIO D. CONJURA BOARD MEMBER	0.20	X						0.	0.	0.
(22) MAUREEN WATERSON BOARD MEMBER	0.20	X						0.	0.	0.
(23) MICHAEL J. AUSERE BOARD TREASURER	0.50	X		X				0.	0.	0.
(24) NATALIE B. CORBETT BOARD MEMBER	0.20	X						0.	0.	0.
(25) NATALIE B. MORRIS BOARD MEMBER	0.40	X						0.	0.	0.
(26) NETI GUZMAN BOARD MEMBER	0.20	X						0.	0.	0.
1b Subtotal								794,264.	0.	125,603.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								794,264.	0.	125,603.

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 **6**

	Yes	No
3 Did the organization list any former officer, director, 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, UNITED WAY WORLDWIDE	CONSULTANTS	375,226.
701 N. FAIRFAX STREET, ALEXANDRIA, VA 22314	MARKETING,	270,462.
DEMARCO MANAGEMENT CORPORATION 117 MURPHY ROAD, HARTFORD, CT 06114	BUILDING MAINTENANCE	111,375.

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 **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

UNITED WAY INC
UNITED WAY OF CENT & NE CONNECTICUT

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) PAUL A. DUFF BOARD MEMBER	0.20	X					0.	0.	0.	
(28) PETER COLLINS BOARD MEMBER	0.20	X					0.	0.	0.	
(29) RICHARD J. TAVOLIERY BOARD MEMBER	0.30	X					0.	0.	0.	
(30) ROBERT A. KOSIOR BOARD MEMBER	0.20	X					0.	0.	0.	
(31) ROSHAN N. PATEL BOARD MEMBER	0.20	X					0.	0.	0.	
(32) SHAWN J. MAYNARD BOARD MEMBER	0.40	X					0.	0.	0.	
(33) SHELLYE DAVIS BOARD MEMBER	0.30	X					0.	0.	0.	
(34) STEVEN J. CASEY BOARD MEMBER	0.20	X					0.	0.	0.	
(35) SUSAN C. FREEDMAN BOARD MEMBER	0.20	X					0.	0.	0.	
(36) TIMOTHY RESTALL, JR. BOARD MEMBER	0.20	X					0.	0.	0.	
(37) VENTON B. FORBES BOARD MEMBER	0.70	X					0.	0.	0.	
(38) VI R. SMALLEY, ESQ BOARD MEMBER	0.30	X					0.	0.	0.	
(39) VICKY PACE BOARD MEMBER	0.30	X					0.	0.	0.	
(40) WILLIAM F. DOWLING BOARD MEMBER	0.20	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

UNITED WAY INC
UNITED WAY OF CENT & NE CONNECTICUT

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	68,589.				
	1 b	Membership dues					
	1 c	Fundraising events	58,176.				
	1 d	Related organizations					
	1 e	Government grants (contributions)	576,506.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above ...	13,017,214.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 148,644.				
	1 h	Total. Add lines 1a-1f	▶	13,720,485.			
Program Service Revenue	2 a	_____	Business Code				
	2 b	_____					
	2 c	_____					
	2 d	_____					
	2 e	_____					
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f	▶				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	966,892.		966,892.	
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
	6 a	Gross rents	(i) Real	89,141.			
			(ii) Personal				
			6 b	Less: rental expenses ...	0.		
	6 c	Rental income or (loss)	89,141.				
	6 d	Net rental income or (loss)	▶	89,141.		89,141.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	5,972,959.			
			(ii) Other				
			7 b	Less: cost or other basis and sales expenses	5,276,836.		
	7 c	Gain or (loss)	696,123.				
	7 d	Net gain or (loss)	▶	696,123.		696,123.	
8 a	Gross income from fundraising events (not including \$ 58,176. of contributions reported on line 1c). See Part IV, line 18	8 a	5,706.				
8 b	Less: direct expenses	8 b	22,798.				
8 c	Net income or (loss) from fundraising events	▶	-17,092.		-17,092.		
9 a	Gross income from gaming activities. See Part IV, line 19	9 a					
9 b	Less: direct expenses	9 b					
9 c	Net income or (loss) from gaming activities	▶					
10 a	Gross sales of inventory, less returns and allowances						
		10 b	Less: cost of goods sold				
		10 c	Net income or (loss) from sales of inventory	▶			
Miscellaneous Revenue	11 a	_____	Business Code				
	11 b	_____					
	11 c	_____					
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d	▶				
12	Total revenue. See instructions	▶	15,455,549.	0.	0.	1,735,064.	

