


Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

United Way Inc

united way of cent & ne connecticut

Doing business as

United Way of Central AND NORTHEASTERN Connecticut

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

30 LAUREL STREET

Room/suite

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

HARTFORD, CT 06106

F Name and address of principal officer

PAULA GILBERTO

30 LAUREL STREET

HARTFORD,CT 06106

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

No

☐ 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

Activities & Governance

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

TO ENGAGE PEOPLE TO IMPROVE LIVES AND CHANGE COMMUNITY CONDITIONS

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	56
6	Total number of volunteers (estimate if necessary)	6	5,067
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

	Prior Year	Current Year	
8	Contributions and grants (Part VIII, line 1h)	23,739,532	22,010,597
9	Program service revenue (Part VIII, line 2g)	437,515	641,375
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d )	1,105,162	500,401
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	125,650	156,247
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,407,859	23,308,620

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	19,246,073	18,087,938
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,384,393	3,878,780
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,483,471		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,999,811	1,812,799
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	24,630,277	23,779,517
19	Revenue less expenses Subtract line 18 from line 12	777,582	-470,897

Net Assets or Fund Balances

	Beginning of Current Year	End of Year	
20	Total assets (Part X, line 16)	36,090,429	35,410,500
21	Total liabilities (Part X, line 26)	14,827,642	15,751,598
22	Net assets or fund balances Subtract line 21 from line 20	21,262,787	19,658,902

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

2016-11-11

Date

PAULA GILBERTO President & CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

PATRICIA MCGOWAN

Preparer's signature

PATRICIA MCGOWAN

Date

Check ☐ if self-employed

PTIN P00184514

Firm's name ▶ COHNREZNICK LLP

Firm's EIN ▶ 22-1478099

Firm's address ▶ 350 Church Street 12th floor

Phone no (959) 200-7000

Hartford, CT 06103

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

**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 \$ 9,088,706 including grants of \$ 9,088,706 ) (Revenue \$ 195,994 )

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

**4b**

(Code ) (Expenses \$ 3,834,000 including grants of \$ 3,834,000 ) (Revenue \$ )

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

**4c**

(Code ) (Expenses \$ 2,765,500 including grants of \$ 2,765,500 ) (Revenue \$ )

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

See Additional Data

**4d**

Other program services (Describe in Schedule O )

(Expenses \$ 4,132,997 including grants of \$ 2,399,732 ) (Revenue \$ 445,381 )

**4e**

Total program service expenses ▶ 19,821,203

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b> Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

**Part IV** Checklist of Required Schedules (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>		No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	26	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	56	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> 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: _____ 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	
9a	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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

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

**Section A. Governing Body and Management**

			<b>Yes</b>	<b>No</b>
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	<b>1a</b>	30		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	30		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>			No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
<b>a</b> The governing body?	<b>8a</b>		Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	<b>9</b>			No

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

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

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed▶	CT
<b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> 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	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records ▶Thomas W Glynn 30 LAUREL ST Hartford, CT 061061374 (860) 493-6810	

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

## Part VII

<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	571,594	0	102,551

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

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

## **Section B. Independent Contractors**

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

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

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



Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	251,558	22,010,597			
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	120,800				
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	21,638,239				
	g	Noncash contributions included in lines 1a-1f \$		158,247				
	h	Total. Add lines 1a-1f . . . . .						
Program Service Revenue			Business Code					
	2a	Administrative fees and other	900099	410,776	410,776			
	b	COMMUNITY GRANTS, INITIATIVES, AN	900099	230,599	230,599			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			641,375			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		885,655			885,655	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties . . . . .						
	6a	(i) Real		(ii) Personal	83,192		83,192	
		83,192						
		b Less rental expenses		0				
		c Rental income or (loss)		83,192				
	d	Net rental income or (loss) . . . . .						
	7a	(i) Securities		(ii) Other	-385,254		-385,254	
		4,260,971						
		b Less cost or other basis and sales expenses		4,646,225				
		c Gain or (loss)		-385,254				
	d	Net gain or (loss) . . . . .						
	8a	Gross income from fundraising events (not including \$ 120,800 of contributions reported on line 1c) See Part IV, line 18 . . . . .			73,055		73,055	
		a	205,739					
		b	Less direct expenses . . . . .	b				132,684
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
		a						
		b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from gaming activities . . . . .						
	10a	Gross sales of inventory, less returns and allowances . . . . .						
		a						
		b Less cost of goods sold . . . . .		b				
		c Net income or (loss) from sales of inventory . . .						
	Miscellaneous Revenue		Business Code					
11a								
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .							
12	Total revenue. See Instructions . . . . .			23,308,620	641,375	0	656,648	

