

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319069777

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

United Way Inc

united way of cent & ne connecticut

Doing business as

United Way of Central AND NORTHEASTERN Connecticut

Number and street (or P O box if mail is not delivered to street address)

30 LAUREL STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

HARTFORD, CT 06106

F Name and address of principal officer

PAULA GILBERTO

30 LAUREL STREET

HARTFORD, CT 06106

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

06-0646653

E Telephone number

(860) 493-6800

G Gross receipts \$ 26,403,392

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW Unitedwayinc org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1924

M State of legal domicile CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO ENGAGE PEOPLE TO IMPROVE LIVES AND CHANGE COMMUNITY CONDITIONS

2 Check this box ☐ 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)

27

4 Number of independent voting members of the governing body (Part VI, line 1b)

27

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

58

6 Total number of volunteers (estimate if necessary)

7,009

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

22,010,597

9 Program service revenue (Part VIII, line 2g)

641,375

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

500,401

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

156,247

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

23,308,620

22,091,576

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

18,087,938

16,920,416

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)

3,878,780

3,851,422

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶2,406,052

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

1,812,799

1,837,139

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

23,779,517

22,608,977

19 Revenue less expenses Subtract line 18 from line 12

-470,897

-517,401

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

35,410,500

35,867,372

21 Total liabilities (Part X, line 26)

15,751,598

14,569,063

22 Net assets or fund balances Subtract line 21 from line 20

19,658,902

21,298,309

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

2017-11-02

Date

PAULA GILBERTO President & CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

PATRICIA MCGOWAN

Preparer's signature

PATRICIA MCGOWAN

Date

Check ☐ if self-employed

PTIN P00184514

Firm's name ▶ COHNREZNICK LLP

Firm's EIN ▶ 22-1478099

Firm's address ▶ 350 CHURCH STREET 12TH FLOOR

Phone no (959) 200-7000

HARTFORD, CT 06103

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

United Way of Central and Northeastern Connecticut mobilizes people and organizations to give, advocate and volunteer to help children succeed, ensure families are healthy and financially secure, and provide access to basic needs

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a	(Code) (Expenses \$ 8,188,072 including grants of \$ 8,188,072) (Revenue \$ 226,479)
	See Additional Data

4b	(Code) (Expenses \$ 4,163,600 including grants of \$ 4,163,600) (Revenue \$ 0)
	See Additional Data

4c	(Code) (Expenses \$ 1,987,400 including grants of \$ 1,987,400) (Revenue \$ 0)
	See Additional Data

See Additional Data Table

4d	Other program services (Describe in Schedule O)
	(Expenses \$ 4,385,403 including grants of \$ 2,581,344) (Revenue \$ 521,775)

4e	Total program service expenses ▶	18,724,475
-----------	---	------------

Part IV Checklist of Required Schedules

	Yes	No
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>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 Yes	
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>	3	No
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>	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
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>	6	No
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>	7	No
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>	8	No
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>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 Yes	
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>	11a Yes	
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>	11b Yes	
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>	11c	No
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>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e Yes	
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>	11f Yes	
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>	12a Yes	
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>	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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>	14b	No
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>	15	No
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>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
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>	18 Yes	
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>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
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>	Yes	
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>		No
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>	Yes	
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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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>		No
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>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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

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

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

Section A. Governing Body and Management

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

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	Yes
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	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in 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	No
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ Thomas W Glynn 30 LAUREL ST Hartford, CT 061061374 (860) 493-6810

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

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

Form **990** (2016)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	526,199	0	105,685

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

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

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)	(B)	(C)
Name and business address	Description of services	Compensation

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

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	220,498			
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	128,600			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20,011,376			
	g Noncash contributions included in lines 1a-1f \$ _____		105,114			
	h Total. Add lines 1a-1f ▶		20,360,474			
Program Service Revenue		Business Code				
	2a Administrative fees and other	900099	469,767	469,767		
	b COMMUNITY GRANTS, INITIATIVES, AN	900099	278,487	278,487		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f ▶		748,254				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		720,180			720,180
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real (ii) Personal				
		83,192				
	b Less rental expenses	0				
	c Rental income or (loss)	83,192				
	d Net rental income or (loss) ▶		83,192			83,192
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		4,260,971				
	b Less cost or other basis and sales expenses	4,170,985				
	c Gain or (loss)	89,986				
	d Net gain or (loss) ▶		89,986			89,986
	8a Gross income from fundraising events (not including \$ _____ 128,600 of contributions reported on line 1c) See Part IV, line 18 a		230,321			
	b Less direct expenses b		140,831			
	c Net income or (loss) from fundraising events . . . ▶		89,490			89,490
	9a Gross income from gaming activities See Part IV, line 19 a					
b Less direct expenses b						
c Net income or (loss) from gaming activities . . . ▶						
10a Gross sales of inventory, less returns and allowances . . . a						
b Less cost of goods sold . . . b						
c Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See Instructions ▶		22,091,576	748,254	0	982,848	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	16,920,416	16,920,416		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	373,261	82,839	199,275	91,147
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.	2,610,891	945,116	454,902	1,210,873
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	262,362	82,889	59,426	120,047
9 Other employee benefits.	350,724	100,781	99,806	150,137
10 Payroll taxes.	254,184	72,212	73,322	108,650
11 Fees for services (non-employees):				
a Management.	10,800	5,410	3,289	2,101
b Legal.	4,000	1,154	1,154	1,692
c Accounting.	65,088	2,572	58,506	4,010
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 Schedule O).	337,428	53,398	24,557	259,473
12 Advertising and promotion.	110,219	42,747	352	67,120
13 Office expenses.	152,939	15,061	23,001	114,877
14 Information technology.	78,944	26,951	32,547	19,446
15 Royalties.				
16 Occupancy.	341,514	167,673	106,060	67,781
17 Travel.	16,619	7,318	1,930	7,371
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	14,815	4,187	6,693	3,935
20 Interest.				
21 Payments to affiliates.	243,179	68,954	70,148	104,077
22 Depreciation, depletion, and amortization.	209,777	73,396	107,866	28,515
23 Insurance.	92,781	21,198	63,348	8,235
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a AWARDS, SPONSORSHIPS &	59,771	5,449	43,964	10,358
b RENTAL AND MAINTENANCE	41,939	11,889	12,098	17,952
c dues & subscriptions	32,326	12,865	11,206	8,255
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	22,608,977	18,724,475	1,478,450	2,406,052
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		361	1	364
	2	Savings and temporary cash investments		4,880,343	2	4,911,366
	3	Pledges and grants receivable, net		6,423,051	3	5,774,236
	4	Accounts receivable, net		251,218	4	397,200
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		133,184	9	116,797
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	4,256,637		
	b	Less: accumulated depreciation	10b	3,061,154		
				1,364,624	10c	1,195,483
	11	Investments—publicly traded securities		16,108,868	11	16,802,597
	12	Investments—other securities. See Part IV, line 11		6,243,951	12	6,664,429
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		4,900	15	4,900	
16	Total assets. Add lines 1 through 15 (must equal line 34)		35,410,500	16	35,867,372	
Liabilities	17	Accounts payable and accrued expenses		1,896,168	17	866,455
	18	Grants payable		2,308,087	18	2,463,730
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		11,547,343	25	11,238,878
	26	Total liabilities. Add lines 17 through 25		15,751,598	26	14,569,063
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		11,905,151	27	12,984,941
	28	Temporarily restricted net assets		267,980	28	407,119
	29	Permanently restricted net assets		7,485,771	29	7,906,249
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		19,658,902	33	21,298,309
34	Total liabilities and net assets/fund balances		35,410,500	34	35,867,372	

