

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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) Room/suite
30 LAUREL STREET
City or town, state or province, country, and ZIP or foreign postal code
HARTFORD, CT 06106
F Name and address of principal officer
PAULA GILBERTO
30 LAUREL STREET
HARTFORD, CT 06106

D Employer identification number
06-0646653
E Telephone number
(860) 493-6800
G Gross receipts \$ 22,056,143

I Tax-exempt status
 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW UNITEDWAYINC ORG

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 ▶

K Form of organization
 Corporation Trust Association Other ▶

L Year of formation 1924

M State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO ENGAGE PEOPLE TO IMPROVE LIVES AND CHANGE COMMUNITY CONDITIONS

2 Check this box 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)	30
4 Number of independent voting members of the governing body (Part VI, line 1b)	30
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	63
6 Total number of volunteers (estimate if necessary)	6,594
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

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	20,360,474	17,637,535
9 Program service revenue (Part VIII, line 2g)	748,254	1,344,066
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	810,166	1,292,224
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	172,682	167,415
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,091,576	20,441,240
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,920,416	14,547,266
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)	3,851,422	3,891,381
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶2,494,238		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,837,139	1,915,091
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	22,608,977	20,353,738
19 Revenue less expenses Subtract line 18 from line 12	-517,401	87,502

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	35,867,372	34,375,312
21 Total liabilities (Part X, line 26)	14,569,063	13,207,061
22 Net assets or fund balances Subtract line 21 from line 20	21,298,309	21,168,251

Part II Signature Block

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

Sign Here

Signature of officer
Date 2018-11-14
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 2018-11-07
Check if self-employed
PTIN P00184514
Firm's name ▶ COHNREZNICK LLP
Firm's EIN ▶ 22-1478099
Firm's address ▶ 350 CHURCH STREET 12TH FLOOR
HARTFORD, CT 06103
Phone no (959) 200-7000

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT MOBILIZES PEOPLE AND ORGANIZATIONS TO GIVE, ADVOCATE AND VOLUNTEER TO HELP CHILDREN SUCCEED, ENSURE FAMILIES ARE HEALTHY AND FINANCIALLY SECURE, AND PROVIDE ACCESS TO BASIC NEEDS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

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

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

4a (Code) (Expenses \$ 7,087,680 including grants of \$ 7,087,680) (Revenue \$ 226,479)
 See Additional Data

4b (Code) (Expenses \$ 3,965,000 including grants of \$ 3,965,000) (Revenue \$)
 See Additional Data

4c (Code) (Expenses \$ 1,717,000 including grants of \$ 1,717,000) (Revenue \$)
 See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
 (Expenses \$ 3,645,469 including grants of \$ 1,777,586) (Revenue \$ 1,112,320)

4e Total program service expenses ▶ 16,415,149

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>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	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>		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>		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>		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>		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>		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>		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>		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>	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>	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>	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>		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>		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>	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>	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>	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>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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)		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>	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>		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 Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (30); 1b Enter the number of voting members included in line 1a, above, who are independent (30); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b 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? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (STEFANIE BOLES 30 LAUREL STREET HARTFORD, CT 06106 (860) 493-6800).

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							678,332	0	59,929	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **5**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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>	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>		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) Name and business address	(B) Description of services	(C) Compensation
PITA COMMUNICATIONS LLC 40 COLD SPRING RD ROCKY HILL, CT 06067	MARKETING CONSULANT	201,446

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 ▶ **1**

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	221,561				
	b Membership dues	1b					
	c Fundraising events	1c	121,100				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17,294,874				
	g Noncash contributions included in lines 1a-1f \$ _____		83,888				
	h Total. Add lines 1a-1f			17,637,535			
Program Service Revenue			Business Code				
	2a COMMUNITY GRANTS, INITIATIVES, AND		900099	833,435	833,435		
	b ADMINISTRATIVE FEES AND OTHER		900099	510,631	510,631		
	c _____						
	d _____						
	e _____						
	f All other program service revenue			1,344,066			
g Total. Add lines 2a-2f			1,344,066				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			866,865		866,865	
	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				
			1,914,798				
		b Less cost or other basis and sales expenses	1,489,439				
		c Gain or (loss)	425,359				
	d Net gain or (loss)			425,359		425,359	
	8a Gross income from fundraising events (not including \$ 121,100 of contributions reported on line 1c) See Part IV, line 18	a	209,687				
		b Less direct expenses	125,464				
c Net income or (loss) from fundraising events			84,223		84,223		
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold						
	c Net income or (loss) from sales of inventory						
11a Miscellaneous Revenue		Business Code					
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			20,441,240	1,344,066	0	1,459,639	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	14,547,266	14,547,266		
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.	361,679	79,737	194,088	87,854
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.	2,802,057	1,035,916	476,719	1,289,422
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	132,981	37,662	37,882	57,437
9 Other employee benefits.	336,142	99,838	98,079	138,225
10 Payroll taxes.	258,522	75,496	75,878	107,148
11 Fees for services (non-employees):				
a Management.	12,240	6,131	3,727	2,382
b Legal.	5,000		5,000	
c Accounting.	62,049	4,485	51,285	6,279
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).	365,241	52,115	30,020	283,106
12 Advertising and promotion.	132,183	34,343		97,840
13 Office expenses.	161,799	17,373	21,372	123,054
14 Information technology.	98,977	29,497	40,677	28,803
15 Royalties.				
16 Occupancy.	379,976	190,330	115,703	73,943
17 Travel.	17,119	8,078	2,645	6,396
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	17,466	2,606	8,558	6,302
20 Interest.				
21 Payments to affiliates.	219,401	64,027	64,383	90,991
22 Depreciation, depletion, and amortization.	168,330	75,083	64,077	29,170
23 Insurance.	96,976	21,720	66,818	8,438
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 &	76,506	11,063	34,716	30,727
b RENTAL AND MAINTENANCE	42,316	12,304	12,404	17,608
c DUES & SUBSCRIPTIONS	34,512	10,079	15,320	9,113
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	20,353,738	16,415,149	1,444,351	2,494,238
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	364	1	366
	2 Savings and temporary cash investments	4,911,366	2	3,261,548
	3 Pledges and grants receivable, net	5,774,236	3	5,658,833
	4 Accounts receivable, net	397,200	4	535,938
	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	116,797	9	167,009
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	4,336,663		
	b Less accumulated depreciation	3,229,484		
	11 Investments—publicly traded securities	1,195,483	10c	1,107,179
	12 Investments—other securities See Part IV, line 11	16,802,597	11	16,668,926
	13 Investments—program-related See Part IV, line 11	6,664,429	12	6,970,613
	14 Intangible assets		13	
	15 Other assets See Part IV, line 11	4,900	14	4,900
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,867,372	15	34,375,312	
Liabilities	17 Accounts payable and accrued expenses	866,455	17	1,105,535
	18 Grants payable	2,463,730	18	2,135,003
	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	11,238,878	25	9,966,523
	26 Total liabilities. Add lines 17 through 25	14,569,063	26	13,207,061
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	12,984,941	27	12,746,150
	28 Temporarily restricted net assets	407,119	28	209,667
	29 Permanently restricted net assets	7,906,249	29	8,212,434
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	21,298,309	33	21,168,251
	34 Total liabilities and net assets/fund balances	35,867,372	34	34,375,312

