

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.

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

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021

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

D Employer identification number
06-0646653

E Telephone number
(860) 493-6800

G Gross receipts \$ 20,755,183

F Name and address of principal officer:
PAULA GILBERTO
30 LAUREL STREET
HARTFORD, CT 06106

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.UNITEDWAYINC.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1924

M State of legal domicile: CT

Part I Summary

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 2020 (Part V, line 2a)	52
6 Total number of volunteers (estimate if necessary)	7,486
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	15,561,883	13,720,485
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	751,759	1,663,015
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,356	72,049
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,340,998	15,455,549
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,949,458	10,349,553
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,577,762	3,326,360
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,343,488		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,883,580	1,914,852
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	16,410,800	15,590,765
19 Revenue less expenses. Subtract line 18 from line 12	-69,802	-135,216
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	33,178,720	33,638,932
21 Total liabilities (Part X, line 26)	13,819,860	10,791,475
22 Net assets or fund balances. Subtract line 21 from line 20	19,358,860	22,847,457

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2021-11-09
PAULA GILBERTO PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2021-11-09
Check if self-employed PTIN: P01273422
Firm's name: ▶ COHNREZNICK LLP Firm's EIN: ▶ 22-1478099
Firm's address: ▶ 350 CHURCH STREET 12TH FLOOR Phone no. (959) 200-7000
HARTFORD, CT 06103

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,415,049 including grants of \$ 2,415,049) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 1,575,000 including grants of \$ 1,575,000) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 753,000 including grants of \$ 753,000) (Revenue \$)
See Additional Data

See Additional Data Table

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

4e Total program service expenses ▶ 11,884,967

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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 3 main columns: Question/Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 52
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No
b If "Yes," enter the name of the foreign country: 4b
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
d If "Yes," indicate the number of Forms 8282 filed during the year 7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? 13a
Note. See the instructions for additional information the organization must report on Schedule O.
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 No
If "Yes," see instructions and file Form 4720, Schedule N.
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No
If "Yes," complete Form 4720, Schedule O.

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



Section A. Governing Body and Management

Table with 5 main rows (1a-9) and 3 sub-columns (1a, 1b, and Yes/No). Row 1a: 30. Row 1b: 30. Rows 2-9 contain various questions about governance and management with Yes/No columns.

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

Table with 16 rows (10a-16b) and 3 sub-columns (10a, 10b, and Yes/No). Rows 10a-16b contain various questions about organizational policies with Yes/No columns.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: CT
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.
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 VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts (1a-1g), Program Service Revenue (2a-2f), Other Revenue (3-12), and Total revenue (12).

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,349,553	10,349,553		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	400,534	108,804	84,227	207,503
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,118,958	584,421	398,143	1,136,394
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	211,140	64,472	40,354	106,314
9 Other employee benefits	351,832	76,984	143,062	131,786
10 Payroll taxes	243,896	89,754	8,568	145,574
11 Fees for services (non-employees):				
a Management	18,679	9,356	5,688	3,635
b Legal	3,862	599	2,250	1,013
c Accounting	65,885	3,735	55,828	6,322
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	25,000		25,000	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	347,980	71,024	161,971	114,985
12 Advertising and promotion	226,309	30,564	96	195,649
13 Office expenses	100,020	11,572	40,220	48,228
14 Information technology	95,937	26,024	46,375	23,538
15 Royalties				
16 Occupancy	286,282	142,237	87,075	56,970
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,267	1,245	439	1,583
20 Interest				
21 Payments to affiliates	203,479	53,984	58,137	91,358
22 Depreciation, depletion, and amortization	162,194	75,156	57,839	29,199
23 Insurance	93,354	25,180	58,391	9,783
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONATED SUPPLIES	148,644	148,644		
b AWARDS, SPONSORSHIPS &	69,451	3,010	58,644	7,797
c RENTAL AND MAINTENANCE	32,377	8,634	9,293	14,450
d DUES & SUBSCRIPTIONS	32,132	15	20,710	11,407
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	15,590,765	11,884,967	1,362,310	2,343,488
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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	363	1	363
	2 Savings and temporary cash investments	4,249,047	2	2,908,069
	3 Pledges and grants receivable, net	3,884,471	3	2,702,856
	4 Accounts receivable, net	294,342	4	148,466
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	276,730	9	84,440
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,498,884		
	b Less: accumulated depreciation	3,734,032		
	11 Investments—publicly traded securities	16,649,778	11	18,221,119
	12 Investments—other securities. See Part IV, line 11	6,931,458	12	8,772,986
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	35,781	15	35,781
16 Total assets. Add lines 1 through 15 (must equal line 33)	33,178,720	16	33,638,932	
Liabilities	17 Accounts payable and accrued expenses	3,433,550	17	1,829,946
	18 Grants payable	2,427,861	18	2,109,663
	19 Deferred revenue		19	724,252
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	7,958,449	25	6,127,614
	26 Total liabilities. Add lines 17 through 25	13,819,860	26	10,791,475
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,977,364	27	12,629,683
	28 Net assets with donor restrictions	8,381,496	28	10,217,774
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	19,358,860	32	22,847,457	
33 Total liabilities and net assets/fund balances	33,178,720	33	33,638,932	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,455,549
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,590,765
3	Revenue less expenses. Subtract line 2 from line 1	3	-135,216
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,358,860
5	Net unrealized gains (losses) on investments	5	1,456,037
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,167,776
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	22,847,457