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

<input type="checkbox"/>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	18,087,938	18,087,938		
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.	537,738	132,371	245,155	160,212
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.	2,320,053	806,232	353,301	1,160,520
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	459,069	144,973	97,359	216,737
9	Other employee benefits.	329,142	90,000	91,693	147,449
10	Payroll taxes.	232,778	64,634	65,955	102,189
11	Fees for services (non-employees):				
a	Management.	8,700	4,428	2,627	1,645
b	Legal.	1,065		1,065	
c	Accounting.	47,692	481	46,473	738
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).	240,676	38,552	38,623	163,501
12	Advertising and promotion.	160,156	33,735		126,421
13	Office expenses.	150,124	15,136	24,239	110,749
14	Information technology.	84,301	28,901	30,323	25,077
15	Royalties.				
16	Occupancy.	326,231	165,628	98,636	61,967
17	Travel.	21,602	8,688	1,776	11,138
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	32,022	7,322	15,383	9,317
20	Interest.				
21	Payments to affiliates.	249,731	69,023	70,778	109,930
22	Depreciation, depletion, and amortization.	220,337	73,292	119,816	27,229
23	Insurance.	100,128	21,531	70,647	7,950
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	AWARDS, SPONSORSHIPS &	62,126	5,494	47,057	9,575
b	RENTAL AND MAINTENANCE	45,580	12,722	12,854	20,004
c	dues & subscriptions	37,328	10,122	16,083	11,123
d					
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	23,779,517	19,821,203	1,474,843	2,483,471
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		363	1	361
	2	Savings and temporary cash investments		4,206,952	2	4,880,343
	3	Pledges and grants receivable, net		6,835,722	3	6,423,051
	4	Accounts receivable, net		103,212	4	251,218
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		143,464	9	133,184
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	4,216,001	10c	1,364,624
	b	Less: accumulated depreciation	10b	2,851,377		
	11	Investments—publicly traded securities		16,601,729	11	16,108,868
	12	Investments—other securities. See Part IV, line 11		6,652,562	12	6,243,951
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		5,150	15	4,900
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		36,090,429	16	35,410,500
Liabilities	17	Accounts payable and accrued expenses		763,750	17	1,896,168
	18	Grants payable		1,550,762	18	2,308,087
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		12,513,130	25	11,547,343
	26	<b>Total liabilities.</b> Add lines 17 through 25		14,827,642	26	15,751,598
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets		13,225,188	27	11,905,151
	28	Temporarily restricted net assets		143,217	28	267,980
	29	Permanently restricted net assets		7,894,382	29	7,485,771
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	<b>Total net assets or fund balances</b>		21,262,787	33	19,658,902
	34	<b>Total liabilities and net assets/fund balances</b>		36,090,429	34	35,410,500

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	23,308,620
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,779,517
3	Revenue less expenses Subtract line 2 from line 1	3	-470,897
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,262,787
5	Net unrealized gains (losses) on investments	5	-99,734
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,033,254
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,658,902

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 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		No
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	Yes	
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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

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

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

(Code	) (Expenses \$	1,150,500	including grants of \$	1,150,500 ) (Revenue \$	)
Financial Security Families are financially secure Our United Way helps families build financial security by helping people get connected to good jobs, with an emphasis on meeting employer needs for a competitive workforce by ensuring adults have the training and skills needed to get a job and advance to family-sustaining wages We also focus on ensuring that while individuals are on the path to family-sustaining employment, they have opportunities to save and grow their money					
(Code	) (Expenses \$	955,229	including grants of \$	955,229 ) (Revenue \$	)
HEALTH SERVICES UWCNCT PARTNERS WITH COMMUNITY HEALTH CHARITIES OF NEW ENGLAND ("CHC") TO CONDUCT A JOINT COMMUNITY CAMPAIGN, WITH THE INTENTION OF PROVIDING THE DONOR COMMUNITY WITH A SINGLE CAMPAIGN THROUGH WHICH CONTRIBUTIONS CAN BE MADE TO THE REGION'S MAJOR SOCIAL AND HEALTH SERVICE RPOVIDERS CHC'S MEMBER NETWORK IS COMPRISED OF NATIONALLY RECOGNIZED HEALTH AGENCIES					