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,441,240
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,353,738
3	Revenue less expenses Subtract line 2 from line 1	3	87,502
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,298,309
5	Net unrealized gains (losses) on investments	5	-377,200
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	159,640
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,168,251

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>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</p>	Yes	
<p>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?</p>		No
<p>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</p>		

Additional Data

Software ID:

Software Version:

EIN: 06-0646653

Name: UNITED WAY INC
UNITED WAY OF CENT & NE CONNECTICUT

Form 990 (2017)

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 \$ 1,318,000 including grants of \$ 1,318,000) (Revenue \$)

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 \$ 2,327,469 including grants of \$ 459,586) (Revenue \$ 1,112,320)

OTHER PROGRAM SERVICES

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			
JAMES P O'MEARA BOARD CHAIRMAN	1 00	X		X				0	0	0
DONALD ALLANJR BOARD MEMBER	1 00	X						0	0	0
SUZANNE ALI BOARD MEMBER	0 20	X						0	0	0
MICHAEL J AUSERE BOARD TREASURER	0 50	X		X				0	0	0
AMANDA APONTE OUTGOING BOARD MEMBER	0 20	X						0	0	0
GREG M BARATS OUTGOING BOARD MEMBER	0 30	X						0	0	0
PEGGY BUCHANAN OUTGOING BOARD MEMBER	0 30	X						0	0	0
STEVEN J CASEY BOARD MEMBER	0 20	X						0	0	0
JENNY CHERE BOARD MEMBER	0 50	X						0	0	0
JULIO A CONCEPCION OUTGOING 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			
MARIO D CONJURA BOARD MEMBER	0 20	X						0	0	0
ERIC D DANIELS BOARD MEMBER	0 20	X						0	0	0
SHELLYE DAVIS BOARD MEMBER	0 30	X						0	0	0
WILLIAM F DOWLING BOARD MEMBER	0 20	X						0	0	0
PAUL A DUFF BOARD MEMBER	0 20	X						0	0	0
ALFRED ENAGBARE BOARD MEMBER	0 30	X						0	0	0
VENTON B FORBES BOARD MEMBER	0 70	X						0	0	0
ROBERT A KOSIOR BOARD MEMBER	0 20	X						0	0	0
JEFFREY L HUBBARD OUTGOING BOARD MEMBER	0 20	X						0	0	0
SHAWN J MAYNARD BOARD MEMBER	0 40	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			
COLLEEN A MCGUIRE BOARD MEMBER	0 20	X						0	0	0
NATALIE B MORRIS BOARD MEMBER	0 40	X						0	0	0
DIANE NADEAU BOARD MEMBER	0 20	X						0	0	0
VICKY PACE BOARD MEMBER	0 30	X						0	0	0
NOREEN RANDAZZO OUTGOING BOARD MEMBER	0 30	X						0	0	0
TIMOTHY RESTALLJR BOARD MEMBER	0 20	X						0	0	0
CYNTHIA A RYAN BOARD MEMBER	0 20	X						0	0	0
ASHLEY M SANYAL OUTGOING BOARD MEMBER	0 50	X						0	0	0
VI R SMALLEYESQ BOARD MEMBER	0 30	X						0	0	0
DONNA L SODIPO 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			
TIMOTHY T STEWART BOARD MEMBER	0 30	X						0	0	0
RICHARD J TAVOLIERI BOARD MEMBER	0 30	X						0	0	0
GREGORY C TOCZYDLOWSKI BOARD MEMBER	0 30	X						0	0	0
SUSAN TULLY BOARD MEMBER	0 20	X						0	0	0
ANDEN RUTZINGER BOARD MEMBER	0 30	X						0	0	0
LYN G WALKER BOARD MEMBER	0 50	X						0	0	0
MAUREEN WATERSON BOARD MEMBER	0 20	X						0	0	0
JENNIFER L WHITE OUTGOING BOARD MEMBER	0 50	X						0	0	0
PAULA S GILBERTO PRESIDENT/CEO	52 00			X				176,945	0	15,073
THOMAS W GLYNN CFO THRU 2/18	52 00			X				151,342	0	4,844

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			
STEFANIE BOLES CFO	52 00			X				0	0	0
JENNIFER GIFFORD VP OF COMMUNITY RESOURCES	52 00					X		121,211	0	15,958
MARY CREAN VP OF OF MARKETING & RESOURCE DEVELOPMENT	52 00					X		128,007	0	16,103
MARGARET ATHERLAY DIRECTOR OF DEVELOPMENT	52 00					X		100,827	0	7,951

SCHEDULE A
(Form 990 or
990EZ)

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.

2017

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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	24,054,841	23,739,532	22,010,597	20,360,474	17,637,535	107,802,979
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	24,054,841	23,739,532	22,010,597	20,360,474	17,637,535	107,802,979
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)						6,221,790
6 Public support. Subtract line 5 from line 4						101,581,189

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	24,054,841	23,739,532	22,010,597	20,360,474	17,637,535	107,802,979
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	977,020	1,028,952	968,847	803,372	950,057	4,728,248
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.)	137,610	166,875	205,739	230,321	209,687	950,232
11 Total support. Add lines 7 through 10						113,481,459

12 Gross receipts from related activities, etc (see instructions) **12** 3,841,314

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 2017 (line 6, column (f) divided by line 11, column (f))	14	89.510 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	89.920 %

16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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? 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.		
	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
	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? If "Yes," provide detail in Part VI .		
	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	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))? If "Yes," provide detail in Part VI .		
	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? If "Yes," provide detail in Part VI .		
	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? If "Yes," provide detail in Part VI .		
	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)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	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>		

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>		
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>		

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>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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>	Yes	No
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>		
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>		
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>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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 - 2013 AMOUNT \$ 137,610 2014 AMOUNT \$ 166,875 2015 AMOUNT \$ 205,73 9 2016 AMOUNT \$ 230,321 2017 AMOUNT \$ 209,687

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2017
Open to Public Inspection

▶ 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.

