

Public Inspection Copy

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.**2023**Open to Public
Inspection**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input checked="" 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 ONE STATE STREET 1710 City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06103		D Employer identification number 06-0646653
	F Name and address of principal officer: ERIC HARRISON SAME AS C ABOVE		E Telephone number 860-493-6800
	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		G Gross receipts \$ 16,280,603.
	J Website: WWW.UNITEDWAYINC.ORG		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
	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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CREATING AN EQUITABLE COMMUNITY WHERE EVERYONE SUCCEEDS; WE ARE UNITED TO END POVERTY.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22	
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	43	
	6 Total number of volunteers (estimate if necessary)	6	8258	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.		
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		11,071,303.	10,309,944.
	9 Program service revenue (Part VIII, line 2g)		0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,173,472.	2,462,606.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		706,319.	-144,917.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,951,094.	12,627,633.
Expenses			Prior Year	Current Year
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,247,715.	3,690,308.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,558,186.	4,716,796.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	2,373,559.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,002,989.	3,794,091.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,808,890.	12,201,195.	
19 Revenue less expenses. Subtract line 18 from line 12		2,142,204.	426,438.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)		22,131,987.	21,865,726.
	21 Total liabilities (Part X, line 26)		4,468,548.	2,509,438.
22 Net assets or fund balances. Subtract line 21 from line 20		17,663,439.	19,356,288.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ERIC HARRISON, PRESIDENT & CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	PATRICK J. MARTIN	PATRICK J. MARTIN	03/24/25		P00283486
Preparer Use Only	Firm's name	KAHN, LITWIN, RENZA & CO., LTD.		Firm's EIN	05-0409384
	Firm's address	951 NORTH MAIN STREET PROVIDENCE, RI 02904		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
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Check if Schedule O contains a response or note to any line in this Part III X

- | | | |
|-----------|---|--|
| 1 | Briefly describe the organization's mission:
OUR MISSION IS TO CLOSE GAPS IN CHILD LITERACY, WAGES, HOUSING, AND
LIFE EXPECTANCY TO ELIMINATE POVERTY. | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 \$ 3,690,308. including grants of \$ 3,690,308.) (Revenue \$)
COMMUNITY IMPACT GRANT FUNDS:
THESE FUNDS SUPPORT OUR COMMUNITY THROUGH GRANTS MADE TO LOCAL
NON-PROFIT AGENCIES IN GREATER HARTFORD AND ARE AIMED TOWARDS
ACCELERATING IMPROVEMENT IN THE FOLLOWING PROGRAMMATIC AREAS: READING;
COMMUNITY IMPACT; BASIC NEEDS; RAPID RE-HOUSING AND ALICE.
ADDITIONALLY, OUR UNITED WAY DISTRIBUTED \$293,500 IN OPERATING GRANTS.

\$931,658 OF THESE EXPENSES ARE DONOR INVESTMENTS RAISED VIA THE UNITED
WAY ANNUAL CAMPAIGN AND DISBURSED TO SPECIFIC 501C3 AGENCIES PER THE
RECOMMENDATION OF EACH DONOR.

PLEASE READ OUR ALICE REPORTS, AVAILABLE HERE: | |
| 4b | (Code:) (Expenses \$ 4,490,066. including grants of \$) (Revenue \$)
COMMUNITY IMPACT PROGRAMMING:
OUR COMMUNITY IMPACT PROGRAM EXPENSES ARE UTILIZED TOWARDS INITIATIVES
THAT SUPPORT THE ELIMINATION OF POVERTY.
-CHILD LITERACY
- COMMUNITY INVESTMENT AND BASIC NEEDS
-LIFE EXPECTANCY
-WAGES
-ALICE
-WORKFORCE SOLUTIONS

CHILD LITERACY
OUR UNITED WAY CREATES OPPORTUNITIES FOR CHILDREN TO IMPROVE THEIR | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$)

 | |
| 4d | Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses 8,180,374. | |

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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. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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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>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c 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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
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>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	52
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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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 43		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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>	3b		
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)?	4a		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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		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?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		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?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
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.	17		

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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**

	1a	22	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.		22		
b Enter the number of voting members included on line 1a, above, who are independent	1b	22		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain 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 BENGSTON - 860-493-1180
 ONE STATE STREET, SUITE 1710, HARTFORD, CT 06103

