

PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

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 AND NORTHEASTERN 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: ERIC HARRISON SAME AS C ABOVE	D Employer identification number 06-0646653 E Telephone number 860-493-6800 G Gross receipts \$ 16,771,303. 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	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	47
	6	Total number of volunteers (estimate if necessary)	6	6421
	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)	Prior Year
9		Program service revenue (Part VIII, line 2g)	11,939,135.	11,071,303.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	648,712.	1,173,472.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	114,887.	706,319.
12			12,702,734.	12,951,094.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,037,701.	3,247,715.
	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)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,351,058.	3,558,186.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,015,680.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,988,335.	4,002,989.
19	Revenue less expenses. Subtract line 18 from line 12	10,377,094.	10,808,890.	
		2,325,640.	2,142,204.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	29,196,738.	22,131,987.
	22	Net assets or fund balances. Subtract line 21 from line 20	8,050,324.	4,468,548.
		21,146,414.	17,663,439.	

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 ERIC HARRISON, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name SANDY ROSS	Preparer's signature SANDY ROSS
	Firm's name KAHN, LITWIN, RENZA & CO., LTD.	Date 04/16/24
	Firm's address 951 NORTH MAIN STREET PROVIDENCE, RI 02904	Check if self-employed <input type="checkbox"/> PTIN P01399337
		Firm's EIN 05-0409384
		Phone no. 401-274-2001

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 \$ 3,442,638. including grants of \$ 2,433,614.) (Revenue \$ _____)
BASIC NEEDS AND COMMUNITY INVESTMENT - THIS PROGRAMMING ENSURES THAT
INDIVIDUALS AND FAMILIES HAVE THE BASIC NEEDS NECESSARY TO PROMOTE
WELL-BEING IN THE COMMUNITY. THROUGH DIRECT SERVICES AND COMMUNITY
INVESTMENT GRANTS TO LOCAL PARTNERS, THROUGHOUT 52 COMMUNITIES IN THE
CENTRAL AND NORTHEASTERN REGION OF CONNECTICUT, WE RISE TOGETHER TO
TACKLE FOOD INSECURITY, HOMELESSNESS; UNEMPLOYMENT; DOMESTIC VIOLENCE
AND/OR SEXUAL ASSAULT; DISASTER RECOVERY; FINANCIAL INSTABILITY; AND
LITERACY GAPS.

4b (Code: _____) (Expenses \$ 1,817,507. including grants of \$ _____) (Revenue \$ _____)
FAMILY FINANCIAL STABILITY:
HARTFORD WORKING CITIES- AIMS TO CREATE PATHWAYS AND OPPORTUNITIES THAT
HELP YOUTH AND YOUNG ADULTS EXPERIENCE ECONOMIC MOBILITY BY GAINING
QUALITY AND STABLE EMPLOYMENT. WE COLLABORATE WITH QUALITY PROGRAMS AND
RESOURCES THAT HELP YOUTH AND YOUNG ADULTS BECOME WELL-ROUNDED WORKERS
AND LEADERS. HARTFORD WORKING CITIES WORKS TO REDUCE UNEMPLOYMENT AMONG
16-29-YEAR-OLD HARTFORD RESIDENTS IN EIGHT NEIGHBORHOODS (ASYLUM HILL,
BARRY SQUARE, CLAY ARSENAL, FROG HOLLOW, NORTHEAST, SOUTH GREEN, AND
UPPER ALBANY). OUR EFFORTS IN THESE NEIGHBORHOODS ARE PURSUED IN
COLLABORATION WITH PLACE-BASED ORGANIZATIONS, INITIATIVES, AND
COMMUNITY GROUPS.

4c (Code: _____) (Expenses \$ 921,515. including grants of \$ _____) (Revenue \$ _____)
HEALTH: WHEN YOU SUPPORT UNITED WAY, YOU'RE HELPING PROMOTE ACCESS TO
QUALITY HEALTH CARE AND WELLNESS OPPORTUNITIES FOR CHILDREN AND
FAMILIES. PEOPLE WHO ARE GOING THROUGH TOUGH TIMES GET THE ASSISTANCE
THEY NEED, SUCH AS FOOD AND SHELTER.

UNITED WAY 211- 2-1-1 PROVIDES A ONE-STOP CONNECTION FOR HEALTHCARE
ACCESS, AND HEALTH-RELATED SERVICES AND SUPPORTS. 211 IS THERE 24 HOURS
A DAY, 7 DAYS A WEEK AND 365 DAYS A YEAR TO HELP PEOPLE FIND WHAT THEY
NEED.

THE NORTH HARTFORD TRIPLE AIM COLLABORATIVE- IS A MULTI-SECTOR
CONVENING TABLE FOCUSED ON POPULATION HEALTH IMPROVEMENT. RESIDENTS AND

4d Other program services (Describe on Schedule O.)
(Expenses \$ 1,036,923. including grants of \$ 814,101.) (Revenue \$ _____)

4e Total program service expenses 7,218,583.