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	10,349,553.	10,349,553.		
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	400,534.	108,804.	84,227.	207,503.
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	2,118,958.	584,421.	398,143.	1,136,394.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	211,140.	64,472.	40,354.	106,314.
9 Other employee benefits	351,832.	76,984.	143,062.	131,786.
10 Payroll taxes	243,896.	89,754.	8,568.	145,574.
11 Fees for services (nonemployees):				
a Management	18,679.	9,356.	5,688.	3,635.
b Legal	3,862.	599.	2,250.	1,013.
c Accounting	65,885.	3,735.	55,828.	6,322.
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.)	347,980.	71,024.	161,971.	114,985.
12 Advertising and promotion	226,309.	30,564.	96.	195,649.
13 Office expenses	100,020.	11,572.	40,220.	48,228.
14 Information technology	95,937.	26,024.	46,375.	23,538.
15 Royalties				
16 Occupancy	286,282.	142,237.	87,075.	56,970.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,267.	1,245.	439.	1,583.
20 Interest				
21 Payments to affiliates	203,479.	53,984.	58,137.	91,358.
22 Depreciation, depletion, and amortization	162,194.	75,156.	57,839.	29,199.
23 Insurance	93,354.	25,180.	58,391.	9,783.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONATED SUPPLIES	148,644.	148,644.		
b AWARDS, SPONSORSHIPS &	69,451.	3,010.	58,644.	7,797.
c RENTAL AND MAINTENANCE	32,377.	8,634.	9,293.	14,450.
d DUES & SUBSCRIPTIONS	32,132.	15.	20,710.	11,407.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	15,590,765.	11,884,967.	1,362,310.	2,343,488.
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 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	363.	1		363.	
	2 Savings and temporary cash investments	4,249,047.	2		2,908,069.	
	3 Pledges and grants receivable, net	3,884,471.	3		2,702,856.	
	4 Accounts receivable, net	294,342.	4		148,466.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7 Notes and loans receivable, net			7		
	8 Inventories for sale or use			8		
	9 Prepaid expenses and deferred charges	276,730.	9		84,440.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,498,884.	10a			
	b Less: accumulated depreciation	3,734,032.	10b			
	11 Investments - publicly traded securities	856,750.	10c		764,852.	
	12 Investments - other securities. See Part IV, line 11	16,649,778.	11		18,221,119.	
	13 Investments - program-related. See Part IV, line 11	6,931,458.	12		8,772,986.	
	14 Intangible assets		13			
	15 Other assets. See Part IV, line 11	35,781.	14			
16 Total assets. Add lines 1 through 15 (must equal line 33)	33,178,720.	15		35,781.		
		16		33,638,932.		
Liabilities	17 Accounts payable and accrued expenses	3,433,550.	17		1,829,946.	
	18 Grants payable	2,427,861.	18		2,109,663.	
	19 Deferred revenue		19		724,252.	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	7,958,449.	25		6,127,614.	
	26 Total liabilities. Add lines 17 through 25	13,819,860.	26		10,791,475.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions	10,977,364.	27		12,629,683.	
	28 Net assets with donor restrictions	8,381,496.	28		10,217,774.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29 Capital stock or trust principal, or current funds		29			
	30 Paid-in or capital surplus, or land, building, or equipment fund		30			
	31 Retained earnings, endowment, accumulated income, or other funds		31			
	32 Total net assets or fund balances	19,358,860.	32		22,847,457.	
33 Total liabilities and net assets/fund balances	33,178,720.	33		33,638,932.		

Form **990** (2020)

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	15,455,549.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,590,765.
3	Revenue less expenses. Subtract line 2 from line 1	3	-135,216.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,358,860.
5	Net unrealized gains (losses) on investments	5	1,456,037.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,167,776.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	22,847,457.

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 on 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 on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ 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 Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20360474.	17637535.	17139164.	15561883.	13847156.	84546212.
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	20360474.	17637535.	17139164.	15561883.	13847156.	84546212.
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)						4749271.
6 Public support. Subtract line 5 from line 4.						79796941.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	20360474.	17637535.	17139164.	15561883.	13847156.	84546212.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	803,372.	950,057.	1095756.	978,989.	1056033.	4884207.
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.)	230,321.	209,687.	235,031.		5,706.	680,745.
11 Total support. Add lines 7 through 10						90111164.
12 Gross receipts from related activities, etc. (see instructions)					12	3,718,763.
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	88.55 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	87.69 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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 (less section 511 taxes) from businesses acquired after June 30, 1975; 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 5 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 2020 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2019 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 2020 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 line 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 governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

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... Row 3: By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice...

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 lines 2a and 2b 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 line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... 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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

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

2016 AMOUNT: \$ 230,321.

2017 AMOUNT: \$ 209,687.

2018 AMOUNT: \$ 235,031.

2020 AMOUNT: \$ 5,706.

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

2020

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	1	
2 Aggregate value of contributions to (during year)	0.	
3 Aggregate value of grants from (during year)	0.	
4 Aggregate value at end of year	30,881.	
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 checked="" 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 checked="" 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 (for example, 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? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB 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) 2020

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 make 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 program
 - 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,649,777.	16,887,062.	16,668,925.	16,802,596.	16,108,865.
b Contributions					
c Net investment earnings, gains, and losses	2,571,341.	362,715.	818,137.	466,329.	1,143,731.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,000,000.	600,000.	600,000.	600,000.	450,000.
f Administrative expenses					
g End of year balance	18,221,118.	16,649,777.	16,887,062.	16,668,925.	16,802,596.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 93.2000 %
 - b Permanent endowment 6.8000 %
 - c Term 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,323.		3,323.
b Buildings		3,468,081.	2,774,713.	693,368.
c Leasehold improvements				
d Equipment		1,027,480.	959,319.	68,161.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				764,852.

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	8,772,986.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	8,772,986.	

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	5,368,405.
(3) DONOR DESIGNATIONS PAYABLE	759,209.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,127,614.

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

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	16,792,532.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,456,037.	
b	Donated services and use of facilities	2b	130,421.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	2,167,776.	
e	Add lines 2a through 2d	2e		3,754,234.
3	Subtract line 2e from line 1		3	13,038,298.
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	2,392,251.	
c	Add lines 4a and 4b	4c		2,417,251.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	15,455,549.