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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				203,037.	0.	35,111.
(2) JENNIFER GIFFORD SR VP OF IMPACT & ENG	52.00					X		143,737.	0.	36,867.
(3) MAURA COOK SR VP OF MKTG & DEV	52.00					X		142,054.	0.	19,559.
(4) JENNIFER BENGTSON CHIEF FINANCIAL OFFICER	52.00	X		X				156,186.	0.	992.
(5) HELEN BERGIN DIRECTOR OF HUMAN RESOURCE	40.00					X		125,624.	0.	23,018.
(6) VITTORIA PACE IMMEDIATE PAST BOARD CHAIR (AS OF 2/	1.00	X		X				0.	0.	0.
(7) PETE COLLINGS CHAIR (AS OF 2/24)	1.00	X		X				0.	0.	0.
(8) IRENE BASSOCK VICE CHAIR (AS OF 1/24)	1.00	X		X				0.	0.	0.
(9) PATRICK SAMPSON VICE CHAIR (TO 1/24)	0.50	X		X				0.	0.	0.
(10) RICHARD TAVOLIERI TREASURER	1.00	X		X				0.	0.	0.
(11) MICHAEL J. AUSERE BOARD MEMBER (TO 3/24)	0.50	X						0.	0.	0.
(12) ERICA DEAN BOARD MEMBER (TO 6/24)	0.30	X						0.	0.	0.
(13) LEIGH NEWMAN BOARD MEMBER	0.30	X						0.	0.	0.
(14) HUMBERTO HORMAZA BOARD MEMBER (TO 4/24)	0.30	X						0.	0.	0.
(15) JILL VICHI BOARD MEMBER	0.30	X						0.	0.	0.
(16) MICHAEL GOLDBAS BOARD MEMBER	0.30	X						0.	0.	0.
(17) MONTEZ CARTER BOARD MEMBER (AS OF 9/23)	0.30	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) DONALD ALLAN BOARD MEMBER (AS OF 2/24)	0.30	X						0.	0.	0.
(19) DONNA L. SODIPO BOARD MEMBER (TO 5/23)	0.30	X						0.	0.	0.
(20) CHARLES W. BOGOIAN BOARD MEMBER	0.30	X						0.	0.	0.
(21) SHELLYE DAVIS BOARD MEMBER	0.30	X						0.	0.	0.
(22) RHONA FREE BOARD MEMBER (AS OF 6/24)	0.30	X						0.	0.	0.
(23) VI R. SMALLEY ESQ. BOARD MEMBER (AS OF 2/24)	0.30	X						0.	0.	0.
(24) JENNIFER L. SHANLEY BOARD MEMBER	0.30	X						0.	0.	0.
(25) JAMES P. O'MEARA BOARD MEMBER	0.30	X						0.	0.	0.
(26) STEVEN M. LITCHFIELD BOARD MEMBER	0.30	X						0.	0.	0.
1b Subtotal								770,638.	0.	115,547.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								770,638.	0.	115,547.

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

5

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAPITAL WORKFORCE PARTNERS ONE UNION PLACE 3RD FL, HARTFORD, CT 06103	CONSULTANT	163,778.
THE FLYY MOVEMENT LLC, 141 SOUTH MAIN STREET UNIT F, WEST HARTFORD, CT 06110	CONSULTANT	150,000.
SUDOR TAINO 220 BERLIN TURNPIKE, BERLIN, CT 06110	CONSULTANT	150,000.
THE ANGELL PENSION GROUP INC 88 BOYD AVENUE, EAST PROVIDENCE, RI 02914	CONSULTANT	100,169.

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

Form **990** (2023)

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	15,042.				
	b Membership dues	1b					
	c Fundraising events	1c	845,168.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	9,449,734.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,164,833.			1,164,833.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real 99,975.	(ii) Personal			
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	99,975.				
	d Net rental income or (loss)				99,975.	99,975.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities 3,089,721.	(ii) Other 1,500,000.			
	b Less: cost or other basis and sales expenses	7b	2,962,948.	329,000.			
	c Gain or (loss)	7c	126,773.	1,171,000.			
	d Net gain or (loss)				1,297,773.		1,297,773.
	8 a Gross income from fundraising events (not including \$ 845,168. of contributions reported on line 1c). See Part IV, line 18	8a	162,341.				
	b Less: direct expenses	8b	361,022.				
	c Net income or (loss) from fundraising events				-198,681.		-198,681.
	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			Business Code				
	11 a MISCELLANEOUS			900099	-46,211.	-46,211.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d				-46,211.		
12 Total revenue. See instructions				12,627,633.	53,764.	0.	2,263,925.

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 ...	3,690,308.	3,690,308.		
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	423,048.	78,676.	254,083.	90,289.
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	2,812,016.	1,345,502.	439,096.	1,027,418.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	607,999.	270,886.	126,049.	211,064.
9 Other employee benefits	873,733.	393,173.	176,550.	304,010.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	38,321.	10,730.	11,113.	16,478.
c Accounting	67,150.		67,150.	
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.)	1,969,071.	1,667,450.	140,076.	161,545.
12 Advertising and promotion	112,791.	12,000.	10,178.	90,613.
13 Office expenses	302,717.	145,304.	66,598.	90,815.
14 Information technology	253,725.	104,027.	78,655.	71,043.
15 Royalties				
16 Occupancy	415,817.	201,252.	126,832.	87,733.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	74,818.	37,051.	20,847.	16,920.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	145,187.	81,186.	40,947.	23,054.
23 Insurance	97,467.	39,375.	28,067.	30,025.
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	109,574.	21,336.	34,356.	53,882.
b EVENT EXPENSES	96,912.			96,912.
c MISCELLANEOUS	85,541.	82,118.	1,665.	1,758.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,201,195.	8,180,374.	1,647,262.	2,373,559.
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 SheetCheck 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	98.	1	90.
	2 Savings and temporary cash investments	1,947,292.	2	2,812,165.
	3 Pledges and grants receivable, net	1,745,160.	3	1,931,005.
	4 Accounts receivable, net	1,174,523.	4	406,694.
	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	172,340.	9	281,743.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,041,757.		
	b Less: accumulated depreciation	10b 879,780.		
	11 Investments - publicly traded securities	590,932.	10c	161,977.
	12 Investments - other securities. See Part IV, line 11	16,496,742.	11	16,267,152.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	4,900.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	22,131,987.	15	4,900.	
17 Accounts payable and accrued expenses	2,169,551.	16	21,865,726.	
18 Grants payable	432,776.	17	622,371.	
19 Deferred revenue		18	357,471.	
20 Tax-exempt bond liabilities		19	1,073,021.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
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	1,866,221.	24		
26 Total liabilities. Add lines 17 through 25	4,468,548.	25	456,575.	
27 Net assets without donor restrictions	15,794,280.	26	2,509,438.	
28 Net assets with donor restrictions	1,869,159.	27	17,458,168.	
29 Capital stock or trust principal, or current funds		28	1,898,120.	
30 Paid-in or capital surplus, or land, building, or equipment fund		29		
31 Retained earnings, endowment, accumulated income, or other funds		30		
32 Total net assets or fund balances	17,663,439.	31		
33 Total liabilities and net assets/fund balances	22,131,987.	32	19,356,288.	
33 Total liabilities and net assets/fund balances		33	21,865,726.	