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 06-0646653

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

Form 990 (2020)

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 - YOUNG PEOPLE GRADUATE FROM HIGH SCHOOL COLLEGE AND CAREER READY: OUR UNITED WAY HELPS PREPARE YOUTH FOR ACADEMIC SUCCESS WITH AN EMPHASIS ON SCHOOL READINESS AND EARLY CHILDHOOD EDUCATION, MEETING APPROPRIATE GRADE-LEVEL READING BENCHMARKS, AND SUCCESSFUL TRANSITIONS FROM MIDDLE SCHOOL TO HIGH SCHOOL. WE BELIEVE THAT THESE COMPREHENSIVE APPROACHES TO ADDRESSING PRE-KINDERGARTEN THROUGH EIGHTH GRADE STUDENT ACHIEVEMENT WILL PROVIDE A SOLID FOUNDATION LEADING TO STUDENTS COMPLETING HIGH SCHOOL ON TIME AND WITH THE SKILLS NEEDED TO BE SUCCESSFUL IN COLLEGE AND BEYOND.

Form 990, Part III, Line 4c:

BASIC NEEDS - INDIVIDUALS AND FAMILIES HAVE BASIC SUPPORTS: WE PROVIDE SUPPORT FOR EMERGENCY SERVICES SUCH AS FOOD, SHELTER, DISASTER RELIEF SERVICES, BASIC MATERIAL NEEDS AND SUPPORT FOR SURVIVORS OF SEXUAL ASSAULT OR DOMESTIC VIOLENCE. IN ADDITION WE PROVIDE INFORMATION AND REFERRAL, AND ASSISTANCE TO INDIVIDUALS IN TIMES OF CRISIS SUCH AS THE RECENT COVID-19 PANDEMIC.

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 6,488,918 including grants of \$ 4,953,504) (Revenue \$)
OTHER PROGRAM SERVICES

(Code:) (Expenses \$ 653,000 including grants of \$ 653,000) (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 HELP INDIVIDUALS INCREASE FINANCIAL STABILTY THROUGH FINANCIAL COACHING SERVICES AND CONNECTIONS TO INCOME SUPPORTS.

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			
ANDEN R UTZINGER BOARD MEMBER	0.30	X						0	0	0
BIMAL PATEL OUTGOING BOARD MEMBER	0.20	X						0	0	0
COLLEEN A MCGUIRE BOARD MEMBER	0.20	X						0	0	0
COURTNEY JINJIKA BOARD MEMBER	0.20	X						0	0	0
CYNTHIA A RYAN OUTGOING BOARD MEMBER	0.20	X						0	0	0
DONALD ALLAN JR BOARD CHAIR	1.00	X		X				0	0	0
DONNA L SODIPO BOARD MEMBER	0.20	X						0	0	0
DR JACQUELYNN GAROFANO BOARD MEMBER	0.20	X						0	0	0
ERIC B GALVIN BOARD MEMBER	0.20	X						0	0	0
ERIC D DANIELS 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			
JAIME YOUNG BOARD MEMBER	0.20	X						0	0	0
JAMES P O'MEARA BOARD MEMBER	1.00	X						0	0	0
JENNIFER L SHANLEY BOARD MEMBER	0.20	X						0	0	0
LUIS A VALDEZ-JIMENEZ OUTGOING BOARD MEMBER	0.20	X						0	0	0
MARIO D CONJURA BOARD MEMBER	0.20	X						0	0	0
MAUREEN WATERSON BOARD MEMBER	0.20	X						0	0	0
MICHAEL J AUSERE BOARD TREASURER	0.50	X		X				0	0	0
NATALIE B CORBETT BOARD MEMBER	0.20	X						0	0	0
NATALIE B MORRIS BOARD MEMBER	0.40	X						0	0	0
NETI GUZMAN 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			
PAUL A DUFF BOARD MEMBER	0.20	X						0	0	0
PETER COLLINS BOARD MEMBER	0.20	X						0	0	0
RICHARD J TAVOLIERI BOARD MEMBER	0.30	X						0	0	0
ROBERT A KOSIOR BOARD MEMBER	0.20	X						0	0	0
ROSHAN N PATEL BOARD MEMBER	0.20	X						0	0	0
SHAWN J MAYNARD BOARD MEMBER	0.40	X						0	0	0
SHELLYE DAVIS BOARD MEMBER	0.30	X						0	0	0
STEVEN J CASEY BOARD MEMBER	0.20	X						0	0	0
SUSAN C FREEDMAN BOARD MEMBER	0.20	X						0	0	0
TIMOTHY RESTALL JR 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			
VENTON B FORBES BOARD MEMBER	0.70	X						0	0	0
VI R SMALLEY ESQ BOARD MEMBER	0.30	X						0	0	0
VICKY PACE BOARD MEMBER	0.30	X						0	0	0
WILLIAM F DOWLING BOARD MEMBER	0.20	X						0	0	0
PAULA S GILBERTO PRESIDENT & SECRETARY/CEO	52.00			X				197,427	0	32,499
STEFANIE BOLES COO	52.00			X				144,867	0	34,082
ELIZABETH BUCZYNSKI DIRECTOR OF COMMUNITY INVESTMENT	52.00					X		107,324	0	8,432
JENNIFER GIFFORD VP OF COMMUNITY RESOURCES	52.00					X		135,062	0	35,789
MAURA COOK SR DIRECTOR OF MKTG & ENGAGEMENT	52.00					X		108,879	0	11,930
JESSE MEJIA DIRECTOR OF WORKPLACE GIVING	52.00					X		100,705	0	2,871