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 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)
 - Preservation of an historically important land area
 - Protection of natural habitat
 - Preservation of a certified historic structure
 - Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under 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 ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,802,596	16,108,865	16,601,728	16,915,567	15,483,278
b Contributions					
c Net investment earnings, gains, and losses	466,329	1,143,731	-42,863	186,161	1,832,289
d Grants or scholarships					
e Other expenditures for facilities and programs	600,000	450,000	450,000	500,000	400,000
f Administrative expenses					
g End of year balance	16,668,925	16,802,596	16,108,865	16,601,728	16,915,567

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 92 550 %
 - b** Permanent endowment ▶ 7 450 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 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		3,376,481	2,357,987	1,018,494
c Leasehold improvements				
d Equipment		819,949	761,081	58,868
e Other		136,910	110,416	26,494
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,107,179

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	6,970,613	C
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	6,970,613	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
AGENCY PROGRAM SUPPORT PAYABLE	7,505,118
DONOR DESIGNATIONS PAYABLE	2,461,405
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	9,966,523

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	13,273,509
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-377,200
b	Donated services and use of facilities	2b	162,509
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	159,640
e	Add lines 2a through 2d	2e	-55,051
3	Subtract line 2e from line 1	3	13,328,560
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,000
b	Other (Describe in Part XIII)	4b	7,087,680
c	Add lines 4a and 4b	4c	7,112,680
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	20,441,240

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	13,403,567
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	162,509
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	162,509
3	Subtract line 2e from line 1	3	13,241,058
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,000
b	Other (Describe in Part XIII)	4b	7,087,680
c	Add lines 4a and 4b	4c	7,112,680
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	20,353,738

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	

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, 2018 AND 2017 UWCNCT'S FEDERAL AND STATE INFORMATION RETURNS PRIOR TO FISCAL YEAR 2015 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 -146,545 CHANGE IN INVESTMENTS HELD IN TRUST BY OTHERS 306,185

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	AMOUNTS DESIGNATED BY DONORS 7,087,680

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	AMOUNTS DESIGNATED BY DONORS 7,087,680

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

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.

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 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	330,787			330,787
2	Less Contributions	121,100			121,100
3	Gross income (line 1 minus line 2)	209,687			209,687
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,052			9,052
	7 Food and beverages	36,990			36,990
	8 Entertainment	18,800			18,800
	9 Other direct expenses	60,622			60,622
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				125,464
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				84,223

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	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

a	The organization's facility		%
b	An outside facility		%

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 provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
06-0646653

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 ▶ _____ 203

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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	14,900				DONOR DESIGNATED GIFTS
ACADEMY OF OUR LADY OF MERCY 200 HIGH STREET MILFORD, CT 064603249	06-0653077	501C3	5,300				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 STREET SUITE 2 WILLIMANTIC, CT 06226	06-0801861	501C3	55,090				ALLOCATION FUNDING & DESIGNATED GIFTS
ALS ASSOCIATION CT CHAPTER 4 OXFORD ROAD SUITE E4 MILFORD, CT 064603850	04-3417472	501C3	11,826				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
ALZHEIMER'S ASSN - CT CHAPTER 200 EXECUTIVE BOULEVARD SUITE 4B SOUTHINGTON, CT 064891058	42-1540769	501C3	18,443				DONOR DESIGNATED GIFTS
ALZHEIMER'S DISEASE AND RELATED DISORDER ASSOCIATION 117-A LONGWOOD DRIVE SE SUITE A HUNTSVILLE, AL 35801	62-1860364	501C3	5,728				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
AMERICA CHARITIES LISTINGS 14150 NEWBROOK DRIVE SUITE 340 CHANTILLY, VA 20151	54-1517707	501C3	9,500				DONOR DESIGNATED GIFTS
AMERICAN CANCER SOCIETY FOUNDATION 825 BROOK STREET BLD 3 ROCKY HILL, CT 06067	13-1788491	501C3	50,328				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
AMERICAN DIABETES ASSOCIATION 260 COCHITUATE ROAD SUITE 2 FRAMINGHAM, MA 017014608	13-1623888	501C3	11,046				DONOR DESIGNATED GIFTS
AMERICAN HEART ASSOCIATION 5 BROOKSIDE DRIVE WALLINGFORD, CT 064921822	13-5613797	501C3	16,308				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
AMERICAN LUNG ASSN OF THE NORTHEAST 45 ASH STREET EAST HARTFORD, CT 06108	06-0646594	501C3	7,089				DONOR DESIGNATED GIFTS
AMERICAN RED CROSS 1501 SOUTH BRAND BOULEVARD GLENDALE, CA 91204	53-0196605	501C3	207,954				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
AMERICA'S BEST CHARITIES 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3067804	501C3	49,142				DONOR DESIGNATED GIFTS
ARCHBISHOP'S ANNUAL APPEAL 134 FARMINGTON AVENUE HARTFORD, CT 06105	06-0646669	501C3	9,255				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 OLD FARMS SCHOOL 500 OLD FARMS ROAD AVON, CT 06001	06-0655480	501C3	10,674				DONOR DESIGNATED GIFTS
BETHANY COVENANT CHURCH (CT) 785 MILL STREET BERLIN, CT 060372428	06-0646547	501C3	5,801				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
BILLINGS FORGE COMMUNITY WORKS 227 LAWRENCE STREET 2ND FLOOR HARTFORD, CT 06106	26-1412551	501C3	5,855				DONOR DESIGNATED GIFTS
BIRTHRIGHT OF GREATER HARTFORD INC 914 MAIN STREET- ROOM 216 EAST HARTFORD, CT 06108	23-7378225	501C3	5,419				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
BOLTON SCHOLARSHIP FUND INC 72 BRANDY STREET BOLTON, CT 06043	06-0954463	501C3	5,096				DONOR DESIGNATED GIFTS
BOYS & GIRLS CLUB OF NEW BRITAIN INC 150 WASHINGTON STREET NEW BRITAIN, CT 06051	06-0660406	501C3	6,704				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
BOYS & GIRLS CLUBS OF HARTFORD 170 SIGOURNEY STREET HARTFORD, CT 06105	06-6026005	501C3	188,000				ALLOCATION FUNDING & DESIGNATED GIFTS
BURLINGTON LIBRARY ASSOCIATION 34 LIBRARY LANE BURLINGTON, CT 06013	06-6100035	501C3	5,739				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
CANCER COUCH FOUNDATION INC 53 ENNIS LANE FAIRFIELD, CT 068246489	81-1529788	501C3	10,733				DONOR DESIGNATED GIFTS
CAPITAL WORKFORCE PARTNERS ONE UNION PLACE 3RD FLOOR HARTFORD, CT 061031400	06-1013293	501C3	36,052				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	30,101				ALLOCATION FUNDING & DESIGNATED GIFTS
CATHOLIC CHARITIES INC ARCHDIOCESE OF HARTFORD HARTFORD, CT 061052801	06-0667607	501C3	493,118				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	127,500				DONOR DESIGNATED GIFTS
CHARLOTTE COUNTRY DAY SCHOOL 1440 CAMEL ROAD CHARLOTTE, NC 28226	56-0623935	501C3	5,300				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
CHILDRENS HEALTHCARE CHARITY INC 3300 PGA BLVD STE 800 PALM BCH GDNS, FL 334102811	20-4394654	501C3	5,300				DONOR DESIGNATED GIFTS
CHILDREN'S LAW CENTER 30 ARBOR STREET NORTH BUILDING 4TH FLOOR HARTFORD, CT 061061215	06-1381700	501C3	5,476				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
CHRISTIAN ACTIVITIES COUNCIL 47 VINE STREET HARTFORD, CT 06112	06-0689693	501C3	31,333				DONOR DESIGNATED GIFTS
CITADEL OF LOVE THE TABERNACLE OF CELEBRATION PRAISE HARTFORD, CT 06144	06-1441758	501C3	7,392				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	16,981				DONOR DESIGNATED GIFTS
CITY OF NEW BRITAIN BOARD OF EDUCATION 272 MAIN STREET NEW BRITAIN, CT 06051	22-2486319	501C3	150,000				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
COLLEGE OF THE HOLY CROSS TRUSTEES 1 COLLEGE STREET WORCESTER, MA 016102322	04-2103558	501C3	11,059				DONOR DESIGNATED GIFTS
COLONIAL POINT CHRISTIAN CHURCH 855 CHAPEL ROAD SOUTH WINDSOR, CT 060744252	06-1553246	501C3	10,273				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 BICYCLE CENTER PO BOX 783 BIDDEFORD, ME 04005	20-3684834	501C3	9,298				DONOR DESIGNATED GIFTS
COMMUNITY HEALTH CHARITIES OF NEW ENGLAND 1199 NORTH FAIRFAX STREET SUITE 600 ALEXANDRIA, VA 22314	06-6079596	501C3	22,459				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 RENEWAL TEAM 555 WINDSOR STREET HARTFORD, CT 061202418	06-0795640	501C3	15,000				DONOR DESIGNATED GIFTS
COMPASS YOUTH COLLABORATIVE 55 AIRPORT ROAD SUITE 201 HARTFORD, CT 06114	31-1768549	501C3	239,085				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 ASSOCIATION FOR HUMAN SERVICES 237 HAMILTON STREET SUITE 208 HARTFORD, CT 06106	06-0653158	501C3	17,667				DONOR DESIGNATED GIFTS
CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION 282 WASHINGTON STREET HARTFORD, CT 061063322	06-0646755	501C3	16,278				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 COALITION TO END HOMELESSNESS 257 LAWRENCE STREET HARTFORD, CT 061061430	06-1126880	501C3	290,922				ALLOCATION FUNDING & DESIGNATED GIFTS
CONNECTICUT COMMUNITY CARE INC 43 ENTERPRISE DRIVE BRISTOL, CT 06010	06-1024632	501C3	5,261				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 FORUM INC 750 MAIN STREET HARTFORD, CT 06103	06-1343149	501C3	16,055				DONOR DESIGNATED GIFTS
CONNECTICUT HUMANE SOCIETY 169 OLD COLCHESTER ROAD QUAKER HILL, CT 063750041	06-0667605	501C3	6,413				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 701 RUSSELL ROAD NEWINGTON, CT 061111593	06-0667605	501C3	22,981				DONOR DESIGNATED GIFTS
CONNECTICUT PUBLIC BROADCASTING INC 1049 ASYLUM AVENUE HARTFORD, CT 061052432	06-0758938	501C3	8,082				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	112,735				ALLOCATION FUNDING & DESIGNATED GIFTS
CONNECTICUT SCIENCE CENTER 250 COLUMBUS BLVD HARTFORD, CT 06103	06-1538101	501C3	8,035				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 WEST MIDDLE SCHOOL HARTFORD, CT 061052805	06-1035985	501C3	60,843				ALLOCATION FUNDING & DESIGNATED GIFTS
CONSOLIDATED SCHOOLS OF NEW BRITIAN PO BOX 1960 NEW BRITAIN, CT 06051	22-2486319	501C3	15,290				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
COVENANT PREPARATORY SCHOOL 135 BROAD STREET HARTFORD, CT 06105	74-3238578	501C3	8,673				DONOR DESIGNATED GIFTS
CT LEGAL SERVICES- HARTFORD 62 WASHINGTON STREET MIDDLETOWN, CT 06457	06-0955461	501C3	18,641				ALLOCATION FUNDING & DESIGNATED GIFTS