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> ? See instructions	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 Rev. Proc. 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> See instructions		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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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
25b 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a 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
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 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
35b 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 on 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		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c 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 47		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
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?		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
	If "Yes," complete Form 6069.		

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.		
	21		
b	Enter the number of voting members included on line 1a, above, who are independent		
	21		
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 on 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 on 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 on 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
 JENNIFER CRITCHER BENGSTON - 860-493-6871
 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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ERIC HARRISON PRESIDENT AND CEO	52.00	X		X			184,132.	0.	18,970.	
(2) JENNIFER GIFFORD SENIOR VICE PRESIDENT	52.00				X		134,556.	0.	40,357.	
(3) MAURA COOK VP OF MKTG & DEV	52.00				X		119,299.	0.	17,031.	
(4) JENNIFER C. CRITCHER CHIEF FINANCIAL OFFICER	40.00	X		X			16,721.	0.	123.	
(5) VICKY PACE BOARD CHAIR	1.00	X		X			0.	0.	0.	
(6) DONALD ALLAN, JR. IMMEDIATE PAST BOARD CHAIR	0.30	X		X			0.	0.	0.	
(7) RICHARD J. TAVOLIERI VICE CHAIR (AS OF 2/23)	0.50	X		X			0.	0.	0.	
(8) PATRICK SAMPSON VICE CHAIR (AS OF 2/23)	0.50	X		X			0.	0.	0.	
(9) PETER COLLINS VICE CHAIR (AS OF 2/23)	0.50	X		X			0.	0.	0.	
(10) DONNA L. SODIPO BOARD MEMBER	0.30	X					0.	0.	0.	
(11) COURTNEY JINJIKA BOARD MEMBER (TO 9/22)	0.30	X					0.	0.	0.	
(12) MICHAEL J. AUSERE BOARD MEMBER (AS OF 2/23)	0.50	X					0.	0.	0.	
(13) SHELLYE DAVIS BOARD MEMBER	0.30	X					0.	0.	0.	
(14) CHARLES W. BOGOIAN BOARD MEMBER	0.30	X					0.	0.	0.	
(15) VI R. SMALLEY ESQ. BOARD MEMBER	0.30	X					0.	0.	0.	
(16) JENNIFER L. SHANLEY BOARD MEMBER	0.30	X					0.	0.	0.	
(17) JAMES P. O'MEARA BOARD MEMBER	0.30	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) TIMOTHY RESTALL JR. BOARD MEMBER	0.30	X						0.	0.	0.
(19) SHAWN J. MAYNARD BOARD MEMBER	0.30	X						0.	0.	0.
(20) NETI GUZMAN BOARD MEMBER	0.30	X						0.	0.	0.
(21) STEVEN M. LITCHFIELD BOARD MEMBER	0.30	X						0.	0.	0.
(22) ROBERT A. KOSIOR BOARD MEMBER	0.30	X						0.	0.	0.
(23) ROSHAN N. PATEL BOARD MEMBER	0.30	X						0.	0.	0.
(24) SHARON WILLIAMS BOARD MEMBER	0.30	X						0.	0.	0.
(25) BEATRIZ GUTIERREZ BOARD MEMBER	0.30	X						0.	0.	0.
(26) VENTON B. FORBES BOARD MEMBER	0.30	X						0.	0.	0.
1b Subtotal								454,708.	0.	76,481.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								454,708.	0.	76,481.

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 3

	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
CAPITAL WORKFORCE PARTNERS ONE UNION PLACE 3RD FL, HARTFORD, CT 06103	CONSULTANT	573,530.
CONNECTICUT CENTER FOR ADVANCE TECHNOLOGY, 222 PITKIN STREET SUITE 101, EAST	CONSULTANT	383,243.
UNITED WAY WORLDWIDE 701 N. FAIRFAX STREET, ALEXANDRIA, VA 22314	MARKETING	213,400.
DEMARCO MANAGEMENT CORPORATION 117 MURPHY ROAD, HARTFORD, CT 06114	BUILDING MAINTENANCE	102,475.

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 4

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(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	1a	43,199.				
	b Membership dues	1b					
	c Fundraising events	1c	34,615.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	521,009.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,472,480.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 92,472.				
	h Total. Add lines 1a-1f			11,071,303.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		942,481.			942,481.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	103,899.			
			(ii) Personal				
				0.			
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c	103,899.				
	d Net rental income or (loss)			103,899.	103,899.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	3,645,936.	65,691.		
			(ii) Other				
				3,372,016.	108,620.		
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c	273,920.	-42,929.			
	d Net gain or (loss)			230,991.		230,991.	
8 a Gross income from fundraising events (not including \$ 34,615. of contributions reported on line 1c). See Part IV, line 18	8a		853,006.				
			339,573.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			513,433.		513,433.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code	900099	88,987.	88,987.		
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			88,987.			
12 Total revenue. See instructions			12,951,094.	192,886.	0.	1,686,905.	