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	13,303,935.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	130,421.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	22,798.	
e	Add lines 2a through 2d	2e		153,219.
3	Subtract line 2e from line 1		3	13,150,716.
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	2,415,049.	
c	Add lines 4a and 4b	4c		2,440,049.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	15,590,765.

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, 2021 AND 2020. UWCNCT'S FEDERAL AND STATE INFORMATION RETURNS PRIOR TO FISCAL YEAR 2018 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST	326,248.
CHANGE IN INVESTMENTS HELD IN TRUST BY OTHERS	1,841,528.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,167,776.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS DESIGNATED BY DONORS	2,415,049.
FUNDRAISING EXPENSES	-22,798.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,392,251.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	22,798.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS DESIGNATED BY DONORS	2,415,049.
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SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

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

Employer identification number
06-0646653

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total	▶					

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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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))
		GOLF OUTING (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	63,882.		63,882.
	2	Less: Contributions	58,176.		58,176.
	3	Gross income (line 1 minus line 2)	5,706.		5,706.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	1,331.		1,331.
	6	Rent/facility costs	10,640.		10,640.
	7	Food and beverages	4,375.		4,375.
	8	Entertainment			
	9	Other direct expenses	6,452.		6,452.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-17,092.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	_____ %
b An outside facility	13b	_____ %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

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

2020

**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
ACCESS COMMUNITY ACTION AGENCY 1315 MAIN STREET, SUITE 2 WILLIMANTIC, CT 06226	06-0801861	501(C)(3)	10,000.	0.			DONOR DESIGNATED GIFTS
ALS ASSOCIATION, CT CHAPTER 4 OXFORD ROAD, SUITE E4 MILFORD, CT 06460-3850	04-3417472	501(C)(3)	15,864.	0.			DONOR DESIGNATED GIFTS
ALZHEIMER'S ASSN - CT CHAPTER 200 EXECUTIVE BOULEVARD, SUITE 4B SOUTHINGTON, CT 06489-1058	42-1540769	501(C)(3)	10,111.	0.			DONOR DESIGNATED GIFTS
AMERICA CHARITIES LISTINGS 14150 NEWBROOK DRIVE, SUITE 340 CHANTILLY, VA 20151	54-1517707	501(C)(3)	28,744.	0.			DONOR DESIGNATED GIFTS
AMERICAN CANCER SOCIETY FOUNDATION 825 BROOK STREET, BLD 3 ROCKY HILL, CT 06067	13-1788491	501(C)(3)	13,581.	0.			DONOR DESIGNATED GIFTS
AMERICAN HEART ASSOCIATION 5 BROOKSIDE DRIVE WALLINGFORD, CT 06492-1822	13-5613797	501(C)(3)	6,209.	0.			DONOR DESIGNATED GIFTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 139.**
- 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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UNITED WAY OF CENT & NE CONNECTICUT

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

(a) Name and address of organization or government	(b) 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 RED CROSS 1501 SOUTH BRAND BOULEVARD GLENDALE, CA 91204	53-0196605	501(C)(3)	205,095.	0.			DONOR DESIGNATED GIFTS
AMERICA'S BEST CHARITIES 1100 LARKSPUR LANDING CIRCLE SUITE LARKSPUR, CA 94939	94-3067804	501(C)(3)	144,108.	0.			DONOR DESIGNATED GIFTS
BOYS & GIRLS CLUBS OF HARTFORD 170 SIGOURNEY STREET HARTFORD, CT 06105	06-6026005	501(C)(3)	144,614.	0.			DONOR DESIGNATED GIFTS
CANCER COUCH FOUNDATION INC. 53 ENNIS LANE FAIRFIELD, CT 06824-6489	81-1529788	501(C)(3)	7,500.	0.			DONOR DESIGNATED GIFTS
CAPITAL WORKFORCE PARTNERS ONE UNION PLACE, 3RD FLOOR HARTFORD, CT 06103-1400	06-1013293	501(C)(3)	100,015.	0.			DONOR DESIGNATED GIFTS
CATHOLIC CHARITIES, DIOCESE OF NORWICH - 331 MAIN STREET - NORWICH, CT 06360	06-0646609	501(C)(3)	25,158.	0.			DONOR DESIGNATED GIFTS
CATHOLIC CHARITIES, INC. ARCHDIOCESE OF HARTFORD HARTFORD, CT 06105-2801	06-0667607	501(C)(3)	377,695.	0.			DONOR DESIGNATED GIFTS
CCARC, INC. 950 SLATER ROAD NEW BRITAIN, CT 06053-1658	06-6011543	501(C)(3)	33,212.	0.			DONOR DESIGNATED GIFTS
CHARTER OAK INTERNATIONAL ACADEMY 425 OAKWOOD AVENUE WEST HARTFORD, CT 06110	06-6002124	501(C)(3)	14,000.	0.			DONOR DESIGNATED GIFTS