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

Employer identification number
06-0646653

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	20,360,474	17,637,535	17,139,164	15,561,883	13,847,156	84,546,212
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	20,360,474	17,637,535	17,139,164	15,561,883	13,847,156	84,546,212
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) . . .						4,749,271
6 Public support. Subtract line 5 from line 4.						79,796,941

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .	20,360,474	17,637,535	17,139,164	15,561,883	13,847,156	84,546,212
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	803,372	950,057	1,095,756	978,989	1,056,033	4,884,207
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	230,321	209,687	235,031		5,706	680,745
11 Total support. Add lines 7 through 10						90,111,164
12 Gross receipts from related activities, etc. (see instructions)					12	3,718,763
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	88.550 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	87.690 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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 line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	FUNDRAISING EVENTS - 2016 AMOUNT: \$ 230,321. 2017 AMOUNT: \$ 209,687. 2018 AMOUNT: \$ 235,031. 2020 AMOUNT: \$ 5,706.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2020 Open to Public Inspection

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

Employer identification number 06-0646653

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), 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?
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?

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

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

Table with 2 columns: Held at the End of the Year. Rows a-d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(ii) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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	16,649,777	16,887,062	16,668,925	16,802,596	16,108,865
b Contributions					
c Net investment earnings, gains, and losses	2,571,341	362,715	818,137	466,329	1,143,731
d Grants or scholarships					
e Other expenditures for facilities and programs	1,000,000	600,000	600,000	600,000	450,000
f Administrative expenses					
g End of year balance	18,221,118	16,649,777	16,887,062	16,668,925	16,802,596

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 93.200 %
 - b** Permanent endowment ▶ 6.800 %
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 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		3,468,081	2,774,713	693,368
c Leasehold improvements				
d Equipment		1,027,480	959,319	68,161
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				764,852

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) INVESTMENTS HELD IN TRUST BY OTHERS	8,772,986	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	8,772,986	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY PROGRAM SUPPORT PAYABLE	5,368,405
(3) DONOR DESIGNATIONS PAYABLE	759,209
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	6,127,614

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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	16,792,532
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,456,037
b	Donated services and use of facilities	2b	130,421
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	2,167,776
e	Add lines 2a through 2d	2e	3,754,234
3	Subtract line 2e from line 1	3	13,038,298
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,000
b	Other (Describe in Part XIII.)	4b	2,392,251
c	Add lines 4a and 4b	4c	2,417,251
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	15,455,549

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

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

1	Total expenses and losses per audited financial statements	1	13,303,935
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	130,421
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	22,798
e	Add lines 2a through 2d	2e	153,219
3	Subtract line 2e from line 1	3	13,150,716
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,000
b	Other (Describe in Part XIII.)	4b	2,415,049
c	Add lines 4a and 4b	4c	2,440,049
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	15,590,765

Part XIII Supplemental Information

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

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, 2021 AND 2020. UWCNCT'S FEDERAL AND STATE INFORMATION RETURNS PRIOR TO FISCAL YEAR 2018 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS. IF UWCNCT HAS UNRELATED BUSINESS INCOME TAXES, UWCNCT WILL RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE INCOME TAX PROVISION AND INCLUDE ACCRUED INTEREST AND PENALTIES WITH THE RELATED TAX LIABILITY IN THE STATEMENT OF FINANCIAL POSITION.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 326,248. CHANGE IN INVESTMENTS HELD IN TRUST BY OTHERS 1,841,528.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	AMOUNTS DESIGNATED BY DONORS 2,415,049. FUNDRAISING EXPENSES -22,798.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES 22,798.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	AMOUNTS DESIGNATED BY DONORS 2,415,049.

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2020

**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.

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
06-0646653

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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) Total events
	GOLF OUTING (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1 Gross receipts	63,882			63,882
2 Less: Contributions	58,176			58,176
3 Gross income (line 1 minus line 2)	5,706			5,706
4 Cash prizes				
5 Noncash prizes	1,331			1,331
6 Rent/facility costs	10,640			10,640
7 Food and beverages	4,375			4,375
8 Entertainment				
9 Other direct expenses	6,452			6,452
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				22,798
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-17,092

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

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			
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law 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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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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 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 ▶ 139
- 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
ACCESS COMMUNITY ACTION AGENCY 1315 MAIN STREET SUITE 2 WILLIMANTIC, CT 06226	06-0801861	501(C)(3)	10,000				DONOR DESIGNATED GIFTS
ALS ASSOCIATION CT CHAPTER 4 OXFORD ROAD SUITE E4 MILFORD, CT 064603850	04-3417472	501(C)(3)	15,864				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	501(C)(3)	10,111				DONOR DESIGNATED GIFTS
AMERICA CHARITIES LISTINGS 14150 NEWBROOK DRIVE SUITE 340 CHANTILLY, VA 20151	54-1517707	501(C)(3)	28,744				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 CANCER SOCIETY FOUNDATION 825 BROOK STREET BLD 3 ROCKY HILL, CT 06067	13-1788491	501(C)(3)	13,581				DONOR DESIGNATED GIFTS
AMERICAN HEART ASSOCIATION 5 BROOKSIDE DRIVE WALLINGFORD, CT 064921822	13-5613797	501(C)(3)	6,209				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 RED CROSS 1501 SOUTH BRAND BOULEVARD GLENDALE, CA 91204	53-0196605	501(C)(3)	205,095				DONOR DESIGNATED GIFTS
AMERICA'S BEST CHARITIES 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3067804	501(C)(3)	144,108				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	501(C)(3)	144,614				DONOR DESIGNATED GIFTS
CANCER COUCH FOUNDATION INC 53 ENNIS LANE FAIRFIELD, CT 068246489	81-1529788	501(C)(3)	7,500				DONOR DESIGNATED GIFTS