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

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

Additional Data

Software ID:
Software Version:
EIN: 06-0646653
Name: United Way Inc
united way of cent & ne connecticut

Form 990 (2016)

Form 990, Part III, Line 4a:

DONOR DESIGNATIONS Through the UWCNCT Community campaign, donors can direct their gifts to any qualified organization in the United States over which UWCNCT exercises/retains no discretion as to use due to donor instruction In order to qualify, an organization must meet the following three criteria (1) fully tax exempt, (2) donations are 100% tax deductible, (3) in full compliance with federal Patriot Act law

Form 990, Part III, Line 4b:

Education - Children graduate from high school college and career ready Our United Way helps prepare youth for academic success with an emphasis on school readiness and early childhood education, meeting appropriate grade-level reading benchmarks, and successful transitions from middle school to high school We believe that these comprehensive approaches to addressing pre-Kindergarten through eighth grade student achievement will provide a solid foundation leading to students completing high school on time and with the skills needed to be successful in college and beyond

Form 990, Part III, Line 4c:

Basic Needs - Individuals and families have basic supports Economic conditions challenge all of us, some more than others In the short term, we provide support for emergency services such as food, shelter, disaster relief services, basic material needs and support for survivors of sexual assault or domestic violence In the long term, our community will only prosper and grow if all children and youth succeed and if all families are financially capable and independent

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 1,349,000 including grants of \$ 1,349,000) (Revenue \$ 0)

Financial Security Families are financially secure Our United Way helps families build financial security by helping people get connected to good jobs, with an emphasis on meeting employer needs for a competitive workforce by ensuring adults have the training and skills needed to get a job and advance to family-sustaining wages We also focus on ensuring that while individuals are on the path to family-sustaining employment, they have opportunities to save and grow their money

(Code) (Expenses \$ 770,692 including grants of \$ 770,692) (Revenue \$)

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)				
(Code	) (Expenses \$	2,265,711	including grants of \$	461,652) (Revenue \$
OTHER PROGRAM SERVICES				521,775)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
ERIC DANIELS BOARD MEMBER	0 20	X						0	0	0	
WILLIAM F DOWLING BOARD MEMBER	0 30	X						0	0	0	
PAUL A DUFF BOARD MEMBER	0 20	X						0	0	0	
ROBERT EMMETT EARLYIII Outgoing BOARD MEMBER	0 30	X						0	0	0	
otto eichmann outgoing board member	0 20	X						0	0	0	
r DEREK A FRANKLIN OUTGOING board member	0 20	X						0	0	0	
Venton B Forbes BOARD MEMBER	0 50	X						0	0	0	
JEFFREY L HUBBARD BOARD MEMBER	0 20	X						0	0	0	
harGARET MARCHAK Outgoing BOARD MEMBER	0 30	X						0	0	0	
hawn J MAYNARD BOARD MEMBER	0 40	X						0	0	0	

(A) Name and Title	(B) Average hours per week (list any hours outside of the organization)	(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 (\$15,000 or more)	(E) Reportable compensation from other organization (\$15,000 or more)
-----------------------	--	--	--	---

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
colleen mcguire BOARD MEMBER	0 20	X						0	0	0
patricia H meiser Outgoing BOARD MEMBER	0 20	X						0	0	0
NATALIE B MORRIS Board MembER	0 40	X						0	0	0
NOREEN RANDAZZO BOARD MEMBER	0 30	X						0	0	0
DR WAYNE S RAWLINS outgoing BOARD MEMBER	0 30	X						0	0	0
TIMOTHY RESTALLJR BOARD MEMBER	0 20	X						0	0	0
CYNTHIA RYAN Board Member	0 40	X						0	0	0
LYNN RYAN outgoing BOARD MEMBER	0 20	X						0	0	0
ASHLEY M SANYAL BOARD MEMBER	0 50	X						0	0	0
Vi R SmalleyEsq BOARD MEMBER	0 20	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Donna I Sodipo Board Member	0 20	X						0	0	0
SUSAN TULLY BOARD MEMBER	0 20	X						0	0	0
Anden Rutzinger Board member	0 20	X						0	0	0
LYN gammill WALKER Board Member	0 50	X						0	0	0
JENNIFER L WHITE Board member	0 50	X						0	0	0
PAULA S GILBERTO PRESIDENT/CEO	52 00			X				165,820	0	28,363
THOMAS W GLYNN CFO	52 00			X				146,484	0	16,448
Jennifer Gifford VP of community Resources	52 00					X		110,764	0	25,747
ANITA FORD SAUNDERS marketing director	52 00					X		103,131	0	35,127

SCHEDULE A (Form 990 or 990-EZ)	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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization United Way Inc united way of cent & ne connecticut	Employer identification number 06-0646653

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	24,916,056	24,054,841	23,739,532	22,010,597	20,360,474	115,081,500
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	24,916,056	24,054,841	23,739,532	22,010,597	20,360,474	115,081,500
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)						6,520,814
6	Public support. Subtract line 5 from line 4						108,560,686

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	24,916,056	24,054,841	23,739,532	22,010,597	20,360,474	115,081,500
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,014,500	977,020	1,028,952	968,847	803,372	4,792,691
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	111,524	137,610	166,875	205,739	230,321	852,069
11	Total support. Add lines 7 through 10						120,726,260
12	Gross receipts from related activities, etc. (see instructions)					12	3,780,675

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐ **►** ☐**Section C. Computation of Public Support Percentage**

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	89.920 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	90.600 %

16a 33 1/3% support test—2016. 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 **►** ☒**b 33 1/3% support test—2015.** 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 **►** ☐**17a 10%-facts-and-circumstances test—2016.** 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 **►** ☐**b 10%-facts-and-circumstances test—2015.** 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 **►** ☐**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 **►** ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 in 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 five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
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>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
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>	3b	
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>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
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>	4b	
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>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
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>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
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>	10a	
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>	10b	

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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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. **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)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

Part VI Supplemental Information.

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10, Explanation of Other Income	fundraising events - 2012 Amount \$ 111,524 2013 Amount \$ 137,610 2014 Amount \$ 166,875 2015 Amount \$ 205,739 2016 Amount \$ 230,321



efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 9349331906977

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
United Way Inc
united way of cent & ne connecticut

Employer identification number
06-0646653

Part I

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?

☐ Yes

☐ 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?