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

(Code )	(Expenses \$ 2,027,268	including grants of \$ 294,003	(Revenue \$ 445,381 )
OTHER PROGRAM SERVICES			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
gregORY TOCZYDLOWSKI ..... board Chairman	1 00 .....	X		X				0	0	0
donaID ALLAN ..... board treasurer	0 60 .....	X		X				0	0	0
jose Aponte ..... OUTGOING board member	0 30 .....	X						0	0	0
michael AUSERE ..... BOARD MEMBER	0 30 .....	X						0	0	0
greg barats ..... BOARD MEMBER	0 30 .....	X						0	0	0
PEGGY BUCHANAN ..... BOARD MEMBER	0 30 .....	X						0	0	0
JULIO CONCEPCION ..... Board MEMBER	0 20 .....	X						0	0	0
ERIC DANIELS ..... BOARD MEMBER	0 20 .....	X						0	0	0
WILLIAM F DOWLING ..... BOARD MEMBER	0 30 .....	X						0	0	0
ROBERT EMMETT EARLYIII ..... BOARD MEMBER	0 30 .....	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			
otto eichmann ..... board member	0 30 .....	X						0	0	0
dr DEREK A FRANKLIN ..... BOARD MEMBER	0 20 .....	X						0	0	0
MICHAEL GOLDBAS ..... BOARD MEMBER	0 50 .....	X						0	0	0
JEFFREY L HUBBARD ..... BOARD MEMBER	0 20 .....	X						0	0	0
marGARET MARCHAK ..... BOARD MEMBER	0 30 .....	X						0	0	0
shawn J MAYNARD ..... BOARD MEMBER	0 40 .....	X						0	0	0
colleen mcguire ..... BOARD MEMBER	0 20 .....	X						0	0	0
patricia meiser ..... BOARD MEMBER	0 20 .....	X						0	0	0
NATALIE B MORRIS ..... Board MembeR	0 40 .....	X						0	0	0
BRIAN O'CONNELL ..... 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			
JAMES O'MEARA ..... BOARD MEMBER	0 40 .....	X						0	0	0
DR WAYNE S RAWLINS ..... BOARD MEMBER	0 50 .....	X						0	0	0
CYNTHIA RYAN ..... Board Member	0 40 .....	X						0	0	0
LYNN RYAN ..... BOARD MEMBER	0 40 .....	X						0	0	0
LYN gammill WALKER ..... Board Member	0 50 .....	X						0	0	0
JENNIFER WHITE ..... Board member	0 50 .....	X						0	0	0
MARIO CONJURA ..... BOARD MEMBER	0 30 .....	X						0	0	0
PAUL A DUFF ..... BOARD MEMBER	0 20 .....	X						0	0	0
NOREEN RANDAZZO ..... BOARD MEMBER	0 30 .....	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			
ASHLEY M SANYAL ..... BOARD MEMBER	0 50 .....	X						0	0	0
SUSAN TULLY ..... BOARD MEMBER	0 20 .....	X						0	0	0
SUSAN B DUNN ..... OUTGOING PRESIDENT/CEO/SECRETARY	52 00 .....			X				194,520	0	30,665
THOMAS W GLYNN ..... CFO	52 00 .....			X				134,343	0	14,365
PAULA S GILBERTO ..... PRESIDENT/CEO/SECRETARY	52 00 .....			X				140,113	0	24,050
ANITA FORD SAUNDERS ..... marketing director	52 00 .....					X		102,618	0	33,471

SCHEDULE A  
(Form 990 or 990EZ)

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization United Way Inc united way of cent & ne connecticut	Employer identification number 06-0646653
---	--

Part I

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 11, 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 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 )

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	26,182,507	24,916,056	24,054,841	23,739,532	22,010,597	120,903,533
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	26,182,507	24,916,056	24,054,841	23,739,532	22,010,597	120,903,533
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,353,417
<b>6 Public support.</b> Subtract line 5 from line 4						114,550,116

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>7</b> Amounts from line 4	26,182,507	24,916,056	24,054,841	23,739,532	22,010,597	120,903,533
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	923,562	1,014,500	977,020	1,028,952	968,847	4,912,881
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )		111,524	137,610	166,875	205,739	621,748
<b>11 Total support.</b> Add lines 7 through 10						126,438,162
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	4,216,291
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	90.600 %
<b>15</b> Public support percentage for 2014 Schedule A, Part II, line 14	<b>15</b>	91.810 %
<b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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 9 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
<b>b 33 1/3% support tests—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> 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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> 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></div>		
<div>2</div> <div>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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<b>see instructions</b>)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div>		
<div>2</div> <div>Activities Test. <b>Answer (a) and (b) below.</b></div>		
<div>a</div> <div>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 <b>Part VI</b> 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></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> 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></div>		
<div>3</div> <div>Parent of Supported Organizations. <b>Answer (a) and (b) below.</b></div>		
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div>		
<div>b</div> <div>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></div>		

Part V

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

1

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

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		



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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**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).