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 X

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 ...	3,247,715.	3,247,715.		
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	775,077.	249,545.	193,214.	332,318.
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	2,046,590.	856,973.	440,794.	748,823.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,340.	11,175.	15,482.	12,683.
9 Other employee benefits	453,330.	144,406.	133,179.	175,745.
10 Payroll taxes	243,849.	80,462.	67,641.	95,746.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,269.	2,345.	2,386.	3,538.
c Accounting	56,235.		56,235.	
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.)	2,117,171.	1,792,020.	196,038.	129,113.
12 Advertising and promotion	139,598.	38,046.	2,007.	99,545.
13 Office expenses	403,343.	341,881.	14,660.	46,802.
14 Information technology	109,533.	44,270.	34,220.	31,043.
15 Royalties				
16 Occupancy	404,428.	200,757.	119,160.	84,511.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	62,011.	43,319.	13,328.	5,364.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	175,981.	55,552.	98,354.	22,075.
23 Insurance	174,738.	52,043.	71,134.	51,561.
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 DUES & UNITED WAY SUPPO	206,303.	37,095.	61,137.	108,071.
b MISCELLANEOUS	120,379.	20,979.	30,658.	68,742.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	10,808,890.	7,218,583.	1,574,627.	2,015,680.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	363.	1	98.
	2 Savings and temporary cash investments	3,810,203.	2	1,947,292.
	3 Pledges and grants receivable, net	1,403,097.	3	1,745,160.
	4 Accounts receivable, net	234,502.	4	1,174,523.
	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	65,302.	9	172,340.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,620,095.		
	b Less: accumulated depreciation	10b 4,029,163.		
	11 Investments - publicly traded securities	15,865,340.	11	16,496,742.
	12 Investments - other securities. See Part IV, line 11	7,122,131.	12	0.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	41,958.	15	4,900.
16 Total assets. Add lines 1 through 15 (must equal line 33)	29,196,738.	16	22,131,987.	
Liabilities	17 Accounts payable and accrued expenses	1,786,499.	17	2,169,551.
	18 Grants payable	2,446,266.	18	432,776.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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	3,817,559.	25	1,866,221.
	26 Total liabilities. Add lines 17 through 25	8,050,324.	26	4,468,548.
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	12,521,495.	27	15,794,280.
	28 Net assets with donor restrictions	8,624,919.	28	1,869,159.
	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	21,146,414.	32	17,663,439.
33 Total liabilities and net assets/fund balances	29,196,738.	33	22,131,987.	

Form 990 (2022)

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	12,951,094.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,808,890.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,142,204.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,146,414.
5	Net unrealized gains (losses) on investments	5	354,172.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-6,471,156.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	491,805.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	17,663,439.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
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 _____		

Form 990 (2022)

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,139,164.	15,561,883.	13,847,156.	11,939,135.	11,071,303.	69,558,641.
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	17,139,164.	15,561,883.	13,847,156.	11,939,135.	11,071,303.	69,558,641.
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)						2,696,287.
6 Public support. Subtract line 5 from line 4.						66,862,354.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	17,139,164.	15,561,883.	13,847,156.	11,939,135.	11,071,303.	69,558,641.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,095,756.	978,989.	1,056,033.	635,125.	1,046,380.	4,812,283.
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.)	235,031.		5,706.	37,640.	941,993.	1,220,370.
11 Total support. Add lines 7 through 10						75,591,294.
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2022 (line 6, column (f), divided by line 11, column (f))	14	88.45 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	88.49 %
16a 33 1/3% support test - 2022. 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 - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. 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"/>

Schedule A (Form 990) 2022

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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 (<i>explain in detail in Part VI</i>):		
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).		

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 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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.)

Multiple horizontal lines for supplemental information.

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

2022

Open to Public
Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input 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 July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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) 2022

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	15,865,339.	18,221,118.	16,649,777.	16,887,062.	16,668,925.
b Contributions					
c Net investment earnings, gains, and losses	942,684.	-1,755,779.	2,571,341.	362,715.	818,137.
d Grants or scholarships					
e Other expenditures for facilities and programs	947,690.	600,000.	1,000,000.	600,000.	600,000.
f Administrative expenses	3,751,442.				
g End of year balance	12,108,891.	15,865,339.	18,221,118.	16,649,777.	16,887,062.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 86.3540 %
 - b Permanent endowment 10.1935 %
 - c Term endowment 3.4525 %
- 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.	3,038,166.	429,915.
c Leasehold improvements				
d Equipment		996,415.	843,198.	153,217.
e Other		152,276.	147,799.	4,477.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				590,932.

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

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	1,548,907.
(3) CAMPAIGN DESIGNATIONS PAYABLE	317,314.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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	13,066,843.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	354,172.
b	Donated services and use of facilities	2b	108,873.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	491,805.
e	Add lines 2a through 2d	2e	954,850.
3	Subtract line 2e from line 1	3	12,111,993.
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	814,101.
c	Add lines 4a and 4b	4c	839,101.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,951,094.

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	10,078,662.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	108,873.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	108,873.
3	Subtract line 2e from line 1	3	9,969,789.
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	814,101.
c	Add lines 4a and 4b	4c	839,101.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,808,890.