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Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,627,633.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,201,195.
3	Revenue less expenses. Subtract line 2 from line 1	3	426,438.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,663,439.
5	Net unrealized gains (losses) on investments	5	613,988.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	652,423.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,356,288.

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** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

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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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

f Enter the number of supported organizations _____

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,561,883.	13,847,156.	11,939,135.	11,071,303.	10,309,944.	62,729,421.
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	15,561,883.	13,847,156.	11,939,135.	11,071,303.	10,309,944.	62,729,421.
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)						1,267,707.
6 Public support. Subtract line 5 from line 4.						61,461,714.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	15,561,883.	13,847,156.	11,939,135.	11,071,303.	10,309,944.	62,729,421.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	978,989.	1,056,033.	635,125.	1,046,380.	1,264,808.	4,981,335.
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.)		5,706.	37,640.	941,993.	116,130.	1,101,469.
11 Total support. Add lines 7 through 10						68,812,225.

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

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	89.32	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	88.45	%
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

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? 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.		
1		
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? 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.		
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)? 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).		
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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
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? 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.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
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).		

Schedule A (Form 990) 2023

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Part VI

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

SCHEDULE 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

2023

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 on line 2a	2c
d Number of conservation easements included on line 2c 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?

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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	12,108,891.	15,865,339.	18,221,118.	16,649,777.	16,887,062.
b Contributions					
c Net investment earnings, gains, and losses	1,147,847.	942,684.	-1,755,779.	2,571,341.	362,715.
d Grants or scholarships					
e Other expenditures for facilities and programs	842,000.	947,690.	600,000.	1,000,000.	600,000.
f Administrative expenses		3,751,442.			
g End of year balance	12,414,738.	12,108,891.	15,865,339.	18,221,118.	16,649,777.

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 9.9424 %

c Term endowment 3.7036 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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				
b Buildings				
c Leasehold improvements				
d Equipment		1,041,757.	879,780.	161,977.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				161,977.

Schedule D (Form 990) 2023

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

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	202,243.
(3) CAMPAIGN DESIGNATIONS PAYABLE	254,332.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	456,575.

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 ... ☒

Schedule D (Form 990) 2023

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

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

1	Total revenue, gains, and other support per audited financial statements	1	12,840,474.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	613,988.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	652,423.
e	Add lines 2a through 2d	2e	1,266,411.
3	Subtract line 2e from line 1	3	11,574,063.
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	1,028,570.
c	Add lines 4a and 4b	4c	1,053,570.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,627,633.

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	11,147,625.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	11,147,625.
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	1,028,570.
c	Add lines 4a and 4b	4c	1,053,570.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	12,201,195.

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:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES AS A PUBLIC CHARITY UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT BELIEVES THAT

THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS TAX-EXEMPT

STATUS AT BOTH THE STATE AND FEDERAL LEVELS.

THE ORGANIZATION ANNUALLY FILES IRS FORM 990 - RETURN OF ORGANIZATION

Part XIII	Supplemental Information <i>(continued)</i>
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EXEMPT FROM INCOME TAX, REPORTING VARIOUS INFORMATION THAT THE IRS USES TO

MONITOR THE ACTIVITIES OF TAX-EXEMPT ENTITIES. THESE TAX RETURNS ARE

SUBJECT TO REVIEW BY THE TAXING AUTHORITIES GENERALLY FOR A PERIOD OF

THREE YEARS AFTER THEY WERE FILED. THE ORGANIZATION CURRENTLY HAS NO TAX

EXAMINATIONS IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PENSION RELATED CHANGES	652,423.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

AMOUNT DESIGNATED BY OTHERS	931,658.
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EVENT EXPENSES	96,912.
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TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,028,570.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

AMOUNT DESIGNATED BY OTHERS	931,658.
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EVENT EXPENSES	96,912.
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TOTAL TO SCHEDULE D, PART XII, LINE 4B 1,028,570.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization UNITED WAY INC

UNITED WAY OF CENT & NE CONNECTICUT

Employer identification number

06-0646653

Part I

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

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

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 POWER OF THE PURSE	(b) Event #2 REAL ESTATE BREAKFAST	(c) Other events 3	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	307,872.	590,553.	109,084.	1,007,509.
	2 Less: Contributions	235,968.	531,707.	77,493.	845,168.
	3 Gross income (line 1 minus line 2)	71,904.	58,846.	31,591.	162,341.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			6,500.	6,500.
	7 Food and beverages	71,904.	58,846.	30,340.	161,090.
	8 Entertainment	35,032.		250.	35,282.
	9 Other direct expenses	75,686.	35,510.	46,954.	158,150.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				361,022.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-198,681.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name _____