☐ Yes

☐ No

Part II

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

1

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

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

2a

2b

2c

2d

Held at the End of the Year

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

Number of states where property subject to conservation easement is located ►

5

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

☐ Yes

☐ No

6

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

7

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

8

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

☐ Yes

☐ No

9

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

Part III

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2016

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	16,108,865	16,601,728	16,915,567	15,483,278	14,327,005
b Contributions					
c Net investment earnings, gains, and losses	1,143,731	-42,863	186,161	1,832,289	1,456,273
d Grants or scholarships					
e Other expenditures for facilities and programs	450,000	450,000	500,000	400,000	300,000
f Administrative expenses					
g End of year balance	16,802,596	16,108,865	16,601,728	16,915,567	15,483,278

2

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

a

Board designated or quasi-endowment ▶ 92 500 %

b

Permanent endowment ▶ 7 500 %

c

Temporarily restricted endowment ▶ 0 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

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

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) Investments held in trust by others	6,664,429	C
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	6,664,429	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
CAMPAIGN SUPPORT DUE TO COMMUNITY HEALTH CHARITIES	454,021	
agency program support payable	8,211,134	
donor designations payable	2,573,723	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	11,238,878	

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

☒

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

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

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

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

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

1	Total expenses and losses per audited financial statements	1	13,625,212
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	13,625,212
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	8,958,765
c	Add lines 4a and 4b	4c	8,983,765
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	22,608,977

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 06-0646653
Name: United Way Inc
united way of cent & ne connecticut

Supplemental Information

Return Reference	Explanation
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

Supplemental Information

Return Reference	Explanation
Part X, Line 2	UWCNCT has no unrecognized tax benefits at June 30, 2017 and 2016. UWCNCT's Federal and state information returns prior to fiscal year 2014 are closed and management continually evaluates expiring statutes of limitations, audits, proposed settlements, changes in tax law and new authoritative rulings. If UWCNCT has unrelated business income taxes, UWCNCT will recognize interest and penalties associated with uncertain tax positions as part of the income tax provision and include accrued interest and penalties with the related tax liability in the statement of financial position.

Supplemental Information	
Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 1,000,187 CHANGE IN INVESTMENTS HELD IN TRUST BY OTHERS 420,478

Supplemental Information	
Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	COMMUNITY HEALTH CHARITIES SHARE OF DIRECT PUBLIC SUPPORT 770,692 Amounts designated by donors 8,188,073

Supplemental Information	
Return Reference	Explanation
Part XII, Line 4b - Other Adjustments	Amounts designated by donors 8,188,073 COMMUNITY HEALTH CHARITIES SHARE OF DIRECT PUBLIC SUPPORT 770,692

SCHEDULE G
(Form 990 or 990-EZ)

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, lines 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.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
United Way Inc
united way of cent & ne connecticut

Employer identification number
06-0646653

Part I 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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		LUNCHEON (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	358,921			358,921
2	Less Contributions	128,600			128,600
3	Gross income (line 1 minus line 2)	230,321			230,321
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,447			9,447
	7 Food and beverages	43,144			43,144
	8 Entertainment	15,150			15,150
	9 Other direct expenses	73,090			73,090
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				140,831
11 Net income summary Subtract line 10 from line 3, column (d) ▶				89,490	

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1	Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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 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 complete this part to provide any additional information (see instructions).

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319069777

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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 non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
FORM 990, PART IV	Through the UWCNCT Community Campaign, donors can direct their gifts to any qualified organization in the United State over which UWCNCT exercises/retains no discretion as to use due to donor instruction. In order to qualify, an organization must meet the following three criteria: (1) fully tax exempt, (2) donations are 100% tax deductible, (3) in full compliance with federal patriot act law. As a member of United Way Worldwide (UWW), UWCNCT adheres to all membership criteria including the requirements for deducting expenses from donor-directed pledges (UWW publication titled "Cost Deduction Standards for Membership Requirement M")
Part II, Line 1h	Organizations listed in Schedule I, Part II that have a purpose description of "Allocation Funding & Designated Gifts" represent agencies that have met United Way of Central and Northeastern Connecticut's standards for management, governance and fiscal accountability. They receive United Way Community Investment support for their work in the areas of Education, income and health. They also receive donor designations processed by UWCNCT. Organizations listed with a purpose of description of "Designated Gifts" only receive donor designations processed by UWCNCT.

Additional Data

Software ID:
Software Version:
EIN: 06-0646653
Name: United Way Inc
united way of cent & ne connecticut