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

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CAPITAL WORKFORCE PARTNERS ONE UNION PLACE 3RD FLOOR HARTFORD, CT 061031400	06-1013293	501(C)(3)	100,015				DONOR DESIGNATED GIFTS
CATHOLIC CHARITIES DIOCESE OF NORWICH 331 MAIN STREET NORWICH, CT 06360	06-0646609	501(C)(3)	25,158				DONOR DESIGNATED GIFTS

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CATHOLIC CHARITIES INC ARCHDIOCESE OF HARTFORD HARTFORD, CT 061052801	06-0667607	501(C)(3)	377,695				DONOR DESIGNATED GIFTS
CCARC INC 950 SLATER ROAD NEW BRITAIN, CT 060531658	06-6011543	501(C)(3)	33,212				DONOR DESIGNATED GIFTS

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CHARTER OAK INTERNATIONAL ACADEMY 425 OAKWOOD AVENUE WEST HARTFORD, CT 06110	06-6002124	501(C)(3)	14,000				DONOR DESIGNATED GIFTS
CITADEL OF LOVE THE TABERNACLE OF CELEBRATION PRAS PO BOX 1932 HARTFORD, CT 06144	06-1441758	501(C)(3)	7,499				DONOR DESIGNATED GIFTS

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CITY OF NEW BRITAIN BOARD OF EDUCATION 272 MAIN STREET NEW BRITAIN, CT 06051	22-2486319	501(C)(3)	112,500				DONOR DESIGNATED GIFTS
COLONIAL POINT CHRISTIAN CHURCH 855 CHAPEL ROAD SOUTH WINDSOR, CT 060744252	06-1553246	501(C)(3)	9,370				DONOR DESIGNATED GIFTS

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COMMUNITY HEALTH CHARITIES OF NEW ENGLAND 1199 NORTH FAIRFAX STREET SUITE 600 ALEXANDRIA, VA 22314	06-6079596	501(C)(3)	44,299				DONOR DESIGNATED GIFTS
CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION 282 WASHINGTON STREET HARTFORD, CT 061063322	06-0646755	501(C)(3)	9,366				DONOR DESIGNATED GIFTS

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

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CONNECTICUT COALITION TO END HOMELESSNESS 257 LAWRENCE STREET HARTFORD, CT 061061430	06-1126880	501(C)(3)	51,290				DONOR DESIGNATED GIFTS
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	06-1063025	501(C)(3)	35,158				DONOR DESIGNATED GIFTS

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

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CONNECTICUT HUMANE SOCIETY 169 OLD COLCHESTER ROAD QUAKER HILL, CT 063750041	06-0667605	501(C)(3)	8,444				DONOR DESIGNATED GIFTS
CONNECTICUT PUBLIC BROADCASTING INC 1049 ASYLUM AVENUE HARTFORD, CT 061052432	06-0758938	501(C)(3)	6,422				DONOR DESIGNATED GIFTS

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

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CONNECTICUT RIVERS COUNCIL BOY SCOUTS OF AMERICA 60 DARLIN STREET EAST HARTFORD, CT 061083256	06-0662110	501(C)(3)	9,309				DONOR DESIGNATED GIFTS
CONNECTICUT SCIENCE CENTER 250 COLUMBUS BLVD HARTFORD, CT 06103	06-1538101	501(C)(3)	7,251				DONOR DESIGNATED GIFTS

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

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CONNECTIKIDS WEST MIDDLE SCHOOL HARTFORD, CT 061052805	06-1035985	501(C)(3)	75,153				DONOR DESIGNATED GIFTS
CORNERSTONE FOUNDATION PO BOX 3 VERNON, CT 060660003	22-2587192	501(C)(3)	8,119				DONOR DESIGNATED GIFTS

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COVENANT PREPARTORY SCHOOL 135 BROAD ST HARTFORD, CT 06105	74-3238578	501(C)(3)	31,623				DONOR DESIGNATED GIFTS
CT LEGAL SERVICES- HARTFORD 62 WASHINGTON STREET MIDDLETOWN, CT 06457	06-0955461	501(C)(3)	17,769				DONOR DESIGNATED GIFTS

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

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DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BP418 BOSTON, MA 02215	04-2263040	501(C)(3)	7,542				DONOR DESIGNATED GIFTS
DEEP RIVER CONGREGATIONAL CHURCH PO BOX 246 DEEP RIVER, CT 064170246	06-6038248	501(C)(3)	6,689				DONOR DESIGNATED GIFTS

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

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DOLLYWOOD FOUNDATION 111 DOLLYWOOD LANE PIGEON FORD, TN 37863	62-1348105	501(C)(3)	8,903				DONOR DESIGNATED GIFTS
EARTH SHARE 7735 OLD GEORGEROWN ROAD SUITE 900 BETHESDA, MD 20814	22-3151372	501(C)(3)	9,336				DONOR DESIGNATED GIFTS