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CYSTIC FIBROSIS FOUNDATION 101 CENTER POINT DRIVE MIDDLETOWN, CT 06457	06-0834391	501C3	8,318				DONOR DESIGNATED GIFTS
DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BP418 BOSTON, MA 02215	04-2263040	501C3	15,500				DONOR DESIGNATED GIFTS

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DEEP RIVER CONGREGATIONAL CHURCH PO BOX 246 DEEP RIVER, CT 064170246	06-6038248	501C3	7,000				DONOR DESIGNATED GIFTS
EAST HARTFORD PUBLIC SCHOOLS 1110 MAIN STREET EAST HARTFORD, CT 06108	06-6001989	501C3	278,027				ALLOCATION FUNDING & DESIGNATED GIFTS

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

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EDUCATIONAL RESOURCES FOR CHILDREN INC 174 SOUTH ROAD 200 ENFIELD, CT 060824414	03-0399205	501C3	74,743				ALLOCATION FUNDING & DESIGNATED GIFTS
ENFIELD FOOD SHELF C/O BERGER ALAIMO SANTY MCGUIRE ENFIELD, CT 060830699	06-1327533	501C3	5,473				DONOR DESIGNATED GIFTS

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ENGINEERS WITHOUT BORDERS USA 1031 33RD STREET SUITE 210 DENVER, CO 80205	84-1589324	501C3	8,106				DONOR DESIGNATED GIFTS
FARMINGTON VALLEY ACADEMY MONTESSORI 8 OLD MILL LANE SIMSBURY, CT 060701932	06-0646899	501C3	44,150				DONOR DESIGNATED GIFTS

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FARMINGTON VALLEY VISITING NURSE ASSOCIATION 150 FISHER AVE AVON, CT 06001	20-1571082	501C3	7,494				ALLOCATION FUNDING & DESIGNATED GIFTS
FIDELCO GUIDE DOG FOUNDATION INC 103 VISION WAY BLOOMFIELD, CT 060025322	06-6060478	501C3	8,033				DONOR DESIGNATED GIFTS

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

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FIRST CATHEDRAL CHURCH OF HARTFORD 1151 BLUE HILLS AVENUE BLOOMFIELD, CT 06002	06-1073375	501C3	6,431				DONOR DESIGNATED GIFTS
FIRST CHURCH OF CHRIST IN SIMSBURY INC 689 HOPMEADOW STREET SIMSBURY, CT 06070	13-1957221	501C3	5,565				DONOR DESIGNATED GIFTS