<b>Facts And Circumstances Test</b>

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

Name of the organization United Way Inc united way of cent & ne connecticut	Employer identification number 06-0646653
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div>	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a	Total number of conservation easements	Held at the End of the Year
b	Total acreage restricted by conservation easements	2a
c	Number of conservation easements on a certified historic structure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i)	Revenue included on Form 990, Part VIII, line 1	► \$
(ii)	Assets included in Form 990, Part X	► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	► \$

Part III

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

(continued)

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V

Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	16,601,728	16,915,567	15,483,278	14,327,005	15,061,199
b Contributions . . . . .					
c Net investment earnings, gains, and losses	-42,863	186,161	1,832,289	1,456,273	-634,114
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	450,000	500,000	400,000	300,000	100,000
f Administrative expenses . . . . .					
g End of year balance . . . . .	16,108,865	16,601,728	16,915,567	15,483,278	14,327,005

2

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

a Board designated or quasi-endowment ▶ 92 500 %

b Permanent endowment ▶ 7 500 %

c Temporarily restricted endowment ▶ 0 %

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

Yes

No

3a(i)

No

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" to 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 . . . . .		3,191,797	2,009,775	1,182,022
c Leasehold improvements . . . . .		168,801	69,459	99,342
d Equipment . . . . .		852,080	772,143	79,937
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . . ▶				1,364,624



**Part II Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	12,176,540
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-99,734
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	69,843
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-1,033,254
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-1,063,145
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	13,239,685
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	25,000
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	10,043,935
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	10,068,935
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	23,308,620

**Part III Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	13,780,425
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	69,843
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	69,843
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	13,710,582
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	25,000
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	10,043,935
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	10,068,935
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	23,779,517

**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
Part V, Line 4	The endowment is designed to preserve the real value of the unrestricted investment reserves over time while providing a modest level of income for current operating needs.

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST -624,643 CHANGE IN INVESTMENTS HELD IN TRUST BY OTHERS -408,611
Part XI, Line 4b - Other Adjustments	COMMUNITY HEALTH CHARITIES SHARE OF DIRECT PUBLIC SUPPORT 955,229   Amounts designated by donors 9,088,706
Part XII, Line 4b - Other Adjustments	Amounts designated by donors 9,088,706   COMMUNITY HEALTH CHARITIES SHARE OF DIRECT PUBLIC SUPPORT 955,229

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number  
06-0646653

Part I Fundraising Activities

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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



**Part II Fundraising Events.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1 <b>LUNCHEON</b> (event type)	(b)Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	326,539			326,539
	<b>2</b> Less Contributions . . . . .	120,800			120,800
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	205,739			205,739
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	11,389			11,389
	<b>7</b> Food and beverages . . . . .	40,922			40,922
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	80,373			80,373
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				132,684
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				73,055

**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))
Direct Expenses	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

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

Name ▶

Address ▶

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ **Yes** ☐ **No**

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

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

Name ▶

Address ▶

**16** Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ **Yes** ☐ **No**

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

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

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

**Open to Public  
Inspection**

06-0646653

**(h) Purpose of grant or assistance**

Schedule I (Form 990) 2015

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

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

**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 children succeeding in school, financial security, and basic needs. They also receive donor designations processed by UWCNCT. Organizations listed with a purpose of description of "Donor Directed 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
Academy of Our Lady of Mercy 200 High Street Milford,CT 064603249	06-0653077	501c3	9,900				Donor Designated Gifts
ACCESS COMMUNITY ACTION AGENCY 1315 MAIN STREET SUITE 2 WILLIMantic,CT 06226	06-0801861	501c3	25,000				DONOR DESIGNATED GIFTS
ADVENT UNITED METHODIST CHURCH 2258 WOODRUFF ROAD SIMPSONVILLE,SC 29681	57-0895177	501c3	10,000				DONOR DESIGNATED GIFTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
American Red Cross 1501 South Brand Boulevard Glendale, CA 91204	53-0196605	501c3	235,328				Allocation Funding & Designated Gifts
Andover Hebron Marlborough Youth Services 25 Pendelton Drive Hebron, CT 062481525	22-2595584	501c3	5,811				Donor Designated Gifts
Archbishop's Annual Appeal 134 Farmington Avenue Hartford, CT 06105	06-0646669	501c3	10,275				Donor Designated Gifts