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, 2023 AND 2022.

UWCNCT'S FEDERAL AND STATE INFORMATION RETURNS PRIOR TO FISCAL YEAR 2019

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

Part XIII Supplemental Information (continued)

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 491,805.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AMOUNT DESIGNATED BY OTHERS 814,101.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AMOUNT DESIGNATED BY OTHERS 814,101.

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))	
		POWER OF THE PURSE (event type)	REAL ESTATE BREAKFAST (event type)	4 (total number)		
Revenue	1	Gross receipts	286,747.	452,398.	148,476.	887,621.
	2	Less: Contributions	15,175.	8,220.	11,220.	34,615.
	3	Gross income (line 1 minus line 2)	271,572.	444,178.	137,256.	853,006.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	2,809.			2,809.
	6	Rent/facility costs	63,152.	3,059.	22,308.	88,519.
	7	Food and beverages	34,997.	15,377.	13,414.	63,788.
	8	Entertainment				
	9	Other direct expenses	66,719.	41,468.	76,270.	184,457.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				339,573.
11	Net income summary. Subtract line 10 from line 3, column (d)				513,433.	

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))
		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: _____

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

2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CCARC, INC. 950 SLATER ROAD NEW BRITAIN, CT 06053	06-6011543	501 (C)3	10,000.	0.			INTELLECTUAL DISABILITIES PROGRAM
SEXUAL ASSAULT CRISIS CENTER OF EASTERN CONNECTICUT, INC. - PO BOX 24 - WILLIMANTIC, CT 06226	06-1033609	501 (C)3	10,000.	0.			SEXUAL ASSAULT CRISIS CENTER OF EASTERN CT
CATHOLIC CHARITIES & FAMILY SERVICES, DIOCESE OF NORWICH, INC. - 331 MAIN STREET - NORWICH, CT 06360	06-0646609	501 (C)3	10,000.	0.			BASIC NEEDS: EMA
HOCKANUM VALLEY COMMUNITY COUNCIL 29 NAEK ROAD, SUITE 5A VERNON, CT 06066	06-0864311	501 (C)3	15,000.	0.			HOCKANUM VALLEY COMMUNITY COUNCIL
THE ARC OF THE FARMINGTON VALLEY, INC. (FAVARH) - 225 COMMERCE DRIVE - CANTON, CT 06019	06-6011136	501 (C)3	15,000.	0.			INTELLECTUAL DISABILITIES PROGRAM,
LITERACY VOLUNTEERS OF CENTRAL CONNECTICUT - 20 HIGH STREET - NEW BRITAIN, CT 06051	22-2527030	501 (C)3	16,500.	0.			TALK FOR TOTS , LITERACY FOR ECONOMIC SELF SUFFICIENCY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **40.**
- 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.**
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNOX, INC. 75 LAUREL STREET HARTFORD, CT 06106	06-0985421	501 (C)3	17,000.	0.			GREEN JOBS APPRENTICESHIPS
PATHWAYS/SENDEROS 43 VIETS STREET NEW BRITAIN, CT 06053	06-1401224	501 (C)3	20,000.	0.			PATHWAYS WORKFORCE DEVELOPMENT
LOCAL INITIATIVES SUPPORT CORPORATION - 75 CHARTER OAK AVENUE SUITE 2-250 - HARTFORD, CT 06106	13-3030229	501 (C)3	20,000.	0.			FINANCIAL OPPORTUNITY CENTERS (FOCS)
LITERACY VOLUNTEERS OF GREATER HARTFORD - 30 ARBOR STREET, 101 SOUTH BUILDING - HARTFORD, CT 06106	23-7237570	501 (C)3	22,500.	0.			CAREER PATHWAYS
HARTFORD HEALTHCARE AT HOME 1290 SILAS DEANE HIGHWAY STE 4B WETHERSFIELD, CT 06109	06-0646938	501 (C)3	25,000.	0.			MEALS ON WHEELS
GREATER HARTFORD LEGAL AID, INC. 999 ASYLUM AVE 3RD FLOOR HARTFORD, CT 06105	06-0730611	501 (C)3	25,000.	0.			SAFETY AND FINANCIAL SECURITY FOR DOMESTIC VIOLENCE AND SEXUAL ASSAULT VICTIMS
SERVICES FOR THE ELDERLY OF FARMINGTON - 321 NEW BRITAIN AVE - UNIONVILLE, CT 06085	06-0860153	501 (C)3	25,000.	0.			MEDICAL LOAN CLOSET, MEALS ON WHEELS
URISE VENTURES INC. 1229 ALBANY AVENUE HARTFORD, CT 06112	82-2053282	501 (C)3	25,000.	0.			GETTING AHEAD IN A JUST GETTING BY WORLD
CATHOLIC CHARITIES, INC. - ARCHDIOCESE OF HARTFORD - COVID 1-19 OUTREACH PROJECT, 839-841 ASYLUM AVENUE - HARTFORD, CT 06105	06-0667607	501 (C)3	32,500.	0.			BOOST - ENTREPRENEUR SUSTAINABILITY TRACT (BEST), FINANCIAL STABILITY, BASIC NEEDS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPASS YOUTH COLLABORATIVE, INC. 55 AIRPORT ROAD SUITE 201 HARTFORD, CT 06114	31-1768549	501 (C)3	35,000.	0.			PEACEBUILDERS
PRUDENCE CRANDALL CENTER, INC. PO BOX 895 NEW BRITAIN, CT 06050	06-0968557	501 (C)3	37,000.	0.			EMERGENCY SHELTER
CENTER FOR CHILDREN'S ADVOCACY 65 ELIZABETH STREET HARTFORD, CT 06105	06-1489575	501 (C)3	37,000.	0.			LEGAL SERVICES FOR TRANSITION-AGE YOUTH AND YOUNG ADULTS, ADVOCACY FOR UTILITY PROTECTION
OPPORTUNITIES INDUSTRIALIZATION CENTER OF NEW BRITAIN, INC. (OIC) - 114 NORTH STREET - NEW BRITAIN, CT 06051	06-0876897	501 (C)3	37,500.	0.			FO'REAL (FOSTERING OPPORTUNITIES TO REACH EDUCATIONAL AND EMPLOYMENT ASPIRATIONS
NETWORK AGAINST DOMESTIC ABUSE OF NORTH CENTRAL CT - 139 HAZARD AVE BUILDING3 - ENFIELD, CT 06082	22-2670688	501 (C)3	47,000.	0.			LIFE READINESS PROGRAM
WINDHAM AREA INTERFAITH MINISTRY (WAIM) - 866 MAIN STREET PO BOX 221 - WILLIMANTIC, CT 06226	06-1122323	501 (C)3	47,500.	0.			BASIC HUMAN NEEDS: EMERGENCY MATERIAL ASSISTANCE
URBAN LEAGUE OF GREATER HARTFORD 140 WOODLAND STREET HARTFORD, CT 06105	06-6066491	501 (C)3	50,000.	0.			PROJECT STABLE
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037	53-0196605	501 (C)3	50,000.	0.			DISASTER RESPONSE & RELIEF SERVICES
JOURNEY HOME 255 MAIN STREET 2ND FLOOR, PO BOX 2 HARTFORD, CT 06106	80-0143570	501 (C)3	55,000.	0.			GREATER HARTFORD COORDINATED ACCESS NETWORK