Address _____

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

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

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

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

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

2023

**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
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037	53-0196605	501 (C)3	40,000.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING; BASIC NEEDS
BIG BROTHERS BIG SISTERS OF CONNECTICUT - 30 LAUREL STREET - HARTFORD, CT 06106	06-0850379	501 (C)3	27,500.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING; UNITED WE READ
BOYS & GIRLS CLUBS OF HARTFORD, INC. - 170 SIGOURNEY STREET - HARTFORD, CT 06105	06-6026005	501 (C)3	61,500.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING; UNITED WE READ
CAMP COURANT 96 BATTERSON PARK RD FARMINGTON, CT 06032	06-1018155	501 (C)3	50,000.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING; UNITED WE READ
CATHOLIC CHARITIES & FAMILY SERVICES, DIOCESE OF NORWICH, INC. - 331 MAIN STREET - NORWICH, CT 06360	06-0646609	501 (C)3	14,000.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING; BASIC NEEDS
CATHOLIC CHARITIES, INC. - ARCHDIOCESE OF HARTFORD - COVID 1-19 OUTREACH PROJECT, 839-841 ASYLUM AVENUE - HARTFORD, CT 06105	06-0667607	501 (C)3	163,750.	0.			COMMUNITY IMPACT; ALICE; UNITED WE READ; BASIC NEEDS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **52.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

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
CCARC, INC. 950 SLATER ROAD NEW BRITAIN, CT 06053	06-6011543	501 (C)3	7,500.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING; BASIC NEEDS
CENTER FOR CHILDREN'S ADVOCACY 65 ELIZABETH STREET HARTFORD, CT 06105	06-1489575	501 (C)3	51,400.	0.			COMMUNITY IMPACT; ALICE
COMMUNITY FIRST SCHOOL 50 LOVE LANE HARTFORD, CT 06120	81-5385904	501 (C)3	60,000.	0.			COMMUNITY IMPACT; UNITED WE READ
COMPASS YOUTH COLLABORATIVE, INC. 55 AIRPORT ROAD SUITE 201 HARTFORD, CT 06114	31-1768549	501 (C)3	17,500.	0.			ALICE
CONNECTICUT COALITION TO END HOMELESSNESS - 257 LAWRENCE STREET - HARTFORD, CT 06106	06-1126880	501 (C)3	75,000.	0.			BASIC NEEDS
CONNECTICUT FOODSHARE, INC. 2 RESEARCH PKWY WALLINGFORD, CT 06492	22-2474771	501 (C)3	97,250.	0.			COMMUNITY IMPACT; BASIC NEEDS; ALICE
CONNECTIKIDS 814 ASYLUM AVE HARTFORD, CT 06105	06-1035985	501 (C)3	70,500.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING; UNITED WE READ
CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN - PO BOX 1960 - NEW BRITAIN, CT 06051	22-2486319	501 (C)3	60,000.	0.			COMMUNITY IMPACT; UNITED WE READ
EAST HARTFORD PUBLIC SCHOOLS 1110 MAIN STREET EAST HARTFORD, CT 06108	06-6001989	501 (C)3	14,000.	0.			ALICE

Schedule I (Form 990)

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
EDUCATIONAL RESOURCES FOR CHILDREN, INC. - 174 SOUTH ROAD SUITE 200 - ENFIELD, CT 06082	03-0399205	501 (C)3	57,500.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING; UNITED WE READ
GREATER HARTFORD LEGAL AID, INC. 999 ASYLUM AVE 3RD FLOOR HARTFORD, CT 06105	06-0730611	501 (C)3	30,000.	0.			COMMUNITY IMPACT; BASIC NEEDS
GREATER NEW BRITAIN TEEN PREGNANCY PREVENTION, INC. - 43 VIETS STREET - NEW BRITAIN, CT 06053	06-1401224	501 (C)3	10,000.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING
HARC, INC. 900 ASYLUM AVE HARTFORD, CT 06105	06-0710289	501 (C)3	45,800.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING; BASIC NEEDS
HARTFORD HEALTHCARE AT HOME 1290 SILAS DEANE HIGHWAY STE 4B WETHERSFIELD, CT 06109	06-0646938	501 (C)3	22,500.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING; BASIC NEEDS
HARTFORD INTERVAL HOUSE, INC. PO BOX 340207 HARTFORD, CT 06134	06-0960005	501 (C)3	66,000.	0.			BASIC NEEDS
HISPANIC HEALTH COUNCIL, INC. 175 MAIN STREET HARTFORD, CT 06106	06-1018979	501 (C)3	77,500.	0.			BASIC NEEDS; UNITED WE READ
HOCKANUM VALLEY COMMUNITY COUNCIL 29 NAEK ROAD, SUITE 5A VERNON, CT 06066	06-0864311	501 (C)3	16,500.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING; ALICE
HUMAN RESOURCES AGENCY OF NEW BRITAIN, INC. - 180 CLINTON STREET - NEW BRITAIN, CT 06053	06-0954802	501 (C)3	161,750.	0.			BASIC NEEDS; ALICE; UNITED WE READ

Schedule I (Form 990)

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
JOURNEY HOME 255 MAIN STREET 2ND FLOOR, PO BOX 2 HARTFORD, CT 06106	80-0143570	501 (C)3	70,000.	0.			BASIC NEEDS
KNOX, INC. 75 LAUREL STREET HARTFORD, CT 06106	06-0985421	501 (C)3	16,800.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING; ALICE
LITERACY VOLUNTEERS OF CENTRAL CONNECTICUT - 20 HIGH STREET - NEW BRITAIN, CT 06051	22-2527030	501 (C)3	14,000.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING; ALICE
LITERACY VOLUNTEERS OF GREATER HARTFORD - 30 ARBOR STREET, 101 SOUTH BUILDING - HARTFORD, CT 06106	23-7237570	501 (C)3	21,250.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING; ALICE
LOCAL INITIATIVES SUPPORT CORPORATION - 75 CHARTER OAK AVENUE SUITE 2-250 - HARTFORD, CT 06106	13-3030229	501 (C)3	18,000.	0.			ALICE
NETWORK AGAINST DOMESTIC ABUSE OF NORTH CENTRAL CT - 139 HAZARD AVE BUILDING3 - ENFIELD, CT 06082	22-2670688	501 (C)3	50,000.	0.			BASIC NEEDS; ALICE
OPPORTUNITIES INDUSTRIALIZATION CENTER OF NEW BRITAIN, INC. (OIC) - 114 NORTH STREET - NEW BRITAIN, CT 06051	06-0876897	501 (C)3	40,000.	0.			COMMUNITY IMPACT; ALICE
OUR PIECE OF THE PIE (OPP) 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659	501 (C)3	94,500.	0.			ALICE
PATHWAYS/SENDEROS 43 VIETS STREET NEW BRITAIN, CT 06053	06-1401224	501 (C)3	8,000.	0.			ALICE