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

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FIRST CONGREGATIONAL CHURCH IN BLOOMFIELD 10 WINTONBURY AVENUE BLOOMFIELD, CT 06002	06-0727636	501C3	40,000				DONOR DESIGNATED GIFTS
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 060021342	22-2474771	501C3	220,234				ALLOCATION FUNDING & DESIGNATED GIFTS

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

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GIFTS OF LOVE INC 35 EAST MAIN STREET AVON, CT 060010463	06-1309318	501C3	5,056				DONOR DESIGNATED GIFTS
GIRL SCOUTS OF CONNECTICUT 340 WASHINGTON STREET HARTFORD, CT 061063317	06-0646759	501C3	148,408				ALLOCATION FUNDING & DESIGNATED GIFTS

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

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GLOBAL IMPACT PO BOX 10 RED HOOK, NY 12571	52-1273585	501C3	11,491				DONOR DESIGNATED GIFTS
GRACE ACADEMY INC 277 MAIN STREET HARTFORD, CT 06106	27-1673012	501C3	6,495				DONOR DESIGNATED GIFTS

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

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GRANBY COMMUNITY FUND PO BOX 94 GRANBY, CT 060350094	06-6037713	501C3	10,808				DONOR DESIGNATED GIFTS
GREATER HARTFORD ARTS COUNCIL 100 PEARL STREET HARTFORD, CT 06103	23-7111486	501C3	69,477				DONOR DESIGNATED GIFTS

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

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GREATER HARTFORD CHURCH OF CHRIST PO BOX 1081 ARGYLE, TX 762261081	06-1414914	501C3	7,780				DONOR DESIGNATED GIFTS
GREATER HARTFORD LEGAL AID INC 999 ASYLUM AVENUE 3RD FLOOR HARTFORD, CT 061052465	06-0730611	501C3	175,138				ALLOCATION FUNDING & DESIGNATED GIFTS

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

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GUIDE DOGS OF AMERICA CT RI & WESTERN MA CHAPTERS 300 SAYBROOK ROAD HIGGANUM, CT 06441	95-1586088	501C3	75,295				DONOR DESIGNATED GIFTS
HANDS ON HARTFORD 55 BARTHOLOMEW AVE HARTFORD, CT 06106	06-0861268	501C3	10,427				DONOR DESIGNATED GIFTS

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HARC INC 900 ASYLUM AVENUE HARTFORD, CT 061051985	06-0710289	501C3	154,565				ALLOCATION FUNDING & DESIGNATED GIFTS
HARTFORD AREA HABITAT FOR HUMANITY 780 WINDSOR STREET HARTFORD, CT 061441933	06-1253049	501C3	8,904				DONOR DESIGNATED GIFTS

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HARTFORD FOUNDATION FOR PUBLIC GIVING 10 COLUMBUS BOULEVARD 8TH FLOOR HARTFORD, CT 06106	06-0699252	501C3	101,611				ALLOCATION FUNDING & DESIGNATED GIFTS
HARTFORD HEALTHCARE AT HOME INC 1290 SILAS DEANE HIGHWAY STE 4B WETHERSFIELD, CT 061094337	06-0646938	501C3	298,490				ALLOCATION FUNDING & DESIGNATED GIFTS

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HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 06105	06-0646668	501C3	12,068				DONOR DESIGNATED GIFTS
HARTFORD YOUTH SCHOLARS FOUNDATION INC 129 ALLEN PLACE HARTFORD, CT 061063103	20-3495171	501C3	13,984				DONOR DESIGNATED GIFTS

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HARTFORD'S CAMP COURANT 285 BROAD STREET HARTFORD, CT 061153785	06-1018155	501C3	13,307				DONOR DESIGNATED GIFTS
HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BOULEVARD ORLANDO, FL 328044717	59-0808854	501C3	8,594				DONOR DESIGNATED GIFTS

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HIGH HOPES THERAPEUTIC RIDING INC (OLD LYME) 36 TOWN WOODS ROAD OLD LYME, CT 063711142	06-0987749	501C3	5,521				DONOR DESIGNATED GIFTS
HISPANIC HEALTH COUNCIL 175 MAIN STREET HARTFORD, CT 061061818	06-1018979	501C3	139,699				ALLOCATION FUNDING & DESIGNATED GIFTS

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HODDING CARTER MEMORIAL YMCA 1688 FAIRGROUNDS ROAD GREENVILLE, MS 387037805	64-0306257	501C3	12,107				DONOR DESIGNATED GIFTS
HOLCOMB FARM INC 113 SIMSBURY ROAD WEST GRANBY, CT 06090	06-1384197	501C3	6,238				DONOR DESIGNATED GIFTS

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HOLE IN THE WALL GANG FUND INC 555 LONG WHARF DRIVE NEW HAVEN, CT 065115901	06-1157655	501C3	6,604				DONOR DESIGNATED GIFTS
HOPE PARTNERSHIP INC 191 MAIN STREET SUITE 5 OLD SAYBROOK, CT 064752392	20-1683627	501C3	6,624				DONOR DESIGNATED GIFTS

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HUMAN RESOURCES AGENCY OF NEW BRITAIN 180 CLINTON STREET NEW BRITAIN, CT 060533512	06-0954802	501C3	356,588				ALLOCATION FUNDING & DESIGNATED GIFTS
INTERVAL HOUSE PO BOX 340207 HARTFORD, CT 061340207	06-0960005	501C3	146,607				ALLOCATION FUNDING & DESIGNATED GIFTS

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JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD 333 BLOOMFIELD AVE SUITE D WEST HARTFORD, CT 06117	06-1372107	501C3	20,205				DONOR DESIGNATED GIFTS
JEWISH FAMILY SERVICE OF GREATER HARTFORD 333 BLOOMFIELD AVENUE SUITE A WEST HARTFORD, CT 061171500	06-0653062	501C3	75,509				ALLOCATION FUNDING & DESIGNATED GIFTS

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JOURNEY HOME 255 MAIN ST 2ND FLOOR HARTFORD, CT 06106	80-0143570	501C3	55,207				ALLOCATION FUNDING & DESIGNATED GIFTS
JUNIOR ACHIEVEMENT INC ONE EDUCATION WAY COLORADO SPRINGS, CO 80906	13-1635270	501C3	29,111				DONOR DESIGNATED GIFTS

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JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND 70 FARMINGTON AVENUE HARTFORD, CT 061053704	06-0665972	501C3	18,381				DONOR DESIGNATED GIFTS
JUVENILE DIABETES RESEARCH FOUNDATION 20 BATTERSON PARK ROAD 3RD FLOOR FARMINGTON, CT 06032	23-1907729	501C3	25,285				DONOR DESIGNATED GIFTS