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Archdiocese of Hartford 134 Farmington Avenue Hartford, CT 061053723	53-0196617	501c3	10,883				Donor Designated Gifts
Autism Speaks - Boston 85 Devonshire Street 9th FL Boston, MA 02109	20-2329938	501c3	5,225				Donor Designated Gifts
Avon Old Farms School 500 Old Farms Road Avon, CT 06001	06-0655480	501c3	5,159				Donor Designated Gifts

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Birthright of Greater Hartford Inc 914 Main Street- Room 216 East Hartford, CT 06108	23-7378225	501c3	7,253				Donor Designated Gifts
Boy Scouts of America Pine Tree Council 146 Plains Road RAYMOND, ME 04071	01-0211490	501c3	5,172				Donor Designated Gifts
Boys & Girls Club of New Britain Inc 150 Washington Street New Britain, CT 060511828	06-0660406	501c3	112,412				Allocation Funding & Designated Gifts



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Boys & Girls Clubs of Hartford 170 Sigourney Street Hartford, CT 06105	06-6026005	501c3	172,226				Allocation Funding & Designated Gifts
Bread for Life Inc 133 Main Street 3rd Floor SOUTHington, CT 064892574	06-1232902	501c3	5,570				Donor Designated Gifts
Bushnell Center for the Performing Arts 166 Capitol Avenue Hartford, CT 06106	06-0662112	501c3	23,879				Donor Designated Gifts

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Calvary Baptist Church 470 Elm Street WINDSOR LOCKS, CT 06096	06-0870368	501c3	5,250				Donor Designated Gifts
Capitol Squash Inc One State Street Hartford, CT 061033110	27-2791355	501c3	5,054				Donor Designated Gifts
Catholic Charities Diocese of Norwich 331 Main Street Norwich, CT 06360	06-0646609	501c3	36,122				Allocation Funding & Designated Gifts

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Catholic Charities Inc Archdiocese of Hartford 839 Asylum Avenue 841 Hartford, CT 061052801	06-0667607	501c3	533,760				Allocation Funding & Designated Gifts
CBIA Education Foundation Inc 350 Church Street Hartford, CT 061031136	22-2474078	501c3	29,179				Donor Designated Gifts
CCARC Inc 950 Slater Road New Britain, CT 060531658	06-6011543	501c3	13,211				Allocation Funding & Designated Gifts

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Children's Law Center 30 Arbor Street North Building Hartford, CT 061061215	06-1381700	501c3	41,289				Allocation Funding & Designated Gifts
Chinese Cultural Center PO Box 380825 East Hartford, CT 061380825	06-1043595	501c3	5,581				Donor Designated Gifts
Choate Rosemary Hall Foundation Inc 333 Christian Street Wallingford, CT 064923818	06-0910420	501c3	7,524				Donor Designated Gifts

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Christian Heritage School Inc 575 White Plains Road Trumbull, CT 06611	06-0962262	501c3	25,000				Donor Designated Gifts
Church of Jesus Christ of Latter Day Saints 50 East North Temple Room 1521 Salt Lake City, UT 84150	23-7300405	501c3	15,000				Donor Designated Gifts
Church of St Mary at Clinton Heights 163 Columbia Turnpike Rensselaer, NY 121443521	14-1372649	501c3	10,850				Donor Designated Gifts

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Citadel of Love The Tabernacle of Celebration Praise PO Box 1932 Hartford, CT 06144	06-1441758	501c3	7,317				Donor Designated Gifts
College of the Holy Cross Trustees 1 College Street Worcester, MA 016102322	04-2103558	501c3	11,848				Donor Designated Gifts
Community Bicycle Center PO Box 783 Biddeford, ME 04005	20-3684834	501c3	11,829				Donor Designated Gifts

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Community Child Guidance Clinic Inc 317 North Main Street Manchester, CT 06040	06-0735879	501c3	22,273				Allocation Funding & Designated Gifts
Community Foundation of Eastern Connecticut PO Box 769 New London, CT 063200769	06-1080097	501c3	69,690				Allocation Funding & Designated Gifts
Community Foundation of Greater New Britain 74A Vine Street NEW BRitain, CT 06052	06-6036461	501c3	50,129				Allocation Funding & Designated Gifts