Schedule I (Form 990)

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
PRUDENCE CRANDALL CENTER, INC. PO BOX 895 NEW BRITAIN, CT 06050	06-0968557	501 (C)3	46,000.	0.			BASIC NEEDS
SERVICES FOR THE ELDERLY OF FARMINGTON - 321 NEW BRITAIN AVE - UNIONVILLE, CT 06085	06-0860153	501 (C)3	10,000.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING; BASIC NEEDS
SEXUAL ASSAULT CRISIS CENTER OF EASTERN CONNECTICUT, INC. - PO BOX 24 - WILLIMANTIC, CT 06226	06-1033609	501 (C)3	9,000.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING; BASIC NEEDS
SOUTH PARK INN, INC. 75 MAIN STREET HARTFORD, CT 06106	06-1083735	501 (C)3	93,000.	0.			BASIC NEEDS
THE ARC OF THE FARMINGTON VALLEY, INC. (FAVARH) - 225 COMMERCE DRIVE - CANTON, CT 06019	06-6011136	501 (C)3	11,000.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING; BASIC NEEDS
THE SALVATION ARMY SOUTHERN NEW ENGLAND DIVISION - 855 ASYUM AVE - HARTFORD, CT 06105	13-5562351	501 (C)3	127,000.	0.			BASIC NEEDS; UNITED WE READ
THE VILLAGE FOR FAMILIES & CHILDREN, INC. - 1680 ALBANY AVENUE - HARTFORD, CT 06105	06-0668594	501 (C)3	275,000.	0.			ALICE
UNITED WAY OF CENTRAL & NORTHEASTERN CONNECTICUT, INC. - 1 STATE STREET - HARTFORD, CT 06105	06-0646653	501 (C)3	100,000.	0.			BASIC NEEDS; RAPID RESPONSE FUND
UNITED WAY OF CONNECTICUT, INC. 1344 SILAS DEANE HIGHWAY ROCKY HILL, CT 06067	06-1084194	501 (C)3	60,000.	0.			BASIC NEEDS

Schedule I (Form 990)

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
URBAN LEAGUE OF GREATER HARTFORD 140 WOODLAND STREET HARTFORD, CT 06105	06-6066491	501 (C)3	45,000.	0.			ALICE
URISE VENTURES INC. 1229 ALBANY AVENUE HARTFORD, CT 06112	82-2053282	501 (C)3	20,000.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING; ALICE
WATKINSON SCHOOL 180 BLOOMFIELD AVE HARTFORD, CT 06105	06-0655136	501 (C)3	7,000.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING; UNITED WE READ
WINDHAM AREA INTERFAITH MINISTRY (WAIM) - 866 MAIN STREET PO BOX 221 - WILLIMANTIC, CT 06226	06-1122323	501 (C)3	15,000.	0.			COMMUNITY IMPACT; BASIC NEEDS
WINDHAM PUBLIC SCHOOLS 322 PROSPECT STREET WILLIMANTIC, CT 06226	06-6002135	501 (C)3	20,000.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING
YMCA OF METROPOLITAN HARTFORD, INC. - 50 STATE HOUSE SQUARE 2ND FLOOR - HARTFORD, CT 06103	06-0881325	501 (C)3	39,600.	0.			TRANSITIONAL FUND PAYMENTS; OPERATING; UNITED WE READ
YMCA OF NEW BRITAIN - BERLIN 50 HIGH STREET NEW BRITAIN, CT 06051	06-0646977	501 (C)3	58,000.	0.			COMMUNITY IMPACT; UNITED WE READ
YWCA HARTFORD REGION 135 BROAD STREET HARTFORD, CT 06105	06-0646993	501 (C)3	52,000.	0.			BASIC NEEDS; ALICE
YWCA OF NEW BRITAIN, INC. 19 FRANKLIN SQUARE NEW BRITAIN, CT 06051	06-0598620	501 (C)3	137,000.	0.			BASIC NEEDS; COMMUNITY IMPACT; ALICE

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

GRANTS AND DESIGNATIONS TOTALING \$3,690,308 WERE DISBURSED TO 501C3

AGENCIES IN THE UNITED STATES.

UNITED WAY AWARDS COMMUNITY IMPACT GRANTS TO ELIGIBLE NONPROFIT PARTNERS OR

MUNICIPAL DEPARTMENTS THAT ADDRESS COMMUNITY NEEDS FOCUSED ON THE AREAS OF

EDUCATION, ECONOMIC MOBILITY, AND HEALTH. ALL GRANT PROPOSALS GO THROUGH A

REVIEW PROCESS AND ALL GRANT AWARDS ARE APPROVED BY THE BOARD OF DIRECTORS.

GRANTEES ARE REQUIRED TO SUBMIT A FINAL REPORT TO UNITED WAY THAT SHOW

OUTCOMES ACHIEVED AND VERIFY THAT ALL FUNDS HAVE BEEN USED FOR THE INTENDED

Part IV

Supplemental Information

PURPOSE.