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

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EAST HARTFORD PUBLIC SCHOOLS 1110 MAIN STREET EAST HARTFORD, CT 06108	06-6001989	501(C)(3)	210,236				DONOR DESIGNATED GIFTS
EDUCATIONAL RESOURCES FOR CHILDREN INC 174 SOUTH ROAD 200 ENFIELD, CT 060824414	03-0399205	501(C)(3)	105,590				DONOR DESIGNATED GIFTS

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

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EPISTEIX INC 2730 SIDNEY STREET SUITE 300 PITTSBURGH, PA 15203	83-2291788	501(C)(3)	50,000				DONOR DESIGNATED GIFTS
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 060021342	22-2474771	501(C)(3)	161,075				DONOR DESIGNATED GIFTS

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FOOTBALL FOR ALL 35 GIBSON ROAD MILFORD, CT 851210581	85-1210581	501(C)(3)	19,800				DONOR DESIGNATED GIFTS
FORGOTTEN FELINES INC PO BOX 734 CLINTON, CT 064130734	06-1368285	501(C)(3)	5,143				DONOR DESIGNATED GIFTS

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GLOBAL IMPACT PO BOX 10 RED HOOK, NY 12571	52-1273585	501(C)(3)	26,017				DONOR DESIGNATED GIFTS
GREATER HARTFORD ARTS COUNCIL 100 PEARL STREET HARTFORD, CT 06103	23-7111486	501(C)(3)	15,985				DONOR DESIGNATED GIFTS

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GREATER HARTFORD LEGAL AID INC 999 ASYLUM AVENUE 3RD FLOOR HARTFORD, CT 061052465	06-0730611	501(C)(3)	100,670				DONOR DESIGNATED GIFTS
GREATER TWIN CITIES UNITED WAY 404 S 8TH STREET MINNELOPIS, MN 554041027	41-1973442	501(C)(3)	23,616				DONOR DESIGNATED GIFTS

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HARC INC 900 ASYLUM AVENUE HARTFORD, CT 061051985	06-0710289	501(C)(3)	156,090				DONOR DESIGNATED GIFTS
HARTFORD AREA HABITAT FOR HUMANITY 780 WINDSOR STREET HARTFORD, CT 061441933	06-1253049	501(C)(3)	5,690				DONOR DESIGNATED GIFTS

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HARTFORD FOOD SYSTEM 190 WETHERSFIELD AVENUE HARTFORD, CT 06114	06-0991880	501(C)(3)	15,202				DONOR DESIGNATED GIFTS
HARTFORD HEALTHCARE AT HOME INC 1290 SILAS DEANE HIGHWAY STE 4B WETHERSFIELD, CT 061094337	06-0646938	501(C)(3)	211,528				DONOR DESIGNATED GIFTS

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HARTFORD YOUTH SCHOLARS FOUNDATION INC 129 ALLEN PLACE HARTFORD, CT 061063103	20-3495171	501(C)(3)	6,036				DONOR DESIGNATED GIFTS
HARTFORD'S CAMP COURANT 285 BROAD STREET HARTFORD, CT 061153785	06-1018155	501(C)(3)	30,782				DONOR DESIGNATED GIFTS

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HILLSIDE HOSPITAL 690 COURTENAY DRIVE ATLANTA, GA 30306	58-0603148	501(C)(3)	6,351				DONOR DESIGNATED GIFTS
HISPANIC HEALTH COUNCIL 175 MAIN STREET HARTFORD, CT 061061818	06-1018979	501(C)(3)	162,191				DONOR DESIGNATED GIFTS

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HOLCOMB FARM INC 113 SIMSBURY ROAD WEST GRANBY, CT 06090	06-1384197	501(C)(3)	6,430				DONOR DESIGNATED GIFTS
HUMAN RESOURCES AGENCY OF NEW BRITAIN 180 CLINTON STREET NEW BRITAIN, CT 060533512	06-0954802	501(C)(3)	342,359				DONOR DESIGNATED GIFTS

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INTERVAL HOUSE PO BOX 340207 HARTFORD, CT 061340207	06-0960005	501(C)(3)	122,334				DONOR DESIGNATED GIFTS
JEWISH FAMILY SERVICE OF GREATER HARTFORD 333 BLOOMFIELD AVENUE SUITE A WEST HARTFORD, CT 061171500	06-0653062	501(C)(3)	7,593				DONOR DESIGNATED GIFTS

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JOURNEY HOME 255 MAIN ST 2ND FLOOR HARTFORD, CT 06106	80-0143570	501(C)(3)	57,659				DONOR DESIGNATED GIFTS
JUVENILE DIABETES RESEARCH FOUNDATION 20 BATTERSON PARK ROAD 3RD FLOOR FARMINGTON, CT 06032	23-1907729	501(C)(3)	11,507				DONOR DESIGNATED GIFTS

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LADY OF FATIMA CATHOLIC ACADEMY 225 DANBURY ROAD WILTON, CT 06897	84-1991256	501(C)(3)	49,600				DONOR DESIGNATED GIFTS
LEADERSHIP GREATER HARTFORD 30 LAUREL STREET HARTFORD, CT 06106	06-1167174	501(C)(3)	31,894				DONOR DESIGNATED GIFTS