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AARP Foundation 601 East Street NW Suite A1 350 Washington, DC 200490001	52-0794300	501c3	17,136				Donor Designated Gifts
Academy of Our Lady of Mercy 200 High Street Milford, CT 064603249	06-0653077	501c3	9,083				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Access Community Action Agency 1315 main streetsuite 2 willimantic, CT 06226	06-0801861	501c3	40,000				Allocation Funding & Designated Gifts
Accion Inc US Network 85 Broad St 18th Floor New York, NY 10004	11-3317234	501c3	7,301				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advent united methodist church 2258 woodruff road simpsonville, SC 29681	57-0895177	501c3	14,000				Donor Designated Gifts
American Red Cross 1501 South Brand Boulevard Glendale, CA 91204	53-0196605	501c3	219,280				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Society for the Prevention of Cruelty of Animals 520 Eighth Avenue 7th Floor New York, NY 10018	13-1623829	501c3	6,110				Donor Designated Gifts
Andover Hebron Marlborough Youth Services 25 Pendelton Drive Hebron, CT 062481525	22-2595584	501c3	5,049				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Archbishop's Annual Appeal 134 Farmington Avenue Hartford, CT 06105	06-0646669	501c3	9,585				Donor Designated Gifts
Aurora Women and Girls Foundation Inc 80 South Main St West Hartford, CT 06107	06-1587403	501c3	5,484				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Avon High School Booster Club PO Box 9 Avon, CT 06001	06-1244290	501c3	5,420				Donor Designated Gifts
Avon Old Farms School 500 Old Farms Road Avon, CT 06001	06-0655480	501c3	9,162				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ben Bronz Foundation Inc 141 North Main Street West Hartford, CT 061071264	06-1185278	501c3	5,193				Donor Designated Gifts
beth EI temple of west hartford 2626 Albany avenue west hartford, CT 06117	57-1152503	501c3	5,240				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bethany Covenant Church (CT) 785 Mill Street Berlin, CT 060372428	06-0646547	501c3	6,038				Donor Designated Gifts
Birthright of Greater Hartford Inc 914 Main Street- Room 216 East Hartford, CT 06108	23-7378225	501c3	5,098				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boy Scout Troop 355 1075 Main Street Newington, CT 06111	06-0676853	501c3	5,754				Donor Designated Gifts
Boys & Girls Club of New Britain Inc 150 Washington Street New Britain, CT 06051	06-0660406	501c3	100,709				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys & Girls Clubs of Hartford 170 Sigourney Street Hartford, CT 06105	06-6026005	501c3	197,786				Allocation Funding & Designated Gifts
Bushnell Center for the Performing Arts 166 Capitol Avenue Hartford, CT 06106	06-0662112	501c3	28,267				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Charities Diocese of Norwich 331 Main Street Norwich, CT 06360	06-0646609	501c3	33,045				Allocation Funding & Designated Gifts
Catholic Charities Inc Archdiocese of Hartford 839 Asylum Avenue 841 Hartford, CT 061052801	06-0667607	501c3	516,572				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CBIA Education Foundation Inc 350 Church Street Hartford, CT 061031136	22-2474078	501c3	90,452				Donor Designated Gifts
CCARC Inc 950 Slater Road New Britain, CT 060531658	06-6011543	501c3	20,386				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Law Center 30 Arbor Street North Building 4th Floor Hartford, CT 061061215	06-1381700	501c3	31,629				Allocation Funding & Designated Gifts
Christian activities council 47 vine street hartford, CT 06112	06-0689693	501c3	17,000				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Church of Jesus Christ of Latter-day Saints 50 East North Temple Room 1521 Salt Lake City, UT 84150	23-7300405	501c3	7,500				Donor Designated Gifts
Citadel of Love PO Box 1932 Hartford, CT 06144	06-1441758	501c3	8,253				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of Hope 1500 East Duarte Road Duarte, CA 91010	95-1683875	501c3	6,701				Donor Designated Gifts
City of New Britain Board of Education 272 Main Street New Britain, CT 06051	22-2486319	501c3	60,000				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Colonial Point Christian Church 855 Chapel Road South Windsor, CT 060744252	06-1553246	501c3	7,427				Donor Designated Gifts
Community bicycle center po box 783 biddeford, ME 04005	20-3684834	501c3	8,955				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Foundation of greater new britain 74A vine street new britain, CT 06052	06-6036461	501c3	20,215				Allocation Funding & Designated Gifts
Community Health Charities of New England 1199 North Fairfax Street Suite 600 Alexandria, VA 22314	06-6079596	501c3	8,650				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Mental Health Affiliates Inc 270 John Downey Drive New Britain, CT 060512906	06-0934544	501c3	97,450				Allocation Funding & Designated Gifts
COMPASS Youth Collaborative 55 Airport Road Suite 201 Hartford, CT 06114	31-1768549	501c3	242,098				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connecticut Children's Medical Center 282 Washington Street Hartford, CT 061063322	06-0646755	501c3	15,715				Donor Designated Gifts
Connecticut Community Care Inc 43 Enterprise Drive Bristol, CT 06010	06-1024632	501c3	9,225				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connecticut foruminc 750 main street hartford, CT 06103	06-1343149	501c3	8,175				Donor Designated Gifts
Connecticut Humane Society 701 Russell Road Newington, CT 06111593	06-0667605	501c3	20,157				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connecticut Humane Society 169 old colchester road quaker hill, CT 063750041	06-0667605	501c3	7,529				Donor Designated Gifts
Connecticut Public Broadcasting Inc 1049 Asylum Avenue Hartford, CT 061052432	06-0758938	501c3	6,480				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connecticut Rivers Council Boy Scouts of America 60 Darlin Street East Hartford, CT 061083256	06-0662110	501c3	138,087				Allocation Funding & Designated Gifts
Connecticut science center 250 columbus blvd Hartford, CT 06103	06-1538101	501c3	15,773				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connecticut trees of honor memorial po box 86 cromwell, CT 064160086	45-2398794	501c3	12,037				Donor Designated Gifts
Connecticut Women's Education & Legal fund Inc 1 Hartford square ste 300 hartford, CT 061061983	06-0913214	501c3	10,100				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ConnectiKids 814 Asylum Avenue Hartford, CT 061052805	06-1035985	501c3	53,909				Allocation Funding & Designated Gifts
Covenant Preparatory School 135 broad street hartford, CT 06105	74-3238578	501c3	12,021				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CT Legal Services-Hartford 62 Washington Street Middletown, CT 06457	06-0955461	501c3	45,687				Allocation Funding & Designated Gifts
CWEALF One Hartford Square West Suite 1-300 Hartford, CT 06106	06-0913214	501c3	62,015				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dana Farber Cancer Institute Inc 450 Brookline Avenue BP418 Boston, MA 022155418	04-2263040	501c3	16,506				Donor Designated Gifts
Dartmouth College 6066 Development Office Room 304 Hanover, NH 03755	02-0222111	501c3	6,813				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Deep River Congregational Church PO Box 246 Deep River, CT 064170246	06-6038248	501c3	6,470				Donor Designated Gifts
East Hartford Public Schools 1110 Main Street East Hartford, CT 06108	06-6001989	501c3	40,000				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Educational resources for children inc 119B post road Enfield, CT 060825626	03-0399205	501c3	75,486				Allocation Funding & Designated Gifts
Emergency Aid Association Inc 450 South Street Suffield, CT 060782210	06-0646618	501c3	5,324				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Engineers Without Borders USA 1031 33rd Street Suite 210 Denver, CO 80205	84-1589324	501c3	7,400				Donor Designated Gifts
Farmington Valley Academy Montessori 150 Fisher Ave Avon, CT 06001	20-1571082	501c3	8,003				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Farmington Valley Visiting Nurse Association 8 old mill lane Simsbury, CT 060701932	06-0646899	501c3	66,166				Allocation Funding & Designated Gifts
Fidelco Guide Dog Foundation Inc 103 Vision Way Bloomfield, CT 060025322	06-6060478	501c3	7,997				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
First Congregational Church in bloomfield 10 winstonbury avenue bloomfield, CT 06002	06-0727636	501c3	32,000				Donor Designated Gifts
Foodshare Inc 450 Woodland Avenue Bloomfield, CT 060021342	22-2474771	501c3	237,477				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Frisco Bible Church 8000 Sanctuary Drive Frisco, TX 75033	75-2543496	501c3	6,700				Donor Designated Gifts
Gifts of Love Inc 35 East Main Street Avon, CT 060010463	06-1309318	501c3	7,876				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Girl Scouts of Connecticut 340 Washington Street Hartford, CT 061063317	06-0646759	501c3	187,152				Allocation Funding & Designated Gifts
Grace Academy Inc 277 Main Street Hartford, CT 06106	27-1673012	501c3	14,687				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Granby Community Fund PO Box 94 Granby, CT 060350094	06-6037713	501c3	10,773				Donor Designated Gifts
Greater Hartford Arts Council PO Box 231436 Hartford, CT 061231436	23-7111486	501c3	80,093				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater Hartford Church of Christ PO Box 1081 Argyle, TX 762261081	06-1414914	501c3	20,450				Donor Designated Gifts
Greater hartford consortium for higher education 31 pratt street5th floor hartford, CT 06103	23-7288868	501c3	73,333				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater Hartford Legal Aid Inc 999 Asylum Avenue 3rd Floor Hartford, CT 061052465	06-0730611	501c3	224,646				Allocation Funding & Designated Gifts