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LEADERSHIP GREATER HARTFORD 30 LAUREL STREET HARTFORD, CT 06106	06-1167174	501C3	21,396				DONOR DESIGNATED GIFTS
LEUKEMIA & LYMPHOMA SOCIETY - CONNECTICUT 3 LANDMARK SQUARE SUITE 330 STAMFORD, CT 069012501	06-0848590	501C3	7,231				DONOR DESIGNATED GIFTS

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LISC FIDUCIARY FOR HARTFORD NEIGHBORHOOD DEVELOPMENT SUPPORT COLLABORATIVE 75 CHARTER OAK AVENUE SUITE 2-250 HARTFORD, CT 06106	13-3030229	501C3	139,000				ALLOCATION FUNDING & DESIGNATED GIFTS
LITERACY VOLUNTEERS OF GREATER HARTFORD 30 ARBOR STREET SOUTH BUILDING HARTFORD, CT 06106	23-7237570	501C3	50,636				ALLOCATION FUNDING & DESIGNATED GIFTS

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LUPUS FOUNDATION OF AMERICA 2121 K STREET NW STE 200 WASHINGTON, DC 200371830	23-7327744	501C3	6,344				DONOR DESIGNATED GIFTS
MADINA ACADEMY 519 PALISADO AVENUE WINDSOR, CT 060950564	06-1589428	501C3	5,603				DONOR DESIGNATED GIFTS

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MALTA HOUSE OF CARE FOUNDATION 19 WOODLAND STREET SUITE 21 HARTFORD, CT 061052535	20-3562371	501C3	6,232				DONOR DESIGNATED GIFTS
MANCHESTER AREA CONFERENCE OF CHURCHES 466 MAIN STREET MANCHESTER, CT 060453804	23-7354956	501C3	22,771				DONOR DESIGNATED GIFTS

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MERIDEN NEW BRITAIN BERLIN YMCA 50 HIGH STREET NEW BRITAIN, CT 06051	06-0646977	501C3	40,605				ALLOCATION FUNDING & DESIGNATED GIFTS
MIDDLESEX UNITED WAY 100 RIVERVIEW CENTER SUITE 230 MIDDLETOWN, CT 064572862	06-0665170	501C3	131,545				DONOR DESIGNATED GIFTS

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MY SISTERS PLACE INC 237 HAMILTON STREET SUITE 203 HARTFORD, CT 061062977	06-1079879	501C3	15,905				DONOR DESIGNATED GIFTS
NATIONAL MULTIPLE SCLEROSIS SOCIETY WESTERN CONNECTICUT CHAPTER HARTFORD, CT 061121259	06-0792055	501C3	18,204				DONOR DESIGNATED GIFTS

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NETWORK AGAINST DOMESTIC ABUSE OF NORTH CENTRAL CT INC 139 HAZARD AVENUE BUILDING 3 ENFIELD, CT 06082	22-2670688	501C3	30,367				ALLOCATION FUNDING & DESIGNATED GIFTS
NORTHERN MIDDLESEX YMCA 99 UNION STREET MIDDLETOWN, CT 06457	06-0646981	501C3	6,232				DONOR DESIGNATED GIFTS

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NORTHWEST CATHOLIC HIGH SCHOOL FOUNDATION 29 WAMPANOAG DRIVE WEST HARTFORD, CT 061171299	06-6079624	501C3	14,422				DONOR DESIGNATED GIFTS
NUTMEG BIG BROTHERS BIG SISTERS 30 LAUREL STREET 3RD FLOOR HARTFORD, CT 06106	06-0850379	501C3	116,557				ALLOCATION FUNDING & DESIGNATED GIFTS

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OM FOUNDATION SRI SAI SPIRITUAL CENTER 749 OLD SAY BROOK ROAD- UNIT A101 MIDDLETOWN, CT 06457	26-3534277	501C3	5,706				DONOR DESIGNATED GIFTS
OPPORTUNITIES INDUSTRIALIZATION CENTER OF NEW BRITAIN INC (OIC) 114 NORTH STREET NEW BRITAIN, CT 060511918	06-0876897	501C3	45,474				ALLOCATION FUNDING & DESIGNATED GIFTS

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

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OUR COMPANIONS DOMESTIC ANIMAL SANCTUARY INC PO BOX 956 MANCHESTER, CT 060450956	41-2047734	501C3	16,680				DONOR DESIGNATED GIFTS
OUR PIECE OF THE PIE - OPP 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659	501C3	392,522				ALLOCATION FUNDING & DESIGNATED GIFTS

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

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PATHWAYSSENDEROS 43 VIETS STREET NEW BRITAIN, CT 060533948	06-1401224	501C3	23,225				ALLOCATION FUNDING & DESIGNATED GIFTS
PKD FOUNDATION 1001 E 101ST TERRACE SUITE 220 KANSAS CITY, MO 64131	43-1266906	501C3	5,226				DONOR DESIGNATED GIFTS

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PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND 345 WHITNEY AVENUE NEW HAVEN, CT 06511	06-0263565	501C3	10,419				DONOR DESIGNATED GIFTS
PROTECTORS OF ANIMALS INC 144 MAIN STREET UNIT O EAST HARTFORD, CT 061183239	06-0959891	501C3	7,931				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
PRUDENCE CRANDALL CENTER 594 BURRITT STREET NEW BRITAIN, CT 06053	06-0968557	501C3	40,238				ALLOCATION FUNDING & DESIGNATED GIFTS
REGION 15 CENTRAL OFFICE PO BOX 395 MIDDLEBURY, CT 06762	06-0854923	501C3	5,000				DONOR DESIGNATED GIFTS

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SACRED HEART CHURCH 446 MOUNTAIN ROAD SUFFIELD, CT 06078	06-0653168	501C3	10,686				DONOR DESIGNATED GIFTS
SAINT FRANCIS HOSPITAL & MEDICAL CENTER FOUNDATION 95 WOODLAND STREET HARTFORD, CT 061051208	06-1491191	501C3	5,341				DONOR DESIGNATED GIFTS

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SAINT JAMES EPISCOPAL CHURCH 2584 MAIN STREET GLASTONBURY, CT 06033	06-0758629	501C3	5,283				DONOR DESIGNATED GIFTS
SALVATION ARMY 855 ASYLUM AVENUE HARTFORD, CT 061420628	13-5562351	501C3	304,807				ALLOCATION FUNDING & DESIGNATED GIFTS

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

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SENIORS JOB BANK 50 SOUTH MAIN STREET WEST HARTFORD, CT 061072408	36-4748147	501C3	5,660				DONOR DESIGNATED GIFTS
SERVICES FOR THE ELDERLY OF FARMINGTON 321 NEW BRITAIN AVENUE UNIONVILLE, CT 060851041	06-0860153	501C3	36,483				ALLOCATION FUNDING & DESIGNATED GIFTS