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LISC CONNECTICUT 75 CHARTER OAK AVENUE SUITE 2-250 HARTFORD, CT 06106	13-3030229	501(C)(3)	12,500				DONOR DESIGNATED GIFTS
LITERACY VOLUNTEERS OF CENTRAL CONNECTICUT 20 HIGH STREET NEW BRITAIN, CT 06051	22-2527030	501(C)(3)	20,574				DONOR DESIGNATED GIFTS

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LITERACY VOLUNTEERS OF GREATER HARTFORD 30 ARBOR STREET SOUTH BUILDING HARTFORD, CT 06106	23-7237570	501(C)(3)	52,245				DONOR DESIGNATED GIFTS
MANCHESTER AREA CONFERENCE OF CHURCHES 466 MAIN STREET MANCHESTER, CT 060453804	23-7354956	501(C)(3)	6,923				DONOR DESIGNATED GIFTS

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MANCHESTER PUBLIC SCHOOLS 45 NORTH SCHOOL STREET MANCHESTER, CT 06042	06-6002029	501(C)(3)	207,726				DONOR DESIGNATED GIFTS
MANDELL JEWISH COMMUNITY CENTER 335 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117	06-0662142	501(C)(3)	11,886				DONOR DESIGNATED GIFTS

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MERIDEN NEW BRITAIN BERLIN YMCA 50 HIGH STREET NEW BRITAIN, CT 06051	06-0646977	501(C)(3)	60,259				DONOR DESIGNATED GIFTS
MIDDLESEX UNITED WAY 100 RIVERVIEW CENTER SUITE 230 MIDDLETOWN, CT 064572862	06-0665170	501(C)(3)	107,441				DONOR DESIGNATED GIFTS

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MINISTERIAL HEALTH FELLOWSHIP 440 WEST STREET MIDDLETOWN, CT 06457	20-3073111	501(C)(3)	19,000				DONOR DESIGNATED GIFTS
MY SISTERS PLACE INC 237 HAMILTON STREET SUITE 203 HARTFORD, CT 061062977	06-1079879	501(C)(3)	13,005				DONOR DESIGNATED GIFTS

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MYELIN PROJECT 16123 WEST SUNSET BOULEVARD UNIT 101 PACIFIC PALISADES, CA 902723576	52-1545992	501(C)(3)	5,376				DONOR DESIGNATED GIFTS
NATIONAL MULTIPLE SCLEROSIS SOCIETY WESTERN CONNECTICUT CHAPTER HARTFORD, CT 061121259	06-0792055	501(C)(3)	5,688				DONOR DESIGNATED GIFTS

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NEIGHBOR TO NATION - 1199 NORTH FAIRFAX STREET STE 600 ALEXANDRIA, VA 22314	54-1879282	501(C)(3)	5,090				DONOR DESIGNATED GIFTS
NETWORK AGAINST DOMESTIC ABUSE OF NORTH CENTRAL CT INC 139 HAZARD AVENUE BUILDING 3 ENFIELD, CT 06082	22-2670688	501(C)(3)	45,238				DONOR DESIGNATED GIFTS

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NORTE DAME HEALTH AND RABILATION CENTER 76 WEST ROCKS ROAD NORWALK, CT 06851	06-0685115	501(C)(3)	9,900				DONOR DESIGNATED GIFTS
NORTHWEST CATHOLIC HIGH SCHOOL FOUNDATION 29 WAMPANOAG DRIVE WEST HARTFORD, CT 061171299	06-6079624	501(C)(3)	8,055				DONOR DESIGNATED GIFTS

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NUTMEG BIG BROTHERS BIG SISTERS 30 LAUREL STREET 3RD FLOOR HARTFORD, CT 06106	06-0850379	501(C)(3)	67,758				DONOR DESIGNATED GIFTS
OM FOUNDATION SRI SAI SPIRITUAL CENTER 749 OLD SAY BROOK ROAD- UNIT A101 MIDDLETOWN, CT 06457	26-3534277	501(C)(3)	14,710				DONOR DESIGNATED GIFTS

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OPPORTUNITIES INDUSTRIALIZATION CENTER OF NEW BRITAIN INC (OIC) 114 NORTH STREET NEW BRITAIN, CT 060511918	06-0876897	501(C)(3)	27,503				DONOR DESIGNATED GIFTS
OUR COMPANIONS DOMESTIC ANIMAL SANCTUARY INC PO BOX 956 MANCHESTER, CT 060450956	41-2047734	501(C)(3)	21,208				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
OUR PIECE OF THE PIE - OPP 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659	501(C)(3)	263,844				DONOR DESIGNATED GIFTS
PATHWAYSSENDEROS 43 VIETS STREET NEW BRITAIN, CT 060533948	06-1401224	501(C)(3)	25,952				DONOR DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROTECTORS OF ANIMALS INC 144 MAIN STREET UNIT O EAST HARTFORD, CT 061183239	06-0959891	501(C)(3)	5,679				DONOR DESIGNATED GIFTS
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	05-0525893	501(C)(3)	6,225				DONOR DESIGNATED GIFTS