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

QUALIFIED 501C3 ORGANIZATION IN THE UNITED STATES OVER WHICH UWCNCT

EXERCISES AND RETAINS NO DISCRETION AS TO USE DUE TO DONOR RESTRICTION. 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Employer identification number
06-0646653

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the 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		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ERIC HARRISON PRESIDENT AND CEO	(i)	203,037.	0.	0.	4,250.	30,861.	238,148.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER GIFFORD SR VP OF IMPACT & ENG	(i)	143,737.	0.	0.	3,900.	32,967.	180,604.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MAURA COOK SR VP OF MKTG & DEV	(i)	142,054.	0.	0.	7,952.	11,607.	161,613.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNIFER BENGTON CHIEF FINANCIAL OFFICER	(i)	156,186.	0.	0.	244.	748.	157,178.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

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

SCHEDULE 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

2023

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

[HTTPS://ALICE.CTUNITEDWAY.ORG/](https://alice.ctunitedway.org/)

IN RESPONSE TO THE 13 PERCENT RISE IN PEOPLE IN OUR REGION EXPERIENCING

HOMELESSNESS, UNITED WAY IS MOBILIZING PEOPLE AND RESOURCES THROUGH

OUR RAPID RESPONSE FUND. OUR GOAL IS TO KEEP PEOPLE SECURE OR TO

STABILIZE HOUSING.

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

LITERACY SKILLS AND HELPS THEM ACHIEVE DEVELOPMENTAL AND ACADEMIC

MILESTONES.

WE INVEST IN PROGRAMS AND INITIATIVES THAT IDENTIFY AND ADDRESS

DEVELOPMENTAL CHALLENGES AND CONNECT CHILDREN AND YOUTH WITH

OPPORTUNITIES TO GAIN ACADEMIC SKILLS. WE ARE ALSO WORKING TO SUPPORT

COMMUNITY-WIDE SYSTEMS FOR ACADEMIC DEVELOPMENT.

UNITED WE READ

WE KNOW THAT READING IS AN ESSENTIAL TOOL FOR SUCCESS IN SCHOOL, WORK,

AND LIFE. RESEARCH TELLS US THAT READING PROFICIENTLY BY THE START OF

FOURTH GRADE IS 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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization	UNITED WAY INC UNITED WAY OF CENT & NE CONNECTICUT	Employer identification number 06-0646653
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DISPROPORTIONATELY BLACK OR HISPANIC AND/OR FROM LOW-INCOME HOUSEHOLDS,

AND SCORE ON AVERAGE THIRTY-FIVE POINTS BELOW WHITE OR HIGHER-INCOME

PEERS ON STANDARDIZED READING TESTS THE LARGEST GAP IN THE NATION.

DOLLY PARTON'S IMAGINATION LIBRARY

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 OVER 6,295

HARTFORD CHILDREN WHO HAVE COLLECTIVELY RECEIVED OVER 50,000 BOOKS.

UNITED WAY READERS

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.

COMMUNITY INVESTMENT & BASIC NEEDS

THE UNITED WAY INVESTS IN BASIC NEED PROGRAMS AND INITIATIVES TO LINK

COMMUNITY MEMBERS TO IMMEDIATE EMERGENCY SERVICES SUCH AS FOOD,

SHELTER, DISASTER RELIEF AND SERVICES FOR SURVIVORS OF DOMESTIC

VIOLENCE OR SEXUAL ASSAULT. 2-1-1 PROVIDES A ONE-STOP CONNECTION FOR

EMERGENCY SERVICES AND SUPPORTS. 2-1-1 IS THERE 24 HOURS A DAY, 7 DAYS

A WEEK AND 365 DAYS A YEAR TO HELP PEOPLE FIND WHAT THEY NEED

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(HTTPS://WWW.211CT.ORG/).

EACH YEAR, THE UNITED WAY INVESTS MILLIONS OF DOLLARS TO ENSURE THAT
PEOPLE IN CENTRAL AND NORTHEASTERN CONNECTICUT ACHIEVE FINANCIAL
SECURITY AND SECURE BASIC NEEDS WHEN TIMES ARE TOUGH. THIS INVESTMENT
SUPPORTS = 55 COMMUNITY PROGRAMS AT 38 NONPROFIT PARTNER AGENCIES
ACROSS THE REGION. UNITED WAY IS DESIGNED TO BE NIMBLE SO WE CAN
QUICKLY RESPOND TO COMMUNITY HARDSHIPS.

LIFE EXPECTANCY

IN 2017, WITH SEED FUNDING FROM TRINITY HEALTH OF NEW ENGLAND/SAINT
FRANCIS HOSPITAL, THE NORTH HARTFORD TRIPLE AIM COLLABORATIVE (NHTAC)
WAS LAUNCHED TO IMPROVE POPULATION HEALTH IN HARTFORD WITH A SPECIFIC
FOCUS ON THE NORTH HARTFORD PROMISE ZONE. THE NHTAC BRINGS TOGETHER
RESIDENTS AND PARTNERS FROM PHILANTHROPY, NONPROFIT, HEALTHCARE, AND
GOVERNMENT SECTORS TO IMPROVE HEALTH USING A POLICY, SYSTEM, AND
ENVIRONMENTAL APPROACH. THE NHTAC ALSO SERVES AS THE HEALTH AND
WELLNESS WORKGROUP FOR THE NORTH HARTFORD PROMISE ZONE, THE LOCAL
PREVENTION COUNCIL FOR THE CITY OF HARTFORD, THE REACH COLLABORATIVE
FOR THE CITY OF HARTFORD AND THE HEALTH ENHANCEMENT COMMUNITY FOR THE
CITY OF HARTFORD.