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

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SEXUAL ASSAULT CRISIS CENTER OF EASTERN CT PO BOX 24 WILLIMANTIC, CT 062260024	06-1033609	501C3	15,028				ALLOCATION FUNDING & DESIGNATED GIFTS
SHRINERS HOSPITALS FOR CHILDREN 516 CAREW STREET SPRINGFIELD, MA 01104	04-2121377	501C3	6,170				DONOR DESIGNATED GIFTS

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SIMSBURY UNITED METHODIST CHURCH 799 HOPEMEADOW STREET SIMSBURY, CT 060701821	22-2487294	501C3	8,362				DONOR DESIGNATED GIFTS
SOUTH PARK INN EMERGENCY SHELTER 75 MAIN STREET HARTFORD, CT 06106	06-1083735	501C3	104,477				ALLOCATION FUNDING & DESIGNATED GIFTS

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SPECIAL OLYMPICS CONNECTICUT INC 2666 STATE STREET SUITE 1 HAMDEN, CT 06517	23-7099756	501C3	13,085				DONOR DESIGNATED GIFTS
ST ANN'S CHURCH OF AVON 289 ARCH ROAD AVON, CT 060014209	06-0658084	501C3	16,166				DONOR DESIGNATED GIFTS

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ST CHRISTOPHER SCHOOL 570 BREWER STREET EAST HARTFORD, CT 06118	22-2547126	501C3	5,959				DONOR DESIGNATED GIFTS
ST GEORGE GREEK ORTHODOX CATHEDRAL 433 FAIRFIELD AVENUE HARTFORD, CT 06114	06-0679118	501C3	7,163				DONOR DESIGNATED GIFTS

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

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ST JAMES EPISCOPAL CHURCH 3 MOUNTAIN ROAD FARMINGTON, CT 060322339	06-0773790	501C3	11,154				DONOR DESIGNATED GIFTS
ST JAMES SCHOOL 73 PARK STREET MANCHESTER, CT 06040	51-0151112	501C3	6,296				DONOR DESIGNATED GIFTS

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ST JAMES'S EPISCOPAL CHURCH 19 WALDEN STREET WEST HARTFORD, CT 06107	06-0646602	501C3	5,227				DONOR DESIGNATED GIFTS
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501C3	28,795				DONOR DESIGNATED GIFTS

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ST MARY'S CHURCH 51 FREESTONE AVENUE PORTLAND, CT 06480	06-0676857	501C3	6,159				DONOR DESIGNATED GIFTS
ST MARY'S PARISH - SIMSBURY CT PO BOX 575 SIMSBURY, CT 06070	06-0658096	501C3	5,215				DONOR DESIGNATED GIFTS

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ST VINCENT DEPAUL PLACE 617 MAIN STREET MIDDLETOWN, CT 064572762	06-1001527	501C3	5,591				DONOR DESIGNATED GIFTS
SUSAN G KOMEN BREAST CANCER FOUNDATION - CT 74 BATTERSON PARK ROAD SUITE 2 FARMINGTON, CT 060322565	91-2018838	501C3	11,439				DONOR DESIGNATED GIFTS

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

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TEMPLE BETH SHOLOM ENDOWMENT FOUNDATION INC 400 EAST MIDDLE TURNPIKE MANCHESTER, CT 06040	05-0540805	501C3	6,250				DONOR DESIGNATED GIFTS
THE ARC OF FARMINGTON VALLEY (FAVARH) 225 COMMERCE DRIVE CANTON, CT 060191099	06-6011136	501C3	8,818				DONOR DESIGNATED GIFTS

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

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THE CARTER CENTER INC ONE COPENHILL ATLANTA, GA 30307	58-1454716	501C3	5,068				DONOR DESIGNATED GIFTS
THE VILLAGE FOR FAMILIES & CHILDREN 1680 ALBANY AVENUE HARTFORD, CT 061051099	06-0668594	501C3	887,490				ALLOCATION FUNDING & DESIGNATED GIFTS

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TOWN OF WINDHAM- BOARD OF EDUCATION 322 PROSPECT STREET WILLIMANTIC, CT 06226	06-1201204	501C3	92,000				DONOR DESIGNATED GIFTS
TRINITY COVENANT CHURCH 302 HACKMATAK STREET MANCHESTER, CT 06040	06-0867977	501C3	5,340				DONOR DESIGNATED GIFTS

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TRUE COLORS INC 30 ARBOR STREET SUITE 201A HARTFORD, CT 061061215	06-1537001	501C3	8,359				DONOR DESIGNATED GIFTS
TRUSTEES OF COLUMBIA UNIVERSITY 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	13-5598093	501C3	5,000				DONOR DESIGNATED GIFTS

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UNITED LABOR AGENCY(JOHN J DRISCOLL ULA) 56 TOWN LINE ROAD ROCKY HILL, CT 060671241	06-0987695	501C3	52,422				ALLOCATION FUNDING & DESIGNATED GIFTS
UNITED SERVICE ORGANIZATIONS OF METRO NY 625 EIGHTH AVENUE NORTH WING 2ND FLOOR NEW YORK, NY 10018	13-2500122	501C3	5,555				DONOR DESIGNATED GIFTS

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UNITED STATES OLYMPIC COMMITTEE ONE OLYMPIC PLAZA COLORADO SPRINGS, CO 809095724	13-1548339	501C3	39,560				DONOR DESIGNATED GIFTS
UNITED WAY GREATER CAPITAL REGION INC PO BOX 13865 ALBANY, NY 12212	14-1364505	501C3	11,506				DONOR DESIGNATED GIFTS

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UNITED WAY GREATER TWIN CITIES PO BOX 2949 MINNEAPOLIS, MN 55402	41-1973442	501C3	6,635				DONOR DESIGNATED GIFTS
UNITED WAY MERIDEN & WALLINGFORD 35 PLEASANT STREET SUITE 1E MERIDEN, CT 064505786	06-0646714	501C3	20,779				DONOR DESIGNATED GIFTS

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UNITED WAY OF CENTRAL CAROLINAS INC PO BOX 890685 CHARLOTTE, NC 282890685	56-0529948	501C3	11,946				DONOR DESIGNATED GIFTS
UNITED WAY OF CENTRAL INDIANA PO BOX 88409 INDIANAPOLIS, IN 462080409	35-1007590	501C3	9,287				DONOR DESIGNATED GIFTS

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UNITED WAY OF CENTRAL OKLAHOMA 1444 NORTHWEST 28TH STREET OKLAHOMA CITY, OK 731060837	73-0589829	501C3	9,627				DONOR DESIGNATED GIFTS
UNITED WAY OF CHESTER COUNTY 211 NORTH WALNUT STREET WEST CHESTER, PA 19380	23-2131877	501C3	6,693				DONOR DESIGNATED GIFTS

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UNITED WAY OF CONNECTICUT 1344 SILAS DEANE HIGHWAY ROCKY HILL, CT 060671342	06-1084194	501C3	290,086				ALLOCATION FUNDING & DESIGNATED GIFTS
UNITED WAY OF GREATER ATLANTA 100 EDGEWOOD AVENUE NE ATLANTA, GA 30303	58-0566194	501C3	11,165				DONOR DESIGNATED GIFTS