Guide Dogs of America CT RI & Western MA Chapters 300 Saybrook Road Higganum, CT 06441	95-1586088	501c3	79,474				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARC Inc 900 Asylum Avenue Hartford, CT 061051985	06-0710289	501c3	167,462				Allocation Funding & Designated Gifts
Hartford Area Habitat for Humanity 780 Windsor Street Hartford, CT 061441933	06-1253049	501c3	8,198				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hartford Foundation for Public Giving 10 Columbus Boulevard 8th Floor Hartford, CT 06106	06-0699252	501c3	70,513				Allocation Funding & Designated Gifts
Hartford Healthcare at Home Inc 1290 Silas Deane Highway Ste 4B Wethersfield, CT 061094337	06-0646938	501c3	375,137				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hartford Hospital 80 Seymour Street Hartford, CT 06105	06-0646668	501c3	16,357				Donor Designated Gifts
Hartford youth scholars foundation inc 129 allen place Hartford, CT 061063103	20-3495171	501c3	16,152				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hartford's Camp Courant 285 Broad Street Hartford, CT 061153785	06-1018155	501c3	5,448				Donor Designated Gifts
Heart of florida united way 1940 traylor boulevard orlando, FL 328044717	59-0808854	501c3	14,913				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hispanic Health Council 175 Main Street Hartford, CT 061061818	06-1018979	501c3	102,259				Allocation Funding & Designated Gifts
Hockanum Valley Community Council Inc 29 Naek Road Suite 5A Vernon, CT 060663942	06-0864311	501c3	16,937				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hodding Carter Memorial YMCA 1688 Fairgrounds Road Greenville, MS 387037805	64-0306257	501c3	12,020				Donor Designated Gifts
Holcomb Farm Inc 113 Simsbury Road West Granby, CT 06090	06-1384197	501c3	5,331				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hole in the wall gang fundInc 555 long wharf Drive new haven, CT 065115901	06-1157655	501c3	6,534				Donor Designated Gifts
Homework House Inc 54 North Summer Street Holyoke, MA 010406208	56-2666698	501c3	5,125				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hopewell Baptist Church 280 Windsor Avenue Windsor, CT 06095	22-2600105	501c3	5,159				Donor Designated Gifts
House of Bread 1453 Main Street Hartford, CT 06120	06-1073478	501c3	5,712				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Human Resources Agency of New Britain 180 Clinton Street New Britain, CT 060533512	06-0954802	501c3	322,243				Allocation Funding & Designated Gifts
Interval House PO Box 340207 Hartford, CT 061340207	06-0960005	501c3	136,220				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Community Foundation of Greater Hartford 333 Bloomfield Ave Suite D West Hartford, CT 06117	06-1372107	501c3	15,328				Donor Designated Gifts
Jewish Family Service of Greater Hartford 333 Bloomfield Avenue Suite A West Hartford, CT 061171500	06-0653062	501c3	100,359				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Journey Home 255 Main St 2nd Floor Hartford, CT 06106	80-0143570	501c3	55,325				Allocation Funding & Designated Gifts
Junior Achievement Inc one education way Colorado Springs, CO 80906	13-1635270	501c3	46,781				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Junior Achievement of Southwest New England 70 Farmington Avenue Hartford, CT 061053704	06-0665972	501c3	17,301				Donor Designated Gifts
Kingswood Oxford School Inc 170 Kingswood Road West Hartford, CT 061191430	06-0646688	501c3	7,628				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Last Mile Health PO Box 130122 Boston, MA 02113	26-1401736	501c3	7,417				Donor Designated Gifts
Leadership Greater Hartford 30 Laurel Street Hartford, CT 06106	06-1167174	501c3	18,465				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Legacy Bible Church 4818 FM 691 Denison, TX 750208206	75-2874919	501c3	15,000				Donor Designated Gifts
Lighthouse Mission 1543 Montauk Highway Bellport, NY 11713	20-5850026	501c3	5,400				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LISC Fiduciary for Hartford Neighborhood Development Support Collaborative 75 Charter Oak Avenue Suite 2-250 Hartford, CT 06106	13-3030229	501c3	173,000				Allocation Funding & Designated Gifts
Literacy Volunteers of Central Connecticut 20 High Street New Britain, CT 06051	22-2527030	501c3	41,444				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Literacy Volunteers of Greater Hartford 30 Arbor Street South Building Hartford, CT 06106	23-7237570	501c3	47,291				Allocation Funding & Designated Gifts
Malta House of Care Foundation 19 Woodland Street Suite 21 Hartford, CT 061052535	20-3562371	501c3	6,800				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Manchester Area Conference of Churches 466 Main Street Manchester, CT 060453804	23-7354956	501c3	21,117				Donor Designated Gifts
MARC Inc of Manchester 151 Sheldon Road Manchester, CT 060422318	06-0712057	501c3	5,989				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Masonicare Partners Home Health & Hospice 104 South Turnpike Road Wallingford, CT 064924320	26-0758992	501c3	29,100				Allocation Funding & Designated Gifts
Masters School Inc 36 Westledge Road West Simsbury, CT 060922319	23-7016084	501c3	12,350				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Middlesex United Way 100 Riverview Center Suite 230 Middletown, CT 064572862	06-0665170	501c3	129,861				Donor Designated Gifts
My Sisters Place Inc 237 Hamilton Street Suite 203 Hartford, CT 061062977	06-1079879	501c3	51,069				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mystic aquarium & Institute for exploration 55 coogan coulevard mystic, CT 06355	06-1480300	501c3	5,000				Donor Designated Gifts
National Conference for Community & Justice Inc 820 Prospect Hill Road Suite A Windsor, CT 060951559	13-1809982	501c3	6,308				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northwest Catholic High School Foundation 29 Wampanoag Drive West Hartford, CT 061171299	06-0768002	501c3	12,260				Donor Designated Gifts
Northwest Catholic High School Foundation 29 wampanoag drive west hartford, CT 061171299	06-6079624	501c3	7,573				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nutmeg Big BrothersBig Sisters 30 Laurel Street 3rd Floor Hartford, CT 06106	06-0850379	501c3	144,955				Allocation Funding & Designated Gifts
old saybrook youth & Family Services 322 main street old saybrook, CT 06475	74-3129840	501c3	9,183				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OM Foundation Sri Sai Spiritual Center 749 Old Say Brook Road-Unit A101 Middletown, CT 06457	26-3534277	501c3	5,649				Donor Designated Gifts
Opportunities Industrialization Center of New Britain Inc 114 North Street New Britain, CT 060511918	06-0876897	501c3	32,781				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Our Companions Domestic Animal Sanctuary Inc PO Box 956 Manchester, CT 060450956	41-2047734	501c3	5,887				Donor Designated Gifts
Our Piece of the Pie - OPP 20-28 Sargeant Street Hartford, CT 06105	06-0939659	501c3	405,637				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PKD Foundation 1001 E 101st Terrace Kansas City, MO 64131	43-1266906	501c3	5,718				Donor Designated Gifts
Protectors of animals inc 144 main streetunit O east hartford, CT 061183239	06-0959891	501c3	6,961				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Providence College 1 Cunningham Square Providence, RI 02918	05-0258932	501c3	5,251				Donor Designated Gifts
Prudence Crandall Center 594 Burritt Street New Britain, CT 06053	06-0968557	501c3	35,377				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Richard M Keane Foundation Inc 126 Broad Street Wethersfield, CT 061093105	06-1635181	501c3	6,892				Donor Designated Gifts
Saint Agnes Home Inc 104 Mayflower Street West Hartford, CT 06110	06-0653189	501c3	5,952				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Saint Francis Hospital & Medical Center Foundation 95 Woodland Street Hartford, CT 061051208	06-1491191	501c3	6,360				Donor Designated Gifts
Saint John's Church 679 farmington avenue west hartford, CT 061191895	06-0653123	501c3	9,956				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Saint Matthew lutheran church 224 lovely street avon, CT 06001	06-1019980	501c3	5,292				Donor Designated Gifts
Salvation Army 855 asylum avenue hartford, CT 061420628	13-5562351	501c3	315,753				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
San Francisco City Academy 230 Jones street San Francisco, CA 941022662	90-0332259	501c3	50,100				Donor Designated Gifts
Scared Heart Church 446 mountain road suffield, CT 06078	06-0653168	501c3	11,626				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Services for the Elderly of Farmington 321 New Britain Avenue Unionville, CT 060851041	06-0860153	501c3	36,537				Allocation Funding & Designated Gifts
Sexual Assault Crisis Center of Eastern CT PO Box 24 Willimantic, CT 062260024	06-1033609	501c3	16,958				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Shoreline christian center 15201 burnet road austin, TX 78728	74-2428868	501c3	5,080				Donor Designated Gifts
Shriners Hospitals for children 516 carew street springfield, MA 01104	04-2121377	501c3	8,051				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Simsbury United Methodist Church 799 Hopemeadow Street Simsbury, CT 060701821	22-2487294	501c3	6,127				Donor Designated Gifts
South Park Inn Emergency Shelter 75 Main Street Hartford, CT 06106	06-1083735	501c3	101,045				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Special olympics connecticutinc 2666 state streetsuite 1 hamden, CT 06517	23-7099756	501c3	11,893				Donor Designated Gifts