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT FOODSHARE, INC. 2 RESEARCH PKWY WALLINGFORD, CT 06492	22-2474771	501 (C)3	64,500.	0.			VOLUNTEER SNAP ENROLLMENT PROGRAM, STATEWIDE FOOD BANK
CONNECTICUT COALITION TO END HOMELESSNESS - 257 LAWRENCE STREET - HARTFORD, CT 06106	06-1126880	501 (C)3	65,000.	0.			SAFETY FROM DOMESTIC VIOLENCE PROJECT, SHELTER DIVISION
HARC, INC. 900 ASYLUM AVE HARTFORD, CT 06105	06-0710289	501 (C)3	70,500.	0.			HARC STEPPING STONES, INTELLECTUAL DISABILITIES PROGRAM
SOUTH PARK INN, INC. 75 MAIN STREET HARTFORD, CT 06106	06-1083735	501 (C)3	75,000.	0.			EMERGENCY SHELTER
HARTFORD INTERVAL HOUSE, INC. PO BOX 340207 HARTFORD, CT 06134	06-0960005	501 (C)3	75,000.	0.			PROTECTIVE SERVICES SHELTER
HUMAN RESOURCES AGENCY OF NEW BRITAIN, INC. - 180 CLINTON STREET - NEW BRITAIN, CT 06053	06-0954802	501 (C)3	80,000.	0.			FOUNDATIONS FOR FINANCIAL INDEPENDENCE, NEW BRITAIN FOOD AND RESOURCE CENTER
YWCA HARTFORD REGION 135 BROAD STREET HARTFORD, CT 06105	06-0646993	501 (C)3	94,000.	0.			EARLY LEARNING CENTERS, YW CAREER WOMEN HARTFORD, YWCA EMERGENCY SHELTER
EAST HARTFORD PUBLIC SCHOOLS 1110 MAIN STREET EAST HARTFORD, CT 06108	06-6001989	501 (C)3	95,000.	0.			CROSSROADS AFTER-SCHOOL/SUMMER EARLY READING PROGRAM, EAST HARTFORD PUBLIC SCHOOLS:
OUR PIECE OF THE PIE (OPP) 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659	501 (C)3	105,000.	0.			PIPELINE TO IT JOBS, PATHWAYS TO CAREERS INITIATIVE, FINANCIAL STABILITY SERVICES