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

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PRUDENCE CRANDALL CENTER 594 BURRITT STREET NEW BRITAIN, CT 06053	06-0968557	501(C)(3)	35,183				DONOR DESIGNATED GIFTS
SALVATION ARMY 855 ASYLUM AVENUE HARTFORD, CT 061420628	13-5562351	501(C)(3)	318,609				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
SENIORS JOB BANK 50 SOUTH MAIN STREET WEST HARTFORD, CT 061072408	36-4748147	501(C)(3)	5,350				DONOR DESIGNATED GIFTS
SERVICES FOR THE ELDERLY OF FARMINGTON 321 NEW BRITAIN AVENUE UNIONVILLE, CT 060851041	06-0860153	501(C)(3)	28,923				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
SEXUAL ASSAULT CRISIS CENTER OF EASTERN CT PO BOX 24 WILLIMANTIC, CT 062260024	06-1033609	501(C)(3)	12,600				DONOR DESIGNATED GIFTS
SIMSBURY UNITED METHODIST CHURCH 799 HOPEMEADOW STREET SIMSBURY, CT 060701821	22-2487294	501(C)(3)	5,558				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
SOUTH PARK INN EMERGENCY SHELTER 75 MAIN STREET HARTFORD, CT 06106	06-1083735	501(C)(3)	81,244				DONOR DESIGNATED GIFTS
SPECIAL OLYMPICS CONNECTICUT INC 2666 STATE STREET SUITE 1 HAMDEN, CT 06517	23-7099756	501(C)(3)	14,084				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
SPOKANE COUNTY UNITED WAY 920 NORTH WASHINGTON STREET SUITE 100 SPOKANE, WA 992012229	91-0606058	501(C)(3)	11,882				DONOR DESIGNATED GIFTS
ST JAMES EPISCOPAL CHURCH 3 MOUNTAIN ROAD FARMINGTON, CT 060322339	06-0773790	501(C)(3)	6,923				DONOR DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JAMES SCHOOL 73 PARK STREET MANCHESTER, CT 06040	51-0151112	501(C)(3)	15,294				DONOR DESIGNATED GIFTS
ST JAMES'S EPISCOPAL CHURCH 19 WALDEN STREET WEST HARTFORD, CT 06107	06-0646602	501(C)(3)	6,910				DONOR DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	14,955				DONOR DESIGNATED GIFTS
STERLING ELEMENTARY SCHOOL 9601 CHINA GROVE CHURCH ROAD PINEVILLE, NC 28134	58-1661795	501(C)(3)	50,000				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
THE ARC OF FARMINGTON VALLEY (FAVARH) 225 COMMERCE DRIVE CANTON, CT 060191099	06-6011136	501(C)(3)	42,937				DONOR DESIGNATED GIFTS
THE CENTER FOR LEADERSHIP & JUSTICE 47 VINE STREET HARTFORD, CT 06112	06-0689693	501(C)(3)	40,090				DONOR DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LATINO WAY 1965 MAIN ST EAST HARTFORD, CT 061183239		501(C)(3)	146,500				DONOR DESIGNATED GIFTS
THE VILLAGE FOR FAMILIES & CHILDREN 1680 ALBANY AVENUE HARTFORD, CT 061051099	06-0668594	501(C)(3)	732,783				DONOR DESIGNATED GIFTS

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

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TOWN OF BLOOMFIELD 800 BLOOMFIELD AVENUE BLOOMFIELD, CT 06002		501(C)(3)	10,000				DONOR DESIGNATED GIFTS
TOWN OF WINDHAM- BOARD OF EDUCATION 322 PROSPECT STREET WILLIMANTIC, CT 06226	06-1201204	501(C)(3)	90,000				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
TRINITY COVENANT CHURCH 302 HACKMATAK STREET MANCHESTER, CT 06040	06-0867977	501(C)(3)	5,446				DONOR DESIGNATED GIFTS
UNITED LABOR AGENCY(JOHN J DRISCOLL ULA) 56 TOWN LINE ROAD ROCKY HILL, CT 060671241	06-0987695	501(C)(3)	51,360				DONOR DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY MERIDEN & WALLINGFORD 35 PLEASANT STREET SUITE 1E MERIDEN, CT 064505786	06-0646714	501(C)(3)	16,669				DONOR DESIGNATED GIFTS
UNITED WAY OF CENTRAL OKLAHOMA 1444 NORTHWEST 28TH STREET OKLAHOMA CITY, OK 731060837	73-0589829	501(C)(3)	7,649				DONOR DESIGNATED GIFTS

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

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UNITED WAY OF CONNECTICUT 1344 SILAS DEANE HIGHWAY ROCKY HILL, CT 060671342	06-1084194	501(C)(3)	206,587				DONOR DESIGNATED GIFTS
UNITED WAY OF GREATER ATLANTA 40 COURTLAND STREET NE SUITE 300 ATLANTA, GA 30303	58-0566194	501(C)(3)	7,410				DONOR DESIGNATED GIFTS

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

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UNITED WAY OF GREATER NEW HAVEN 370 JAMES STREET SUITE 403 NEW HAVEN, CT 065133091	06-0646761	501(C)(3)	19,804				DONOR DESIGNATED GIFTS
UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET 2ND FLOOR WATERBURY, CT 067021512	06-0646634	501(C)(3)	7,048				DONOR DESIGNATED GIFTS

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

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UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE, WA 981041702	91-0565555	501(C)(3)	5,237				DONOR DESIGNATED GIFTS
UNITED WAY OF MARTIN COUNTY INC PO BOX 362 STUART, FL 349950362	59-1051699	501(C)(3)	18,465				DONOR DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF NORTHERN NEW JERSEY PO BOX 1948 BRIDGEWATER, NJ 08807	22-1487247	501(C)(3)	26,020				DONOR DESIGNATED GIFTS
UNITED WAY OF NORTHWEST CT 333 KENNEDY DRIVE TORRINGTON, CT 06790	06-6000930	501(C)(3)	7,347				DONOR DESGINATED GIFTS