St John's high school 378 main street shrewsburry, MA 01545	04-2178393	501c3	13,050				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Ann's Church of Avon 289 Arch Road Avon, CT 060014209	06-0658084	501c3	21,629				Donor Designated Gifts
St Christopher School 570 Brewer Street East Hartford, CT 06118	22-2547126	501c3	8,445				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St George Greek Orthodox Cathedral 433 Fairfield Avenue Hartford, CT 06114	06-0679118	501c3	6,976				Donor Designated Gifts
St James Episcopal Church 3 Mountain Road Farmington, CT 060322339	06-0773790	501c3	8,846				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Mary's Church 51 Freestone Avenue Portland, CT 06480	06-0676857	501c3	5,704				Donor Designated Gifts
Stanford University - Board of Trustees 326 Galvez Street Stanford, CA 943056105	94-1156365	501c3	5,400				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Stonebriar Community Church 4801 Legendary Drive Frisco, TX 75034	75-2780864	501c3	15,000				Donor Designated Gifts
Temple beth sholom endowment foundationinc 400 east middle turnpike manchester, CT 06040	05-0540805	501c3	5,800				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Arc of Farmington Valley (Favarh) 225 Commerce Drive Canton, CT 060191099	06-6011136	501c3	34,806				Allocation Funding & Designated Gifts
The Carter Center Inc 453 freedom parkway atlanta, GA 30307	58-1454716	501c3	7,285				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Fletcher School 8500 Sardis Road Charlotte, NC 28270	59-1340099	501c3	6,333				Donor Designated Gifts
The Village for Families & Children 1680 Albany Avenue Hartford, CT 061051099	06-0668594	501c3	839,028				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Town of Windham- Board of Education 322 Prospect Street Willimantic, CT 06226	06-1201204	501c3	63,000				Allocation Funding & Designated Gifts
Trinity Covenant Church 302 Hackmatack Street Manchester, CT 06040	06-0867977	501c3	6,290				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Trinity Episcopal Church 11 Church Street Tariffville, CT 06081	06-6051129	501c3	11,733				Donor Designated Gifts
Trinity Evangelical Free Church 33 Center Rd Woodbridge, CT 065251629	06-0886049	501c3	5,500				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
True Colors Inc 30 Arbor Street Suite 201A Hartford, CT 061061215	06-1537001	501c3	25,733				Allocation Funding & Designated Gifts
Trustees of Columbia University 622 West 113th Street MC 4524 New York, NY 10025	13-5598093	501c3	15,000				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Labor Agency (John J Driscoll ULA) 56 Town Line Road Rocky Hill, CT 060671241	06-0987695	501c3	28,128				Allocation Funding & Designated Gifts
United States Olympic Committee One Olympic Plaza Colorado Springs, CO 809095724	13-1548339	501c3	55,416				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way Greater Twin Cities PO Box 2949 Minneapolis, MN 55402	41-1973442	501c3	12,288				Donor Designated Gifts
United Way Meriden & Wallingford 35 Pleasant Street Suite 1E Meriden, CT 064505786	06-0646714	501c3	30,491				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Central Carolinas Inc PO Box 890685 Charlotte, NC 282890685	56-0529948	501c3	28,429				Donor Designated Gifts
United Way of Central Indiana PO Box 88409 Indianapolis, IN 462080409	35-1007590	501c3	11,234				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Central Oklahoma 1444 Northwest 28th Street Oklahoma City, OK 731060837	73-0589829	501c3	17,324				Donor Designated Gifts
United Way of Chester County 211 North Walnut Street West Chester, PA 19380	23-2131877	501c3	5,792				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Connecticut 1344 Silas Deane Highway Rocky Hill, CT 060671342	06-1084194	501c3	266,430				Allocation Funding & Designated Gifts
United Way of Greater Atlanta 100 Edgewood Avenue NE Atlanta, GA 30303	58-0566194	501c3	12,220				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Greater New Haven 370 James Street Suite 403 New Haven, CT 065133091	06-0646761	501c3	15,850				Donor Designated Gifts
United Way of Greater Philadelphia and Southern New Jersey 1709 Benjamin Franklin Parkway Philadelphia, PA 191031294	23-1556045	501c3	36,641				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Greater Waterbury 100 North Elm Street 2nd Floor Waterbury, CT 067021512	06-0646634	501c3	43,339				Donor Designated Gifts
United Way of Martin County Inc PO Box 362 Stuart, FL 349950362	59-1051699	501c3	15,436				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Massachusetts Bay and Merrimack County PO Box 51381 Boston, MA 02205	04-2382233	501c3	11,644				Donor Designated Gifts
United Way of Metropolitan Dallas 1800 North Lamar Street Dallas, TX 752021701	75-6005352	501c3	10,093				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of New York City 205 East 42nd Street 12th Floor New York, NY 10017	13-2617681	501c3	5,127				Donor Designated Gifts
United Way of Northwest CT 333 Kennedy Drive Suite R101 Torrington, CT 067903060	06-6009309	501c3	7,340				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Palm Beach County Inc 477 South Rosemary Avenue Suite 230 West Palm Beach, FL 334015758	59-0683258	501c3	78,977				Donor Designated Gifts
United Way of Pioneer Valley 1441 Main Street Suite 147 Springfield, MA 011031447	04-2152680	501c3	131,395				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of San Antonio & Bexar County 700 South Alamo Street San Antonio, TX 782053404	74-1272381	501c3	45,946				Donor Designated Gifts
United Way of San Diego 4699 Murphy Canyon Road San Diego, CA 921234320	95-2213995	501c3	11,624				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Southeastern CT 283 Stoddards Wharf Road Gales Ferry, CT 063350375	06-0771393	501c3	35,906				Donor Designated Gifts
United Way of Southington 31 Liberty Street Suite 210 Southington, CT 064893114	06-0790621	501c3	18,212				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of the Bay Area 550 Kearny Street Suite 1000 San Francisco, CA 941082524	94-1312348	501c3	9,142				Donor Designated Gifts
United Way of the Chattahoochee Valley Inc 1100 5th Avenue Columbus, GA 31901	58-0572434	501c3	90,139				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of the Greater Seacoast 112 Corporate Drive Unit 3 Portsmouth, NH 038016890	02-0271825	501c3	14,294				Donor Designated Gifts
United Way of the Lakeshore 31 East Clay Avenue Muskegon, MN 494420207	38-1426895	501c3	8,771				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of West Central CT 440 N Main Street Ste D Bristol, CT 060101902	06-0653262	501c3	16,555				Donor Designated Gifts
United Way of York County (ME) PO Box 727 Kennebunk, ME 040430727	01-0276862	501c3	130,360				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way Worldwide PO Box 418607 Boston, MA 022418607	23-7424837	501c3	251,711				Donor Designated Gifts
University of CT Foundation Inc 2390 Alumni Drive Unit 3206 Storrs, CT 06269	06-6070722	501c3	111,027				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Notre Dame 1100 Grace Hall Notre Dame, IN 465565612	35-0868188	501c3	7,000				Donor Designated Gifts
University of Saint Joseph 1678 Asylum Avenue West Hartford, CT 061172764	06-0646829	501c3	7,314				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League of Greater Hartford 140 Woodland Street Hartford, CT 061051210	06-6066991	501c3	248,430				Allocation Funding & Designated Gifts
Valley Community Baptist Church 590 West Avon Road Avon, CT 06001	06-0948931	501c3	19,005				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Valley of the Sun United Way 3200 E Camelback Rd Suite 375 Phoenix, AZ 850182328	86-0104419	501c3	17,037				Donor Designated Gifts
Valley United Way 54 Grove Street Suite 1 Shelton, CT 06484	06-0847098	501c3	5,003				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Visiting Nurse & Health Services of CT Inc 8 Keynote Drive Vernon, CT 060665040	06-0646795	501c3	10,368				Allocation Funding & Designated Gifts
Wadsworth Atheneum Museum of Art 600 Main Street Hartford, CT 06103	06-0653111	501c3	5,579				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Watkinson School 180 Bloomfield Avenue Hartford, CT 061051096	06-0655136	501c3	6,139				Donor Designated Gifts
Wethersfield Evangelical Free Church 511 Maple Street Wethersfield, CT 06109	06-0886824	501c3	6,778				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Windham Area Interfaith Ministry (WAIM) 866 Main Street Willimantic, CT 06226	06-1122323	501c3	22,731				Allocation Funding & Designated Gifts
Women's Business Development Council 184 Bedford Street Suite 201 Stamford, CT 06901	06-1493737	501c3	45,000				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Women's League Inc Child Development Center 1695 Main Street Hartford, CT 06120	06-0646969	501c3	582,328				Allocation Funding & Designated Gifts
Worcester Polytechnic Institute 100 Institute Road Worcester, MA 01609	04-2121303	501c3	6,878				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wounded Warrior Project 4899 Belfort Road Suite 300 Jacksonville, FL 322566033	20-2370934	501c3	14,544				Donor Designated Gifts
Xavier High School 181 Randolph Road Middletown, CT 064575606	06-1442909	501c3	5,938				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA of Greater Hartford 50 State House Square Second Floor Hartford, CT 061033902	06-0881325	501c3	315,458				Allocation Funding & Designated Gifts
YWCA Hartford Region 135 Broad Street Hartford, CT 06105	06-0646993	501c3	118,635				Allocation Funding & Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA of New Britain 19 Franklin Square New Britain, CT 060512604	06-0598620	501c3	298,090				Allocation Funding & Designated Gifts
United way greater capital region inc po box 13865 albany, NY 12212	14-1364505	501c3	11,772				Donor Designated Gifts