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY SOUTHERN NEW ENGLAND DIVISION - 855 ASYUM AVE - HARTFORD, CT 06105	13-5562351	501 (C)3	110,000.	0.			EMERGENCY SERVICES - WINDHAM, EMERGENCY SERVICES - NEW BRITAIN, EMERGENCY MATERIAL
UNITED WAY OF CONNECTICUT, INC. 1344 SILAS DEANE HIGHWAY ROCKY HILL, CT 06067	06-1084194	501 (C)3	120,000.	0.			2-1-1
YWCA OF NEW BRITAIN, INC. 19 FRANKLIN SQUARE NEW BRITAIN, CT 06051	06-0598620	501 (C)3	123,250.	0.			CHILD CARE, THE FAMILY SUPPORT NETWORK, YMCA CHILDCARE INCUBATOR, HOUSE OF TEENS, SEXUAL
WORKFORCE SOLUTIONS COLLABORATIVE OF METRO HARTFORD - 30 LAUREL STREET - HARTFORD, CT 06106	06-0646653	501 (C)3	150,000.	0.			WORKFORCE SOLUTIONS COLLABORATIVE OF METRO HARTFORD
WOMEN'S LEAGUE, INC. CHILD DEVELOPMENT CENTER - 1695 MAIN STREET - HARTFORD, CT 06120	06-0646969	501 (C)3	150,500.	0.			CHILD DEVELOPMENT CENTER
THE VILLAGE FOR FAMILIES & CHILDREN, INC. - 1680 ALBANY AVENUE - HARTFORD, CT 06105	06-0668594	501 (C)3	360,000.	0.			K-3 LITERACY ENRICHMENT/EDUCATIONAL ENHANCEMENT, READY TO READ: EARLY

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.

PART I, LINE 2:

THROUGH THE UWCNCT COMMUNITY CAMPAIGN, DONORS CAN DIRECT THEIR GIFTS TO ANY

QUALIFIED ORGANIZATION IN THE UNITED STATE OVER WHICH UWCNCT

EXERCISES/RETAINS NO DISCRETION AS TO USE DUE TO DONOR INSTRUCTION. IN

ORDER TO QUALIFY, AN ORGANIZATION MUST MEET THE FOLLOWING THREE

CRITERIA: (1) FULLY TAX EXEMPT, (2) DONATIONS ARE 100% TAX DEDUCTIBLE, (3)

IN FULL COMPLIANCE WITH FEDERAL PATRIOT ACT LAW. AS A MEMBER OF UNITED WAY

WORLDWIDE (UWW), UWCNCT ADHERES TO ALL MEMBERSHIP CRITERIA INCLUDING THE

REQUIREMENTS FOR DEDUCTING EXPENSES FROM DONOR-DIRECTED PLEDGES (UWW

Part IV Supplemental Information

PUBLICATION TITLED "COST DEDUCTION STANDARDS FOR MEMBERSHIP REQUIREMENT

M").

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTIKIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCING RACIAL EQUITY THROUGH

CAPACITY BUILDING, SUMMER PROGRAM, TUTORING/MENTORING AND ARTS &

ENRICHMENT PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

OPPORTUNITIES INDUSTRIALIZATION CENTER OF NEW BRITAIN, INC. (OIC)

(H) PURPOSE OF GRANT OR ASSISTANCE: FO'REAL (FOSTERING OPPORTUNITIES TO

REACH EDUCATIONAL AND EMPLOYMENT ASPIRATIONS FOR LIFE)

NAME OF ORGANIZATION OR GOVERNMENT: EAST HARTFORD PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: CROSSROADS AFTER-SCHOOL/SUMMER EARLY

READING PROGRAM, EAST HARTFORD PUBLIC SCHOOLS: CRADLE TO CAREER

INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT:

THE SALVATION ARMY SOUTHERN NEW ENGLAND DIVISION

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY SERVICES - WINDHAM,

EMERGENCY SERVICES - NEW BRITAIN, EMERGENCY MATERIAL ASSISTANCE PROGRAM,

MEN'S SHELTER NEW BRITAIN, MARSHALL HOUSE SHELTER

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF NEW BRITAIN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILD CARE, THE FAMILY SUPPORT

NETWORK, YMCA CHILDCARE INCUBATOR, HOUSE OF TEENS, SEXUAL ASSAULT CRISIS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

THE VILLAGE FOR FAMILIES & CHILDREN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: K-3 LITERACY ENRICHMENT/EDUCATIONAL

ENHANCEMENT, READY TO READ: EARLY CHILDHOOD/PRESCHOOL, FINANCIAL

OPPORTUNITY CENTER/VITA

PART III, 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

2022

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.

Schedule J (Form 990) 2022

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.