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

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UNITED WAY OF PALM BEACH COUNTY INC 477 SOUTH ROSEMARY AVENUE SUITE 230 WEST PALM BEACH, FL 334015758	59-0683258	501(C)(3)	72,331				DONOR DESIGNATED GIFTS
UNITED WAY OF PIONEER VALLEY 1441 MAIN STREET SUITE 147 SPRINGFIELD, MA 011031447	04-2152680	501(C)(3)	50,240				DONOR DESIGNATED GIFTS

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

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UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 029092459	05-0276059	501(C)(3)	14,341				DONOR DESIGNATED GIFTS
UNITED WAY OF SOUTHEASTERN CT 283 STODDARDS WHARF ROAD GALES FERRY, CT 063350375	06-0771393	501(C)(3)	30,333				DONOR DESIGNATED GIFTS

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

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UNITED WAY OF SOUTHINGTON 31 LIBERTY STREET SUITE 210 SOUTHINGTON, CT 064893114	06-0790621	501(C)(3)	9,821				DONOR DESIGNATED GIFTS
UNITED WAY OF THE CHATTAHOOCHEE VALLEY INC 1100 5TH AVENUE COLUMBUS, GA 31901	58-0572434	501(C)(3)	123,398				DONOR DESIGNATED GIFTS

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

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UNITED WAY OF THE GREATER SEACOAST 112 CORPORATE DRIVE UNIT 3 PORTSMOUTH, NH 038016890	02-0271825	501(C)(3)	7,857				DONOR DESIGNATED GIFTS
UNITED WAY OF WEST CENTRAL CT 440 N MAIN STREET STE D BRISTOL, CT 060101902	06-0653262	501(C)(3)	8,338				DONOR DESIGNATED GIFTS

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

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UNITED WAY OF WESTERN CT (STAMFORD) 301 MAIN STREET SUITE 2-5 DANBURY, CT 068106550	06-0646577	501(C)(3)	478,891				DONOR DESIGNATED GIFTS
UNITED WAY OF YORK COUNTY (ME) PO BOX 727 KENNEBUNK, ME 040430727	01-0276862	501(C)(3)	116,805				DONOR DESIGNATED GIFTS

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

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UNIVERSITY OF CT FOUNDATION INC 2390 ALUMNI DRIVE UNIT 3206 STORRS, CT 06269	06-6070722	501(C)(3)	106,230				DONOR DESIGNATED GIFTS
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117	06-0731360	501(C)(3)	7,159				DONOR DESIGNATED GIFTS

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

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URBAN LEAGUE OF GREATER HARTFORD 140 WOODLAND STREET HARTFORD, CT 061051210	06-6066991	501(C)(3)	97,887				DONOR DESIGNATED GIFTS
WETHERSFIELD PUBLIC SCHOOLS 127 HARTFORD AVE WESTHERSFIELD, CT 06109		501(C)(3)	10,000				DONOR DESIGNATED GIFTS

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

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WHEELER CLINIC PLAINVILLE PLAINVILLE, CT 060621534	06-0867065	501(C)(3)	14,470				DONOR DESIGNATED GIFTS
WINDHAM AREA INTERFAITH MINISTRY (WAIM) 866 MAIN STREET WILLIMANTIC, CT 06226	06-1122323	501(C)(3)	14,837				DONOR DESIGNATED GIFTS

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

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WINDHAM REGION NO FREEZE PROJECT PO BOX 46 WILLIMANTIC, CT 06226	20-1542111	501(C)(3)	20,000				DONOR DESIGNATED GIFTS
WOMEN'S LEAGUE INC 1695 MAIN STREET HARTFORD, CT 06120	06-0646969	501(C)(3)	8,763				DONOR DESIGNATED GIFTS

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

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WOMEN'S LEAGUE INC CHILD DEVELOPMENT CENTER 1695 MAIN STREET HARTFORD, CT 06120	06-0646969	501(C)(3)	582,425				DONOR DESIGNATED GIFTS
XAVIER HIGH SCHOOL 181 RANDOLPH ROAD MIDDLETOWN, CT 064575606	06-1442909	501(C)(3)	8,939				DONOR DESIGNATED GIFTS

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

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YMCA OF GREATER HARTFORD 50 STATE HOUSE SQUARE SECOND FLOOR HARTFORD, CT 061033902	06-0881325	501(C)(3)	114,824				DONOR DESIGNATED GIFTS
YWCA HARTFORD REGION 135 BROAD STREET HARTFORD, CT 06105	06-0646993	501(C)(3)	221,944				DONOR DESIGNATED GIFTS

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

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YWCA OF NEW BRITAIN 19 FRANKLIN SQUARE NEW BRITAIN, CT 060512604	06-0598620	501(C)(3)	217,278				DONOR DESIGNATED GIFTS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

Employer identification number
06-0646653

Part I 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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<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 on 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 border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<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

2020

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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	X		4,000	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	32,815	FAIR VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	13	144,643	FAIR VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part 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 isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a		No

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

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

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

b If "Yes," describe in Part II.

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

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 THE NUMBER OF CONTRIBUTORS.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public Inspection**

Department of the Treasury

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 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	<p>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.</p>

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 1,841,528. PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 326,248.

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.