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Valley united way 201 lafayette streetsuite 201 utrica, NY 135024311	15-0532074	501c3	26,089				Donor Designated Gifts
Fox valley united way 44 east galena boulevard aurora, IL 605053314	36-2195467	501c3	5,238				Donor Designated Gifts

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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		
	Yes	No
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		
☐ First-class or charter travel		
☐ Travel for companions		
☐ Tax idemnification and gross-up payments		
☐ Discretionary spending account		
☐ Housing allowance or residence for personal use		
☐ Payments for business use of personal residence		
☐ Health or social club dues or initiation fees		
☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
☐ Compensation committee		
☐ Independent compensation consultant		
☐ Form 990 of other organizations		
☐ Written employment contract		
☐ Compensation survey or study		
☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization?	6b	No
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 non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 are not listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PAULA S GILBERTO PRESIDENT/CEO	(i)	163,017 -----	0 -----	2,803 -----	18,289 -----	10,843 -----	194,952 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 THOMAS W GLYNN CFO	(i)	144,912 -----	0 -----	1,572 -----	16,016 -----	1,170 -----	163,670 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Return Reference	Explanation
------------------	-------------

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
United Way Inc
united way of cent & ne connecticut

Employer identification number
06-0646653

Part I

Types of Property

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

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.**

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

Return Reference	Explanation
Part I, Column (b)	The amount in column b represents number of contributors
Part I, Line 32b	UWCNCT accepts the transfer of stock as payment against pledges made to our annual United Way Community Campaign. The date of the gift/payment is the day the stock passes from the donors control to UWCNCT. UWCNCT advises its broker, a third party, to sell all such stock transfers immediately upon receipt.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
United Way Inc
united way of cent & ne connecticut