Table with 6 main columns: (A) Name and Title, (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation (sub-columns: (i) Base compensation, (ii) Bonus & incentive compensation, (iii) Other reportable 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. Rows include ERIC HARRISON (PRESIDENT AND CEO) and JENNIFER GIFFORD (SENIOR VICE PRESIDENT).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

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
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	589	92,472. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0
--	----	---

- 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
- 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?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- 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) 2022

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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, ITEM C, DOING BUSINESS AS:

UNITED WAY OF CENTRAL AND NORTHEASTERN

CONNECTICUT

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

NO-COST TAX PREPARATION- GET HELP FROM AN IRS-CERTIFIED VOLUNTEER, IF

YOUR HOUSEHOLD INCOME IS UP TO \$60,000. VOLUNTEER INCOME TAX ASSISTANCE

(VITA) IS A PARTNERSHIP OF UNITED WAY, THE IRS, THE VILLAGE FOR

FAMILIES & CHILDREN, INC. AND HUMAN RESOURCES AGENCY OF NEW BRITAIN,

INC. WHICH PROVIDES TAX PREPARATION SERVICES AT NO COST TO ELIGIBLE

FAMILIES AT COMMUNITY LOCATIONS THROUGHOUT OUR REGION. IN ADDITION,

ONLINE FILING IS ALSO AVAILABLE AT MYFREETAXES.COM.

WORKFORCE SOLUTIONS COLLABORATIVE OF METRO HARTFORD- IS A FUNDERS'

COLLABORATIVE OF PRIVATE FOUNDATIONS THAT AIMS TO PROMOTE REGIONAL

SECTOR PARTNERSHIPS OF EMPLOYERS BY SUPPORTING THEIR NEEDS OF FINDING

AND RETAINING TALENT WHILE CREATING OPPORTUNITIES FOR JOB SEEKERS TO

ENTER REWARDING AND MEANINGFUL EMPLOYMENT AND ACCOMPLISH THEIR GOALS.

WE ARE MOTIVATED TO HELP RESIDENTS IN OUR COMMUNITIES RISE ABOVE

POVERTY TO ACHIEVE A HIGHER STANDARD OF LIVING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PARTNER ORGANIZATIONS FROM THE BUSINESS, NON-PROFIT, HEALTHCARE AND

GOVERNMENT SECTORS ARE WORKING TOGETHER TO IDENTIFY GAPS AND ELEVATE

EXISTING NEIGHBORHOOD-LEVEL HEALTH STRATEGY THAT EXEMPLIFIES THE

"TRIPLE AIM" OF IMPROVED WELL-BEING, IMPROVED POPULATION HEALTH AND

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

Schedule O (Form 990) 2022

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REDUCED HEALTHCARE SYSTEM COSTS IN THE NORTH HARTFORD PROMISE ZONE.

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

DONOR DESIGNATIONS: THROUGH THE UWCNCT COMMUNITY CAMPAIGN, DONORS CAN

DIRECT THEIR GIFTS TO ANY QUALIFIED ORGANIZATION IN THE UNITED STATES

OVER WHICH THE UWCNCT EXERCISES/RETAINS NO DISCRETION AS TO THE USE DUE

TO DONOR INSTRUCTION. IN ORDER TO QUALIFY, AN ORGANIZATION MUST MEET

THE FOLLOWING THREE CRITERIA: (1) BE FULLY TAX EXEMPT; (2) ENSURE

DONATIONS ARE 100% TAX DEDUCTIBLE; AND (3) BE IN FULL COMPLIANCE WITH

THE FEDERAL PATRIOT ACT LAW.

EXPENSES \$ 814,101. INCLUDING GRANTS OF \$ 814,101. REVENUE \$ 0.

YOUTH SUCCESS: WE INVEST IN PROGRAMS AND INITIATIVES THAT IDENTIFY AND

ADDRESS DEVELOPMENTAL CHALLENGES AND CONNECT CHILDREN AND YOUTH WITH

OPPORTUNITIES TO GAIN ACADEMIC SKILLS. WE'RE ALSO WORKING TO SUPPORT

COMMUNITY-WIDE SYSTEMS FOR ACADEMIC SKILL DEVELOPMENT.

CAMPAIGN FOR GRADE-LEVEL READING- IS A PARTNERSHIP BETWEEN SCHOOLS,

MUNICIPALITIES, BUSINESSES AND COMMUNITY ORGANIZATIONS TO RALLY BEHIND

A COORDINATED EFFORT TO ENSURE CHILDREN ARE READING ON GRADE LEVEL BY

THE START OF FOURTH GRADE. THIS CRITICAL MILESTONE MARKS THE TIME WHEN

STUDENTS TRANSITION FROM 'LEARNING TO READ' TO 'READING TO LEARN' AND

IS AN IMPORTANT PREDICTOR OF ON-TIME HIGH SCHOOL GRADUATION.

DOLLY PARTON'S IMAGINATION LIBRARY- IS A FREE SUBSCRIPTION PROGRAM THAT

PROVIDES ONE BOOK PER MONTH TO HARTFORD CHILDREN FROM BIRTH TO AGE

FIVE. THE BOOKS ARE DELIVERED DIRECTLY TO A CHILD'S HOME TO HELP BUILD

THEIR HOME LIBRARIES. SINCE AUGUST 2020, THE PROGRAM HAS ENROLLED MORE

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THAN 6,295 HARTFORD CHILDREN WHO HAVE COLLECTIVELY RECEIVED MORE THAN
50,000 BOOKS.