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(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
CITADEL OF LOVE THE TABERNACLE OF CELEBRATION PRAS - PO BOX 1932 - HARTFORD, CT 06144	06-1441758	501(C)(3)	7,499.	0.			DONOR DESIGNATED GIFTS
CITY OF NEW BRITAIN BOARD OF EDUCATION - 272 MAIN STREET - NEW BRITAIN, CT 06051	22-2486319	501(C)(3)	112,500.	0.			DONOR DESIGNATED GIFTS
COLONIAL POINT CHRISTIAN CHURCH 855 CHAPEL ROAD SOUTH WINDSOR, CT 06074-4252	06-1553246	501(C)(3)	9,370.	0.			DONOR DESIGNATED GIFTS
COMMUNITY HEALTH CHARITIES OF NEW ENGLAND - 1199 NORTH FAIRFAX STREET SUITE 600 - ALEXANDRIA, VA 22314	06-6079596	501(C)(3)	44,299.	0.			DONOR DESIGNATED GIFTS
CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION - 282 WASHINGTON STREET - HARTFORD, CT 06106-3322	06-0646755	501(C)(3)	9,366.	0.			DONOR DESIGNATED GIFTS
CONNECTICUT COALITION TO END HOMELESSNESS - 257 LAWRENCE STREET - HARTFORD, CT 06106-1430	06-1126880	501(C)(3)	51,290.	0.			DONOR DESIGNATED GIFTS
CONNECTICUT FOOD BANK, INC. 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	06-1063025	501(C)(3)	35,158.	0.			DONOR DESIGNATED GIFTS
CONNECTICUT HUMANE SOCIETY 169 OLD COLCHESTER ROAD QUAKER HILL, CT 06375-0041	06-0667605	501(C)(3)	8,444.	0.			DONOR DESIGNATED GIFTS
CONNECTICUT PUBLIC BROADCASTING, INC. - 1049 ASYLUM AVENUE - HARTFORD, CT 06105-2432	06-0758938	501(C)(3)	6,422.	0.			DONOR DESIGNATED GIFTS

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(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
CONNECTICUT RIVERS COUNCIL BOY SCOUTS OF AMERICA - 60 DARLIN STREET - EAST HARTFORD, CT 06108-3256	06-0662110	501(C)(3)	9,309.	0.			DONOR DESIGNATED GIFTS
CONNECTICUT SCIENCE CENTER 250 COLUMBUS BLVD HARTFORD, CT 06103	06-1538101	501(C)(3)	7,251.	0.			DONOR DESIGNATED GIFTS
CONNECTIKIDS WEST MIDDLE SCHOOL HARTFORD, CT 06105-2805	06-1035985	501(C)(3)	75,153.	0.			DONOR DESIGNATED GIFTS
CORNERSTONE FOUNDATION PO BOX 3 VERNON, CT 06066-0003	22-2587192	501(C)(3)	8,119.	0.			DONOR DESIGNATED GIFTS
COVENANT PREPARTORY SCHOOL 135 BROAD ST HARTFORD, CT 06105	74-3238578	501(C)(3)	31,623.	0.			DONOR DESIGNATED GIFTS
CT LEGAL SERVICES-HARTFORD 62 WASHINGTON STREET MIDDLETOWN, CT 06457	06-0955461	501(C)(3)	17,769.	0.			DONOR DESIGNATED GIFTS
DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BP418 BOSTON, MA 02215	04-2263040	501(C)(3)	7,542.	0.			DONOR DESIGNATED GIFTS
DEEP RIVER CONGREGATIONAL CHURCH PO BOX 246 DEEP RIVER, CT 06417-0246	06-6038248	501(C)(3)	6,689.	0.			DONOR DESIGNATED GIFTS
DOLLYWOOD FOUNDATION 111 DOLLYWOOD LANE PIGEON FORD, TN 37863	62-1348105	501(C)(3)	8,903.	0.			DONOR DESIGNATED GIFTS

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(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
EARTH SHARE 7735 OLD GEORGEROWN ROAD SUITE 900 BETHESDA, MD 20814	22-3151372	501(C)(3)	9,336.	0.			DONOR DESIGNATED GIFTS
EAST HARTFORD PUBLIC SCHOOLS 1110 MAIN STREET EAST HARTFORD, CT 06108	06-6001989	501(C)(3)	210,236.	0.			DONOR DESIGNATED GIFTS
EDUCATIONAL RESOURCES FOR CHILDREN INC - 174 SOUTH ROAD # 200 - ENFIELD, CT 06082-4414	03-0399205	501(C)(3)	105,590.	0.			DONOR DESIGNATED GIFTS
EPISTEIX, INC. 2730 SIDNEY STREET, SUITE 300 PITTSBURGH, PA 15203	83-2291788	501(C)(3)	50,000.	0.			DONOR DESIGNATED GIFTS
FOODSHARE, INC. 450 WOODLAND AVENUE BLOOMFIELD, CT 06002-1342	22-2474771	501(C)(3)	161,075.	0.			DONOR DESIGNATED GIFTS
FOOTBALL FOR ALL 35 GIBSON ROAD MILFORD, CT 85-1210581	85-1210581	501(C)(3)	19,800.	0.			DONOR DESIGNATED GIFTS
FORGOTTEN FELINES, INC. PO BOX 734 CLINTON, CT 06413-0734	06-1368285	501(C)(3)	5,143.	0.			DONOR DESIGNATED GIFTS
GLOBAL IMPACT PO BOX 10 RED HOOK, NY 12571	52-1273585	501(C)(3)	26,017.	0.			DONOR DESIGNATED GIFTS
GREATER HARTFORD ARTS COUNCIL 100 PEARL STREET HARTFORD, CT 06103	23-7111486	501(C)(3)	15,985.	0.			DONOR DESIGNATED GIFTS