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

06-0646653

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	UWCNCT's Audit Committee reviews and accepts the 990. Then it is reviewed and accepted by the Finance Committee. It is then provided in electronic form to each member of the Board several days prior to the November Board meeting at which time it is presented for acceptance by the full Board.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	SENIOR EXECUTIVE COMPENSATION POLICY THE BENEFITS AND COMPENSATION COMMITTEE WILL - BE CHAIRED BY A BOARD MEMBER AND WILL HAVE AT LEAST THREE OTHER MEMBERS FROM THE BOARD, THE COMMUNITY AND/OR ORGANIZATION STAFF (EXCLUDING THE CEO) WHO POSSESS EXPERIENCE AND EXPERTISE IN HUMAN RESOURCES AND BENEFITS - PARTICIPATE IN THE REVIEW OF THE SENIOR EXECUTIVE COMPENSATION ANNUALLY (DEFINED AS ANY POSITION VICE PRESIDENT AND ABOVE) AND DOCUMENT VIA THE MINUTES AND VOTE THEIR REVIEW AND OVERSIGHT OF THE COMPENSATION PROCESS AND DATA - DEVELOP A REPORT THAT WILL INCLUDE MEETING MINUTES AND SUPPORTING MATERIALS THAT DOCUMENT EXECUTIVE COMPENSATION DECISIONS APPROVED BY THE EXECUTIVE COMMITTEE OR THE BOARD THE BENEFITS AND COMPENSATION COMMITTEE CHAIRPERSON WILL - REPORT AND RECOMMEND EXECUTIVE COMPENSATION AND BENEFITS TO THE EXECUTIVE COMMITTEE AND THE BOARD - IN CONJUNCTION WITH HUMAN RESOURCES, REPORT SPECIFICALLY THE PRESIDENT AND CEO COMPENSATION INFORMATION TO THE UNITED WAY WORLDWIDE MEMBERSHIP ACCOUNTABILITY COMMITTEE (MAC) ALONG WITH THE BENEFITS AND COMPENSATION COMMITTEE POLICY ON COMPENSATION COMPENSATION REVIEW THE BENEFITS AND COMPENSATION COMMITTEE WILL REVIEW AND RECOMMEND SENIOR EXECUTIVE COMPENSATION AND BENEFITS TO THE EXECUTIVE COMMITTEE ON AN ANNUAL BASIS, TYPICALLY PRIOR TO THE NOVEMBER BOARD MEETING CONSIDERATION WILL INCLUDE COMPARABLE MARKET DATA, FINANCIAL CIRCUMSTANCE OF THE ORGANIZATION AND PERFORMANCE OF THE INDIVIDUAL ALL SENIOR EXECUTIVES' COMPENSATION AND BENEFITS (DEFINED AS ANY POSITION VICE PRESIDENT AND ABOVE) WILL BE REVIEWED ANNUALLY BY HR UTILIZING COMPENSATION BEST PRACTICES NO SENIOR EXECUTIVE MAY PARTICIPATE IN THE DELIBERATION OR THE RECOMMENDATION OF THE BENEFITS AND COMPENSATION COMMITTEE OR THE EXECUTIVE COMMITTEE WITH RESPECT TO SUCH SENIOR EXECUTIVE'S COMPENSATION OR BENEFITS TYPICALLY AT THE NOVEMBER BOARD MEETING, THE RECOMMENDATIONS WILL BE REVIEWED AND APPROVED BY THE BOARD IN ORDER TO REMAIN RELATIVELY COMPETITIVE FOR STAFFING PURPOSES, IT IS OUR GOAL TO MAINTAIN SALARIES WITHIN 10% - 15% OF THE POSITION MEDIAN AS REFLECTED BY THE MARKET MARKET IS GENERALLY DEFINED AS COMPARABLY-SIZED CHARITABLE ORGANIZATIONS WITH SIMILAR MISSION STATEMENTS, LOCATED IN THE NORTHEAST MARKET DATA MAY INCLUDE FOR-PROFIT ORGANIZATIONS, TO THE EXTENT REQUIRED BY THE LOCAL MARKET FOR TALENT IF A POSITION FALLS BENEATH THE 15% RANGE, IT IS REVIEWED AND A SALARY ADJUSTMENT MAY OR MAY NOT BE RECOMMENDED THIS RANGE IS OFFERED AS A GUIDELINE NOT AN EXACT MEASURE AND CONSIDERATION IS GIVEN TO AN INDIVIDUAL'S PERFORMANCE, CONTRIBUTION, EXPERIENCE, ETC AS PART OF THE COMPENSATION UNITED WAY WORLDWIDE (UWW) DATA IS A PRIMARY SOURCE FOR ALL STAFF COMPENSATION ANALYSES WHICH IS COMPRISED OF DATA SOLICITED PERIODICALLY FROM UNITED WAYS ACROSS THE COUNTRY UWW DATA IS THEN NARROWED BY REGION AND REVENUE LEVELS TO ENSURE APPLICABILITY SPECIFIC COMPENSATION SURVEYS ARE ALSO ORDERED TO PROVIDE ADDITIONAL DATA SOURCES AS WELL

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	ALONG WITH ANY FREE ONLINE TOOLS THAT PROVIDE COMPENSATION DATA FOR SENIOR EXECUTIVES, DATA FOR LOCAL NON PROFITS OF COMPARABLE SIZE ARE ALSO UTILIZED VIA INFORMATION ON THE IRS FORM 990 WE STRIVE TO FIND MULTIPLE DATA SOURCES TO ENSURE THAT WE HAVE A THOROUGH COMPARISON FOR EACH POSITION MERIT BASED COMPENSATION PERFORMANCE WILL BE REVIEWED ANNUALLY TYPICALLY ON OR ABOUT JULY 1ST, THE BEGINNING OF THE FISCAL YEAR UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT WILL RECOGNIZE PERFORMANCE WITH INCREASES TO BASE SALARY FOR ELIGIBLE EMPLOYEES SALARY INCREASES ARE NOT AUTOMATIC EACH YEAR, BUT ARE BASED ON PERFORMANCE, FINANCIAL CIRCUMSTANCES OF THE ORGANIZATION AND THE DISCRETION OF MANAGEMENT AND THE BOARD SALARY RANGES FOR POSITIONS WILL BE ESTABLISHED AND REVIEWED PERIODICALLY TO ENSURE SUCH RANGES REFLECT THE MARKET MANAGEMENT RETAINS DISCRETION TO PROVIDE A LUMP SUM PAYMENT IN LIEU OF A SALARY INCREASE IN THE EVENT AN INDIVIDUAL'S SALARY IS NEAR OR ABOVE THE MARKET RANGE FOR THE POSITION PRESIDENT AND CEO EXPENSE REVIEW PROCESS A STAFF PERSON OF FINANCE (INDIVIDUAL RESPONSIBLE FOR ACCOUNTS PAYABLE) OR DESIGNEE IS RESPONSIBLE FOR GATHERING AND COMPILING THE DETAILS OF THE PRESIDENT AND CEO'S EXPENSES INCLUDING CREDIT CARD EXPENSES THESE ARE THEN PROVIDED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS BY THE CHIEF FINANCIAL OFFICER FOR REVIEW AND APPROVAL ON A QUARTERLY BASIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	CHANGE IN INVESTMENTS HELD IN TRUST BY OTHERS 420,478 pension related changes other than net periodic pension cost 1,000,187

990 Schedule O, Supplemental Information

Return Reference	Explanation
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