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UNITED WAY OF GREATER NEW HAVEN 370 JAMES STREET SUITE 403 NEW HAVEN, CT 065133091	06-0646761	501C3	14,712				DONOR DESIGNATED GIFTS
UNITED WAY OF GREATER PORTLAND ONE CANAL PLAZA SUITE 300 PORTLAND, ME 04101	01-0241767	501C3	14,244				DONOR DESIGNATED GIFTS

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UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET 2ND FLOOR WATERBURY, CT 067021512	06-0646634	501C3	49,931				DONOR DESIGNATED GIFTS
UNITED WAY OF MARTIN COUNTY INC PO BOX 362 STUART, FL 349950362	59-1051699	501C3	17,607				DONOR DESIGNATED GIFTS

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UNITED WAY OF MASSACHUSETTS BAY AND MERRIMACK COUNTY PO BOX 51381 BOSTON, MA 02205	04-2382233	501C3	9,749				DONOR DESIGNATED GIFTS
UNITED WAY OF PALM BEACH COUNTY INC 477 SOUTH ROSEMARY AVENUE SUITE 230 WEST PALM BEACH, FL 334015758	59-0683258	501C3	91,460				DONOR DESIGNATED GIFTS

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UNITED WAY OF PIONEER VALLEY 1441 MAIN STREET SUITE 147 SPRINGFIELD, MA 011031447	04-2152680	501C3	116,856				DONOR DESIGNATED GIFTS
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 029092459	05-0276059	501C3	7,685				DONOR DESIGNATED GIFTS

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UNITED WAY OF SAN ANTONIO & BEXAR COUNTY 700 SOUTH ALAMO STREET SAN ANTONIO, TX 782053404	74-1272381	501C3	33,220				DONOR DESIGNATED GIFTS
UNITED WAY OF SOUTHEASTERN CT 283 STODDARDS WHARF ROAD GALES FERRY, CT 063350375	06-0771393	501C3	33,896				DONOR DESIGNATED GIFTS

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UNITED WAY OF SOUTHINGTON 31 LIBERTY STREET SUITE 210 SOUTHINGTON, CT 064893114	06-0790621	501C3	19,683				DONOR DESIGNATED GIFTS
UNITED WAY OF THE CHATTAHOOCHEE VALLEY INC 1100 5TH AVENUE COLUMBUS, GA 31901	58-0572434	501C3	118,195				DONOR DESIGNATED GIFTS

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UNITED WAY OF THE GREATER SEACOAST 112 CORPORATE DRIVE UNIT 3 PORTSMOUTH, NH 038016890	02-0271825	501C3	19,254				DONOR DESIGNATED GIFTS
UNITED WAY OF THE LAKESHORE 31 EAST CLAY AVENUE MUSKEGON, MI 494420207	38-1426895	501C3	6,617				DONOR DESIGNATED GIFTS

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UNITED WAY OF WEST CENTRAL CT 440 N MAIN STREET STE D BRISTOL, CT 060101902	06-0653262	501C3	15,572				DONOR DESIGNATED GIFTS
UNITED WAY OF YORK COUNTY (ME) PO BOX 727 KENNEBUNK, ME 040430727	01-0276862	501C3	157,198				DONOR DESIGNATED GIFTS

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UNIVERSITY OF CT FOUNDATION INC 2390 ALUMNI DRIVE UNIT 3206 STORRS, CT 06269	06-6070722	501C3	100,485				DONOR DESIGNATED GIFTS
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 465565612	35-0868188	501C3	6,667				DONOR DESIGNATED GIFTS

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UNIVERSITY OF SAINT JOSEPH 1678 ASYLUM AVENUE WEST HARTFORD, CT 061172764	06-0646829	501C3	6,623				DONOR DESIGNATED GIFTS
URBAN LEAGUE OF GREATER HARTFORD 140 WOODLAND STREET HARTFORD, CT 061051210	06-6066991	501C3	222,829				ALLOCATION FUNDING & DESIGNATED GIFTS

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UWGPSNJ 1709 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 191031294	23-1556045	501C3	24,241				DONOR DESIGNATED GIFTS
VALLEY COMMUNITY BAPTIST CHURCH 590 WEST AVON ROAD AVON, CT 06001	06-0948931	501C3	10,500				DONOR DESIGNATED GIFTS

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VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK RD SUITE 375 PHOENIX, AZ 850182328	86-0104419	501C3	8,734				DONOR DESIGNATED GIFTS
VALLEY UNITED WAY 201 LAFAYETTE STREET SUITE 201 UTICA, NY 135024311	15-0532074	501C3	16,585				DONOR DESIGNATED GIFTS

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WATKINSON SCHOOL 180 BLOOMFIELD AVENUE HARTFORD, CT 061051096	06-0655136	501C3	6,836				DONOR DESIGNATED GIFTS
WINDHAM AREA INTERFAITH MINISTRY (WAIM) 866 MAIN STREET WILLIMANTIC, CT 06226	06-1122323	501C3	20,245				ALLOCATION FUNDING & DESIGNATED GIFTS

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WINDHAM PUBLIC SCHOOLS 322 PROSPECT STREET WILLIMANTIC, CT 06226	06-6002135	501C3	15,000				ALLOCATION FUNDING & DESIGNATED GIFTS
WOMEN'S LEAGUE INC CHILD DEVELOPMENT CENTER 1695 MAIN STREET HARTFORD, CT 06120	06-0646969	501C3	590,223				ALLOCATION FUNDING & DESIGNATED GIFTS

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WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE ROAD WORCESTER, MA 01609	04-2121303	501C3	6,395				DONOR DESIGNATED GIFTS
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	20-2370934	501C3	8,165				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
XAVIER HIGH SCHOOL 181 RANDOLPH ROAD MIDDLETOWN, CT 064575606	06-1442909	501C3	10,269				DONOR DESIGNATED GIFTS
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	06-0646652	501C3	6,370				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	305,740				ALLOCATION FUNDING & DESIGNATED GIFTS
YWCA HARTFORD REGION 135 BROAD STREET HARTFORD, CT 06105	06-0646993	501C3	176,947				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	488,626				ALLOCATION FUNDING & 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

2017

Open to Public Inspection

Name of the organization UNITED WAY INC UNITED WAY OF CENT & NE CONNECTICUT	Employer identification number 06-0646653
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Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table> <p>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</p>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	1a		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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?</p>	2				
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>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.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **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**

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 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	83,888	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?

	Yes	No
30a		No
31	Yes	
32a	Yes	

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

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

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

b If "Yes," describe in Part II

33 If the organization 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)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2017

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

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	<p>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</p>

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 306,185 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST -146,545

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