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(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
GREATER HARTFORD LEGAL AID INC. 999 ASYLUM AVENUE, 3RD FLOOR HARTFORD, CT 06105-2465	06-0730611	501(C)(3)	100,670.	0.			DONOR DESIGNATED GIFTS
GREATER TWIN CITIES UNITED WAY 404 S 8TH STREET MINNELOPIS, MN 55404-1027	41-1973442	501(C)(3)	23,616.	0.			DONOR DESIGNATED GIFTS
HARC, INC. 900 ASYLUM AVENUE HARTFORD, CT 06105-1985	06-0710289	501(C)(3)	156,090.	0.			DONOR DESIGNATED GIFTS
HARTFORD AREA HABITAT FOR HUMANITY 780 WINDSOR STREET HARTFORD, CT 06144-1933	06-1253049	501(C)(3)	5,690.	0.			DONOR DESIGNATED GIFTS
HARTFORD FOOD SYSTEM 190 WETHERSFIELD AVENUE HARTFORD, CT 06114	06-0991880	501(C)(3)	15,202.	0.			DONOR DESIGNATED GIFTS
HARTFORD HEALTHCARE AT HOME, INC. 1290 SILAS DEANE HIGHWAY, STE 4B WETHERSFIELD, CT 06109-4337	06-0646938	501(C)(3)	211,528.	0.			DONOR DESIGNATED GIFTS
HARTFORD YOUTH SCHOLARS FOUNDATION INC - 129 ALLEN PLACE - HARTFORD, CT 06106-3103	20-3495171	501(C)(3)	6,036.	0.			DONOR DESIGNATED GIFTS
HARTFORD'S CAMP COURANT 285 BROAD STREET HARTFORD, CT 06115-3785	06-1018155	501(C)(3)	30,782.	0.			DONOR DESIGNATED GIFTS
HILLSIDE HOSPITAL 690 COURTENAY DRIVE ATLANTA, GA 30306	58-0603148	501(C)(3)	6,351.	0.			DONOR DESIGNATED GIFTS

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(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
HISPANIC HEALTH COUNCIL 175 MAIN STREET HARTFORD, CT 06106-1818	06-1018979	501(C)(3)	162,191.	0.			DONOR DESIGNATED GIFTS
HOLCOMB FARM, INC. 113 SIMSBURY ROAD WEST GRANBY, CT 06090	06-1384197	501(C)(3)	6,430.	0.			DONOR DESIGNATED GIFTS
HUMAN RESOURCES AGENCY OF NEW BRITAIN - 180 CLINTON STREET - NEW BRITAIN, CT 06053-3512	06-0954802	501(C)(3)	342,359.	0.			DONOR DESIGNATED GIFTS
INTERVAL HOUSE P.O. BOX 340207 HARTFORD, CT 06134-0207	06-0960005	501(C)(3)	122,334.	0.			DONOR DESIGNATED GIFTS
JEWISH FAMILY SERVICE OF GREATER HARTFORD - 333 BLOOMFIELD AVENUE, SUITE A - WEST HARTFORD, CT 06117-1500	06-0653062	501(C)(3)	7,593.	0.			DONOR DESIGNATED GIFTS
JOURNEY HOME 255 MAIN ST., 2ND FLOOR HARTFORD, CT 06106	80-0143570	501(C)(3)	57,659.	0.			DONOR DESIGNATED GIFTS
JUVENILE DIABETES RESEARCH FOUNDATION - 20 BATTERSON PARK ROAD, 3RD FLOOR - FARMINGTON, CT 06032	23-1907729	501(C)(3)	11,507.	0.			DONOR DESIGNATED GIFTS
LADY OF FATIMA CATHOLIC ACADEMY 225 DANBURY ROAD WILTON, CT 06897	84-1991256	501(C)(3)	49,600.	0.			DONOR DESIGNATED GIFTS
LEADERSHIP GREATER HARTFORD 30 LAUREL STREET HARTFORD, CT 06106	06-1167174	501(C)(3)	31,894.	0.			DONOR DESIGNATED GIFTS