THE NHTAC'S HEALTH IMPROVEMENT PORTFOLIO BRINGS PARTNERS TOGETHER TO
WORK IN NEW AND DIVERSE WAYS TO IMPROVE THE HEALTH AND WELLBEING OF
FAMILIES. EXAMPLES INCLUDE HELPING TO BRING A GROCERY STORE TO THE
NORTH END OF HARTFORD, WORKING WITH STATEWIDE COMMUNITY HEALTH
COLLABORATIVES TO DEVELOP POLICY RECOMMENDATIONS ON HOW TO BETTER
ACCESS AND UTILIZE CLINICAL AND SOCIAL CARE DATA FOR MULTI-SECTOR
HEALTH IMPROVEMENT INITIATIVES, AND SUPPORTING INNOVATIVE EDUCATION AND

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OUTREACH EFFORTS AROUND VACCINES INCLUDING THE COVID 19 VACCINE.

VISION: AN EMPOWERED, EQUITABLE AND HEALTHY HARTFORD WHERE EVERYONE
THRIVES.

MISSION: TO CULTIVATE A HEALTHY HARTFORD BY ADVANCING RACIAL JUSTICE,
EQUITABLE SYSTEMS, AND COMMUNITY CAPACITY.

WAGES

OUR UNITED WAY WORKS DILIGENTLY TO CLOSE GAPS BETWEEN WAGES AND THE
BASIC COST OF LIVING AND HELPS PEOPLE ACHIEVE FINANCIAL SECURITY. WE
INVEST IN INTEGRATED PROGRAMS AND INITIATIVES THAT PROVIDE EMPLOYMENT
SERVICES, FINANCIAL COACHING AND CONNECTION TO INCOME SUPPORT WHICH
HELP FAMILIES ON THEIR PATH TO FINANCIAL SECURITY. WE ALSO CONVENE
MULTI-SECTOR PARTNERSHIPS FOCUSED ON BETTER CONNECTING SYSTEMS TO
ADVANCE EMPLOYMENT OPPORTUNITIES FOR INDIVIDUALS IN OUR REGION.

HARTFORD WORKING CITIES

HARTFORD WORKING CITIES AIMS TO CREATE PATHWAYS AND OPPORTUNITIES THAT
HELP 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

NO-COST TAX PREPARATION

Name of the organization	UNITED WAY INC UNITED WAY OF CENT & NE CONNECTICUT	Employer identification number 06-0646653
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COMMUNITY PARTICIPANTS HELP FROM AN IRS-CERTIFIED VOLUNTEER IF YOUR

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

(VITA) IS A PARTNERSHIP WITH 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.

ALICE FAMILIES HAVE HOUSEHOLD INCOMES BELOW A BASIC COST-OF-LIVING

THRESHOLD. THE CONNECTICUT UNITED WAYS REPORT IS A STUDY OF FINANCIAL

HARDSHIPS IN OUR STATE. ALICE MAY DESCRIBE YOUR FAMILY, FRIENDS,

NEIGHBORS, AND COLLEAGUES, AND REPRESENTS EVERY RACE, ETHNICITY, AND

GENDER. PEOPLE LIVING BELOW THE ALICE THRESHOLD LIVE IN EVERY AREA OF

OUR STATE. THE 2024 CONNECTICUT UNITED WAYS ALICE* REPORT REVEALED THAT

38% OF HOUSEHOLDS IN OUR STATE HAVE INCOME WHICH FALLS BELOW WHAT IS

NEEDED TO PAY FOR NECESSITIES SUCH AS HOUSING, FOOD, CHILDCARE, HEALTH

CARE, TECHNOLOGY, AND TRANSPORTATION. WE RAISE AWARENESS ABOUT ALICE

AND THE NEED TO HELP ALICE BECOME AND STAY FINANCIALLY SECURE. WE

INVEST IN PROGRAMS AND INITIATIVES THAT HELP STABILIZE ALICE FAMILIES

NOW AND IN THE FUTURE. THIS INCLUDES CHILDCARE AND EARLY-LEARNING,

FINANCIAL SECURITY, AND BASIC NEEDS PROGRAMS.

WORKFORCE SOLUTIONS COLLABORATIVE OF METRO HARTFORD

THIS IS A FUNDERS COLLABORATIVE OF PRIVATE FOUNDATION THAT AIMS TO

PROMOTE REGIONAL SECTOR PARTNERSHIPS OF EMPLOYERS BY SUPPORTING THEIR

NEEDS OF FINDING AND RETAINING REGIONAL SECTOR PARTNERSHIPS OF

EMPLOYERS BY SUPPORTING THEIR NEEDS OF FINDING AND RETAINING TALENT

WHILE CREATING OPPORTUNITIES FOR JOB SEEKERS TO ENTER REWARDING AND

Name of the organization	UNITED WAY INC UNITED WAY OF CENT & NE CONNECTICUT	Employer identification number 06-0646653
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MEANINGFUL EMPLOYMENT AND ACCOMPLISHING THEIR GOALS. WE ARE MOTIVATED

TO HELP RESIDENTS IN OUR COMMUNITIES RISE ABOVE POVERTY TO ACHIEVE A

HIGHER STANDARD OF LIVING.

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

BY LAWS, ARTICLE VI "MEMBERS" 1. - THE CORPORATION SHALL HAVE ONE CLASS OF

MEMBERS CONSISTING OF EACH INDIVIDUAL AND CORPORATE CONTRIBUTOR TO THE

UNITED WAY'S ANNUAL CAMPAIGN IN THE PRECEDING CALENDAR YEAR.