UNITED WAY READERS- MATCHES A CARING VOLUNTEER WITH A STUDENT WHO IS
BEHIND IN READING. WE UNDERSTAND THE IMPORTANCE OF INVESTING IN A
STUDENT'S FUTURE; AS THE RELATIONSHIP DEVELOPS WE SEE VOLUNTEERS
STARTING TO READ MORE BOOKS CONNECTED TO THE INTERESTS OF STUDENTS AND
STUDENTS COME TO SEE THAT READING IS A BIG PART OF ACCOMPLISHING THEIR
HOPES AND DREAMS. READING ON GRADE-LEVEL IS A KEY INDICATOR FOR
GRADUATING HIGH SCHOOL ON TIME PREPARED FOR COLLEGE OR CAREER.

UNITED WE READ!- READING IS AN ESSENTIAL TOOL FOR SUCCESS IN SCHOOL,
WORK AND LIFE. AND, RESEARCH TELLS US THAT READING PROFICIENTLY BY THE
START OF FOURTH GRADE AN IMPORTANT PREDICTOR OF HIGH SCHOOL GRADUATION
AND CAREER SUCCESS. YET ONLY 40 PERCENT OF FOURTH GRADERS IN
CONNECTICUT ARE MEETING THIS CRUCIAL MILESTONE. MOREOVER, STRUGGLING
READERS ARE DISPROPORTIONATELY BLACK OR HISPANIC AND/OR FROM LOW-INCOME
HOUSEHOLDS, AND SCORE ON AVERAGE 35 POINTS BELOW WHITE OR HIGHER-INCOME
PEERS ON STANDARDIZED READING TESTS THE LARGEST GAP IN THE NATION.

EXPENSES \$ 222,822. INCLUDING GRANTS OF \$ 0. 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

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UNITED WAY SHALL BE HELD EACH YEAR ON SUCH DATE AND AT SUCH TIME AND PLACE
AS THE BOARD CHAIR SHALL FIX, FOR THE PURPOSE OF ELECTING DIRECTORS AND
OTHER BUSINESS AS MAY PROPERLY COME BEFORE THE MEETING.

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

UWCNCT'S AUDIT COMMITTEE REVIEWS AND ACCEPTS THE 990. 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

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EXECUTIVE COMMITTEE OR THE BOARD.

THE BENEFITS AND COMPENSATION COMMITTEE CHAIRPERSON WILL:

- REPORT AND RECOMMEND EXECUTIVE COMPENSATION AND BENEFITS TO THE EXECUTIVE COMMITTEE AND THE BOARD.

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

COMPENSATION REVIEW:

THE BENEFITS AND COMPENSATION COMMITTEE WILL REVIEW AND RECOMMEND SENIOR UNITED WAY OF CENT & NE CONNECTICUT 06-0646653 UNITED WAY INC 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

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CHARITABLE ORGANIZATIONS WITH SIMILAR MISSION STATEMENTS, LOCATED IN THE
 NORTHEAST. MARKET DATA MAY INCLUDE FOR-PROFIT ORGANIZATIONS, TO THE EXTENT
 REQUIRED BY THE LOCAL MARKET FOR TALENT. IF A POSITION FALLS BENEATH THE
 15% RANGE, IT IS REVIEWED AND A SALARY ADJUSTMENT MAY OR MAY NOT BE
 RECOMMENDED. THIS RANGE IS OFFERED AS A GUIDELINE NOT AN EXACT MEASURE AND
 CONSIDERATION IS GIVEN TO AN INDIVIDUAL'S PERFORMANCE, CONTRIBUTION,
 EXPERIENCE, ETC. AS PART OF THE COMPENSATION.

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

SPECIFIC COMPENSATION SURVEYS ARE ALSO ORDERED TO PROVIDE ADDITIONAL DATA
 SOURCES AS WELL ALONG WITH ANY FREE ONLINE TOOLS THAT PROVIDE COMPENSATION
 DATA. FOR SENIOR EXECUTIVES, DATA FOR LOCAL NON PROFITS OF COMPARABLE SIZE

UNITED WAY OF CENT & NE CONNECTICUT 06-0646653

UNITED WAY INC 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

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DISCRETION OF MANAGEMENT AND THE BOARD. SALARY RANGES FOR POSITIONS WILL BE ESTABLISHED AND REVIEWED PERIODICALLY TO ENSURE SUCH RANGES REFLECT THE MARKET. MANAGEMENT RETAINS DISCRETION TO PROVIDE A LUMP SUM PAYMENT IN LIEU OF A SALARY INCREASE IN THE EVENT AN INDIVIDUAL'S SALARY IS NEAR OR ABOVE THE MARKET RANGE FOR THE POSITION.

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

FORM 990, PART VI, SECTION C, LINE 19:
 THE ORGANIZATION USES GUIDESTAR.ORG AND THEIR OWN WEBSITE TO MAKE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	1,792,020.
MANAGEMENT AND GENERAL EXPENSES	196,038.
FUNDRAISING EXPENSES	129,113.
TOTAL EXPENSES	2,117,171.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,117,171.

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

PENSION RELATED CHANGES	491,805.
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FORM 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.