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(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
LISC CONNECTICUT 75 CHARTER OAK AVENUE, SUITE 2-250 HARTFORD, CT 06106	13-3030229	501(C)(3)	12,500.	0.			DONOR DESIGNATED GIFTS
LITERACY VOLUNTEERS OF CENTRAL CONNECTICUT - 20 HIGH STREET - NEW BRITAIN, CT 06051	22-2527030	501(C)(3)	20,574.	0.			DONOR DESIGNATED GIFTS
LITERACY VOLUNTEERS OF GREATER HARTFORD - 30 ARBOR STREET, SOUTH BUILDING - HARTFORD, CT 06106	23-7237570	501(C)(3)	52,245.	0.			DONOR DESIGNATED GIFTS
MANCHESTER AREA CONFERENCE OF CHURCHES - 466 MAIN STREET - MANCHESTER, CT 06045-3804	23-7354956	501(C)(3)	6,923.	0.			DONOR DESIGNATED GIFTS
MANCHESTER PUBLIC SCHOOLS 45 NORTH SCHOOL STREET MANCHESTER, CT 06042	06-6002029	501(C)(3)	207,726.	0.			DONOR DESIGNATED GIFTS
MANDELL JEWISH COMMUNITY CENTER 335 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117	06-0662142	501(C)(3)	11,886.	0.			DONOR DESIGNATED GIFTS
MERIDEN NEW BRITAIN BERLIN YMCA 50 HIGH STREET NEW BRITAIN, CT 06051	06-0646977	501(C)(3)	60,259.	0.			DONOR DESIGNATED GIFTS
MIDDLESEX UNITED WAY 100 RIVERVIEW CENTER, SUITE 230 MIDDLETOWN, CT 06457-2862	06-0665170	501(C)(3)	107,441.	0.			DONOR DESIGNATED GIFTS
MINISTERIAL HEALTH FELLOWSHIP 440 WEST STREET MIDDLETOWN, CT 06457	20-3073111	501(C)(3)	19,000.	0.			DONOR DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) 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
MY SISTERS PLACE INC 237 HAMILTON STREET, SUITE 203 HARTFORD, CT 06106-2977	06-1079879	501(C)(3)	13,005.	0.			DONOR DESIGNATED GIFTS
MYELIN PROJECT 16123 WEST SUNSET BOULEVARD, UNIT 101 - PACIFIC PALISADES, CA 90272-3576	52-1545992	501(C)(3)	5,376.	0.			DONOR DESIGNATED GIFTS
NATIONAL MULTIPLE SCLEROSIS SOCIETY, - WESTERN CONNECTICUT CHAPTER - HARTFORD, CT 06112-1259	06-0792055	501(C)(3)	5,688.	0.			DONOR DESIGNATED GIFTS
NEIGHBOR TO NATION - 1199 NORTH FAIRFAX STREET STE 600 ALEXANDRIA, VA 22314	54-1879282	501(C)(3)	5,090.	0.			DONOR DESIGNATED GIFTS
NETWORK AGAINST DOMESTIC ABUSE OF NORTH CENTRAL CT, INC - 139 HAZARD AVENUE BUILDING 3 - ENFIELD, CT 06082	22-2670688	501(C)(3)	45,238.	0.			DONOR DESIGNATED GIFTS
NORTE DAME HEALTH AND RABILIAION CENTER - 76 WEST ROCKS ROAD - NORWALK, CT 06851	06-0685115	501(C)(3)	9,900.	0.			DONOR DESIGNATED GIFTS
NORTHWEST CATHOLIC HIGH SCHOOL FOUNDATION - 29 WAMPANOAG DRIVE - WEST HARTFORD, CT 06117-1299	06-6079624	501(C)(3)	8,055.	0.			DONOR DESIGNATED GIFTS
NUTMEG BIG BROTHERS/BIG SISTERS 30 LAUREL STREET, 3RD FLOOR HARTFORD, CT 06106	06-0850379	501(C)(3)	67,758.	0.			DONOR DESIGNATED GIFTS
OM FOUNDATION/ SRI SAI SPIRITUAL CENTER - 749 OLD SAY BROOK ROAD-UNIT A101 - MIDDLETOWN, CT 06457	26-3534277	501(C)(3)	14,710.	0.			DONOR DESIGNATED GIFTS

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(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
OPPORTUNITIES INDUSTRIALIZATION CENTER OF NEW BRITAIN, INC (OIC) - 114 NORTH STREET - NEW BRITAIN, CT 06051-1918	06-0876897	501(C)(3)	27,503.	0.			DONOR DESIGNATED GIFTS
OUR COMPANIONS DOMESTIC ANIMAL SANCTUARY, INC. - PO BOX 956 - MANCHESTER, CT 06045-0956	41-2047734	501(C)(3)	21,208.	0.			DONOR DESIGNATED GIFTS
OUR PIECE OF THE PIE - OPP 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659	501(C)(3)	263,844.	0.			DONOR DESIGNATED GIFTS
PATHWAYS/SENDERS 43 VIETS STREET NEW BRITAIN, CT 06053-3948	06-1401224	501(C)(3)	25,952.	0.			DONOR DESIGNATED GIFTS
PROTECTORS OF ANIMALS, INC. 144 MAIN STREET, UNIT O EAST HARTFORD, CT 06118-3239	06-0959891	501(C)(3)	5,679.	0.			DONOR DESIGNATED GIFTS
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	05-0525893	501(C)(3)	6,225.	0.			DONOR DESIGNATED GIFTS
PRUDENCE CRANDALL CENTER 594 BURRITT STREET NEW BRITAIN, CT 06053	06-0968557	501(C)(3)	35,183.	0.			DONOR DESIGNATED GIFTS
SALVATION ARMY 855 ASYLUM AVENUE HARTFORD, CT 06142-0628	13-5562351	501(C)(3)	318,609.	0.			DONOR DESIGNATED GIFTS
SENIORS JOB BANK 50 SOUTH MAIN STREET WEST HARTFORD, CT 06107-2408	36-4748147	501(C)(3)	5,350.	0.			DONOR DESIGNATED GIFTS