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

BY LAWS, ARTICLE VI "MEMBERS" 2. - AN ANNUAL MEETING OF THE MEMBERS OF THE

UNITED WAY SHALL BE HELD EACH YEAR ON SUCH DATE AND AT SUCH TIME AND PLACE

AS THE BOARD CHAIR SHALL FIX, FOR THE PURPOSE OF ELECTING DIRECTORS AND

OTHER BUSINESS AS MAY PROPERLY COME BEFORE THE MEETING.

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

UWCNCTS AUDIT COMMITTEE REVIEWS AND RECOMMENDS THE 990 TO BE APPROVED BY

THE BOARD OF DIRECTORS. THE 990 IS THEN PROVIDED TO EACH BOARD MEMBER

SEVERAL DAYS PRIOR TO THE BOARD MEETING AT WHICH TIME IT IS PRESENTED FOR

ACCEPTANCE BY THE FULL BOARD.

THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE ANNUAL AUDIT

PROCESS AS WELL AS THE SELECTION OF AN INDEPENDENT ACCOUNTANT/FIRM.

EVERY MEMBER OF THE BOARD IS REQUIRED TO COMPLETE A CONFLICT-OF-INTEREST

STATEMENT ANNUALLY. THESE STATEMENTS ARE REVIEWED BY THE AUDIT COMMITTEE

CHAIR. FURTHERMORE, CONFLICT-OF-INTEREST STATEMENTS ARE COMPLETED BY ALL

STAFF AND REVIEWED BY THE HR DIRECTOR AND/OR PRESIDENT AND CHIEF EXECUTIVE

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OFFICER.

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 IS COMPRISED OF (1) A COMMITTEE CHAIR; (2) A MEMBER OF THE BOARD; AND (3) A MEMBER OF THE COMMUNITY AND/OR STAFF, EXCLUDING THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, WHO POSSESSES EXPERIENCE AND EXPERTISE IN HUMAN RESOURCES AND BENEFITS.

THE COMMITTEE WILL PARTICIPATE ON THE REVIEW OF THE SENIOR EXECUTIVE COMPENSATION ANNUALLY, DEFINED AS ANY POSITION VICE PRESIDENT AND ABOVE, AND DOCUMENT VIA MINUTES AND VOTE ON THEIR REVIEW OF THE OVERSIGHT OF THE COMPENSATION PROCESS AND RELATED DATA.

THE COMMITTEE WILL DEVELOP A REPORT, ANNUALLY, THAT WILL INCLUDE MEETING MINUTES AND SUPPORTING MATERIALS THAT WILL DOCUMENT THE COMPENSATION DECISIONS TO BE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE REPORT WILL INCLUDE COMPARABLE MARKET DATA, FINANCIAL CIRCUMSTANCES OF THE ORGANIZATION, AND PERFORMANCE. NO SENIOR EXECUTIVE MAY PARTICIPATE IN THE DELIBERATION OR RECOMMENDATION PROCESS.

IN ORDER TO REMAIN COMPETITIVE FOR STAFFING PURPOSES, IT IS OUR GOAL TO COMPARE POSITIONS TO THE MIDPOINT AND ABOVE AS REFLECTED BY THE MARKETPLACE. THE MID-POINT RANGE IS UTILIZED AS A GUIDELINE, NOT AN EXACT MEASURE, AND CONSIDERATION IS ALSO GIVEN TO PERFORMANCE, ACCOMPLISHMENTS,

Name of the organization	UNITED WAY INC UNITED WAY OF CENT & NE CONNECTICUT	Employer identification number 06-0646653
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EXPERIENCE, ETC. THE MARKET IS DEFINED AS A COMPARABLY SIXED CHARITABLE

ORGANIZATION, WITH SIMILAR MISSION, LOCATED IN THE NORTHEAST REGIO OF THE

UNITED STATES.

UWCNCT INTERMITTENTLY PROCURES COMPENSATION SURVEYS TO PROVIDE ADDITIONAL

SUPPORTING DATA AND TRENDS, TO ENSURE WE REMAIN COMPETITIVE IN THE

MARKETPLACE AND ARE ABLE TO RETAIN KEY TALENT.

MERIT BASED COMPENSATION

EMPLOYEE PERFORMANCE WILL BE REVIEWED ANNUALLY, PRIOR TO JULY 1ST, WHICH IS

THE START OF A NEW FISCAL YEAR. UWCNCT WILL RECOGNIZE PERFORMANCE WITH

INCREASES TO BASE SALARY FOR EMPLOYEES. SALARY INCREASES ARE NOT AUTOMATIC

EACH YEAR BUT ARE BASED ON PERFORMANCE; FINANCIAL CIRCUMSTANCES OF THE

ORGANIZATION; AND ARE AT THE DISCRETION OF MANAGEMENT AND THE BOARD. SALARY

RANGES FOR ESTABLISHED POSITIONS ARE REVIEWED PERIODICALLY TO REFLECT

MARKET AND INDUSTRY TRENDS.

PRESIDENT AND CHIEF EXECUTIVE OFFICER EXPENSE REPORT REVIEW PROCESS:

A STAFF PERSON IS DESIGNATED THE RESPONSIBILITY FOR GATHERING AND COMPILING

MONTHLY EXPENSE REPORTS FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER.

THESE ARE THEN PROVIDED TO THE BOAD CHAIR FOR REVIEW AND APPROVAL.

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 1,667,450.

MANAGEMENT AND GENERAL EXPENSES 140,076.

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FUNDRAISING EXPENSES 161,545.

TOTAL EXPENSES 1,969,071.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,969,071.

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

PENSION RELATED CHANGES 652,423.

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.