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(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
SERVICES FOR THE ELDERLY OF FARMINGTON - 321 NEW BRITAIN AVENUE - UNIONVILLE, CT 06085-1041	06-0860153	501(C)(3)	28,923.	0.			DONOR DESIGNATED GIFTS
SEXUAL ASSAULT CRISIS CENTER OF EASTERN CT - PO BOX 24 - WILLIMANTIC, CT 06226-0024	06-1033609	501(C)(3)	12,600.	0.			DONOR DESIGNATED GIFTS
SIMSBURY UNITED METHODIST CHURCH 799 HOPEMEADOW STREET SIMSBURY, CT 06070-1821	22-2487294	501(C)(3)	5,558.	0.			DONOR DESIGNATED GIFTS
SOUTH PARK INN EMERGENCY SHELTER 75 MAIN STREET HARTFORD, CT 06106	06-1083735	501(C)(3)	81,244.	0.			DONOR DESIGNATED GIFTS
SPECIAL OLYMPICS CONNECTICUT, INC. 2666 STATE STREET, SUITE 1 HAMDEN, CT 06517	23-7099756	501(C)(3)	14,084.	0.			DONOR DESIGNATED GIFTS
SPOKANE COUNTY UNITED WAY 920 NORTH WASHINGTON STREET, SUITE SPOKANE, WA 99201-2229	91-0606058	501(C)(3)	11,882.	0.			DONOR DESIGNATED GIFTS
ST. JAMES EPISCOPAL CHURCH 3 MOUNTAIN ROAD FARMINGTON, CT 06032-2339	06-0773790	501(C)(3)	6,923.	0.			DONOR DESIGNATED GIFTS
ST. JAMES SCHOOL 73 PARK STREET MANCHESTER, CT 06040	51-0151112	501(C)(3)	15,294.	0.			DONOR DESIGNATED GIFTS
ST. JAMES'S EPISCOPAL CHURCH 19 WALDEN STREET WEST HARTFORD, CT 06107	06-0646602	501(C)(3)	6,910.	0.			DONOR DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) 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
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	14,955.	0.			DONOR DESIGNATED GIFTS
STERLING ELEMENTARY SCHOOL 9601 CHINA GROVE CHURCH ROAD PINEVILLE, NC 28134	58-1661795	501(C)(3)	50,000.	0.			DONOR DESIGNATED GIFTS
THE ARC OF FARMINGTON VALLEY (FAVARH) - 225 COMMERCE DRIVE - CANTON, CT 06019-1099	06-6011136	501(C)(3)	42,937.	0.			DONOR DESIGNATED GIFTS
THE CENTER FOR LEADERSHIP & JUSTICE - 47 VINE STREET - HARTFORD, CT 06112	06-0689693	501(C)(3)	40,090.	0.			DONOR DESIGNATED GIFTS
THE LATINO WAY 1965 MAIN ST. EAST HARTFORD, CT 06118-3239		501(C)(3)	146,500.	0.			DONOR DESIGNATED GIFTS
THE VILLAGE FOR FAMILIES & CHILDREN - 1680 ALBANY AVENUE - HARTFORD, CT 06105-1099	06-0668594	501(C)(3)	732,783.	0.			DONOR DESIGNATED GIFTS
TOWN OF BLOOMFIELD 800 BLOOMFIELD AVENUE BLOOMFIELD, CT 06002		501(C)(3)	10,000.	0.			DONOR DESIGNATED GIFTS
TOWN OF WINDHAM- BOARD OF EDUCATION - 322 PROSPECT STREET - WILLIMANTIC, CT 06226	06-1201204	501(C)(3)	90,000.	0.			DONOR DESIGNATED GIFTS
TRINITY COVENANT CHURCH 302 HACKMATAK STREET MANCHESTER, CT 06040	06-0867977	501(C)(3)	5,446.	0.			DONOR DESIGNATED GIFTS

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(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
UNITED LABOR AGENCY (JOHN J. DRISCOLL ULA) - 56 TOWN LINE ROAD - ROCKY HILL, CT 06067-1241	06-0987695	501(C)(3)	51,360.	0.			DONOR DESIGNATED GIFTS
UNITED WAY MERIDEN & WALLINGFORD 35 PLEASANT STREET, SUITE 1E MERIDEN, CT 06450-5786	06-0646714	501(C)(3)	16,669.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF CENTRAL OKLAHOMA 1444 NORTHWEST 28TH STREET OKLAHOMA CITY, OK 73106-0837	73-0589829	501(C)(3)	7,649.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF CONNECTICUT 1344 SILAS DEANE HIGHWAY ROCKY HILL, CT 06067-1342	06-1084194	501(C)(3)	206,587.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF GREATER ATLANTA 40 COURTLAND STREET N.E. SUITE 300 ATLANTA, GA 30303	58-0566194	501(C)(3)	7,410.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF GREATER NEW HAVEN 370 JAMES STREET, SUITE 403 NEW HAVEN, CT 06513-3091	06-0646761	501(C)(3)	19,804.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET, 2ND FLOOR WATERBURY, CT 06702-1512	06-0646634	501(C)(3)	7,048.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE, WA 98104-1702	91-0565555	501(C)(3)	5,237.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF MARTIN COUNTY, INC. PO BOX 362 STUART, FL 34995-0362	59-1051699	501(C)(3)	18,465.	0.			DONOR DESIGNATED GIFTS

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(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
UNITED WAY OF NORTHERN NEW JERSEY PO BOX 1948 BRIDGEWATER, NJ 08807	22-1487247	501(C)(3)	26,020.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF NORTHWEST CT 333 KENNEDY DRIVE TORRINGTON, CT 06790	06-6000930	501(C)(3)	7,347.	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	501(C)(3)	72,331.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF PIONEER VALLEY 1441 MAIN STREET, SUITE 147 SPRINGFIELD, MA 01103-1447	04-2152680	501(C)(3)	50,240.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909-2459	05-0276059	501(C)(3)	14,341.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF SOUTHEASTERN CT 283 STODDARDS WHARF ROAD GALES FERRY, CT 06335-0375	06-0771393	501(C)(3)	30,333.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF SOUTHINGTON 31 LIBERTY STREET SUITE 210 SOUTHINGTON, CT 06489-3114	06-0790621	501(C)(3)	9,821.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF THE CHATTAHOOCHEE VALLEY, INC. - 1100 5TH AVENUE - COLUMBUS, GA 31901	58-0572434	501(C)(3)	123,398.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF THE GREATER SEACOAST 112 CORPORATE DRIVE, UNIT 3 PORTSMOUTH, NH 03801-6890	02-0271825	501(C)(3)	7,857.	0.			DONOR DESIGNATED GIFTS

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(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
UNITED WAY OF WEST CENTRAL CT 440 N MAIN STREET STE D BRISTOL, CT 06010-1902	06-0653262	501(C)(3)	8,338.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF WESTERN CT (STAMFORD) - 301 MAIN STREET, SUITE 2-5 - DANBURY, CT 06810-6550	06-0646577	501(C)(3)	478,891.	0.			DONOR DESIGNATED GIFTS
UNITED WAY OF YORK COUNTY (ME) PO BOX 727 KENNEBUNK, ME 04043-0727	01-0276862	501(C)(3)	116,805.	0.			DONOR DESIGNATED GIFTS
UNIVERSITY OF CT FOUNDATION, INC. 2390 ALUMNI DRIVE, UNIT 3206 STORRS, CT 06269	06-6070722	501(C)(3)	106,230.	0.			DONOR DESIGNATED GIFTS
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117	06-0731360	501(C)(3)	7,159.	0.			DONOR DESIGNATED GIFTS
URBAN LEAGUE OF GREATER HARTFORD 140 WOODLAND STREET HARTFORD, CT 06105-1210	06-6066991	501(C)(3)	97,887.	0.			DONOR DESIGNATED GIFTS
WETHERSFIELD PUBLIC SCHOOLS 127 HARTFORD AVE WESTHERSFIELD, CT 06109		501(C)(3)	10,000.	0.			DONOR DESIGNATED GIFTS
WHEELER CLINIC PLAINVILLE PLAINVILLE, CT 06062-1534	06-0867065	501(C)(3)	14,470.	0.			DONOR DESIGNATED GIFTS
WINDHAM AREA INTERFAITH MINISTRY (WAIM) - 866 MAIN STREET - WILLIMANTIC, CT 06226	06-1122323	501(C)(3)	14,837.	0.			DONOR DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) 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
WINDHAM REGION NO FREEZE PROJECT PO BOX 46 WILLIMANTIC, CT 06226	20-1542111	501(C)(3)	20,000.	0.			DONOR DESIGNATED GIFTS
WOMEN'S LEAGUE INC. 1695 MAIN STREET HARTFORD, CT 06120	06-0646969	501(C)(3)	8,763.	0.			DONOR DESIGNATED GIFTS
WOMEN'S LEAGUE, INC. CHILD DEVELOPMENT CENTER - 1695 MAIN STREET - HARTFORD, CT 06120	06-0646969	501(C)(3)	582,425.	0.			DONOR DESIGNATED GIFTS
XAVIER HIGH SCHOOL 181 RANDOLPH ROAD MIDDLETOWN, CT 06457-5606	06-1442909	501(C)(3)	8,939.	0.			DONOR DESIGNATED GIFTS
YMCA OF GREATER HARTFORD 50 STATE HOUSE SQUARE, SECOND FLOOR HARTFORD, CT 06103-3902	06-0881325	501(C)(3)	114,824.	0.			DONOR DESIGNATED GIFTS
YWCA HARTFORD REGION 135 BROAD STREET HARTFORD, CT 06105	06-0646993	501(C)(3)	221,944.	0.			DONOR DESIGNATED GIFTS
YWCA OF NEW BRITAIN 19 FRANKLIN SQUARE NEW BRITAIN, CT 06051-2604	06-0598620	501(C)(3)	217,278.	0.			DONOR DESIGNATED GIFTS

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)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Employer identification number
06-0646653

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a		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.

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

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

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

(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)	194,262.	0.	3,165.	13,849.	18,650.	229,926.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEFANIE BOLES COO	(i)	143,795.	0.	1,072.	10,562.	23,520.	178,949.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER GIFFORD VP OF COMMUNITY RESOURCES	(i)	134,688.	0.	374.	9,498.	26,291.	170,851.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Horizontal lines for providing supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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	X		4,000.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	32,815.	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	X	13	144,643.	FAIR VALUE
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 V, Donee Acknowledgement **29**

- 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2020

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

2020

Open to Public
Inspection

Name of the organization	UNITED WAY INC UNITED WAY OF CENT & NE CONNECTICUT	Employer identification number	06-0646653
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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 \$ 6,488,918. INCLUDING GRANTS OF \$ 4,953,504. 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 HELP INDIVIDUALS INCREASE FINANCIAL STABILTY THROUGH FINANCIAL COACHING SERVICES AND CONNECTIONS TO INCOME SUPPORTS.

EXPENSES \$ 653,000. INCLUDING GRANTS OF \$ 653,000. 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 AS THE BOARD CHAIR SHALL FIX, FOR THE PURPOSE OF ELECTING DIRECTORS AND

Name of the organization	UNITED WAY INC UNITED WAY OF CENT & NE CONNECTICUT	Employer identification number	06-0646653
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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 EXECUTIVE COMMITTEE OR THE BOARD.

Name of the organization	UNITED WAY INC UNITED WAY OF CENT & NE CONNECTICUT	Employer identification number	06-0646653
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THE BENEFITS AND COMPENSATION COMMITTEE 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 REQUIRED BY THE LOCAL MARKET FOR TALENT. IF A POSITION FALLS BENEATH THE

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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.

PRESIDENT AND CEO EXPENSE REVIEW PROCESS:

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

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

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

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

CHANGE IN INVESTMENTS HELD IN TRUST BY OTHERS	1,841,528.
PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST	326,248.
TOTAL TO FORM 990, PART XI, LINE 9	2,167,776.

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.