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Community Health Charities of New England 1240 North Pitt Street Suite 300 Alexandria, VA 223145601	06-6079596	501c3	69,706				Donor Designated Gifts
Community Health Resources 995 Day Hill Road Windsor, CT 060951722	06-6082527	501c3	7,785				Allocation Funding & Designated Gifts
Community Mental Health Affiliates Inc 270 John Downey Drive New Britain, CT 060512906	06-0934544	501c3	97,995				Allocation Funding & Designated Gifts



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COMPASS Youth Collaborative 55 Airport Road Suite 201 Hartford, CT 06114	31-1768549	501c3	245,320				Allocation Funding & Designated Gifts
Connecticut Children's Medical Center 282 Washington Street Hartford, CT 061063322	06-0646755	501c3	27,914				Donor Designated Gifts
Connecticut Community Care Inc 43 Enterprise Drive Bristol, CT 06010	06-1024632	501c3	5,130				Donor Designated Gifts

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Connecticut Forum Inc 750 Main Street Hartford, CT 06103	06-1343149	501c3	12,100				Donor Designated Gifts
Connecticut Golf Foundation 55 Golf Club Road CROMWELL, CT 06416	06-4161539	501c3	5,229				Donor Designated Gifts
Connecticut Humane Society 701 Russell Road Newington, CT 061111593	06-0667605	501c3	28,408				Donor Designated Gifts

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Connecticut Legal Services 62 Washington Street Middletown, CT 06457	06-0955461	501c3	56,061				Allocation Funding & Designated Gifts
Connecticut Pre Engineering Program Inc PO Box 2665 Middletown, CT 064570040	22-2966927	501c3	6,672				Donor Designated Gifts
Connecticut Public Broadcasting Inc 1049 Asylum Avenue Hartford, CT 061052432	06-0758938	501c3	9,010				Donor Designated Gifts

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Connecticut Rivers Council Boy Scouts of America 60 Darlin Street East Hartford, CT 061083256	06-0662110	501c3	151,082				Allocation Funding & Designated Gifts
Connecticut Science Center 250 Columbus Blvd Hartford, CT 06103	06-1538101	501c3	12,936				Donor Designated Gifts
Connecticut Women's Education & Legal Fund Inc 1 Hartford Square West Suite 300 Hartford, CT 06106	06-0913214	501c3	9,950				Donor Designated Gifts

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ConnectiKids 814 Asylum Avenue Hartford, CT 061052805	06-1035985	501c3	46,556				Allocation Funding & Designated Gifts
Corpus Christi School 581 Silas Deane Highway Wethersfield, CT 06109	06-0653162	501c3	6,137				Donor Designated Gifts
Cove Center for Grieving Children Inc 250 Pomeroy Avenue Suite 107 Meriden, CT 06450	06-1546563	501c3	6,074				Donor Designated Gifts

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Covenant Preparatory School 135 Broad Street Hartford, CT 06105	74-3238578	501c3	13,105				Donor Designated Gifts
CWEALF Hartford Square West Suite 1-300 Hartford, CT 06106	06-0913214	501c3	96,580				Donor Designated Gifts
Dana Farber Cancer Institute Inc 450 Brookline Avenue BP418 Boston, MA 022155418	04-2263040	501c3	6,918				Donor Designated Gifts

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East Catholic High School 115 New State Road Manchester, CT 06042	06-0768663	501c3	28,903				Donor Designated Gifts
Educational Resources for Children Inc 119B Post Road ENFIELD, CT 06082	03-0399205	501c3	62,634				Allocation Funding & Designated Gifts
Emergency Aid Association Inc 450 South Street Suffield, CT 060782210	06-0646618	501c3	6,214				Donor Designated Gifts

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Engineers Without Borders USA 1031 33rd Street Suite 210 Denver, CO 80205	84-1589324	501c3	7,400				Donor Designated Gifts
Ethel Walker School 230 Bushy Hill Road Simsbury, CT 060702637	06-0689699	501c3	7,954				Donor Designated Gifts
Fairfield University 1073 North Benson Road FAIRFIELD, CT 06824	06-0646623	501c3	10,113				Donor Designated Gifts



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Family Institute of Connecticut 77 Buckingham Street HARTford, CT 06106	06-1282690	501c3	5,263				Donor Designated Gifts
Farmington Valley Academy Montessori 150 Fisher Ave avon, CT 06001	20-1571082	501c3	9,378				Donor Designated Gifts
Farmington Valley Visiting Nurse Association 8 Old Mill Lane SIMSBURY, CT 06070	06-0646899	501c3	81,478				Allocation Funding & Designated Gifts

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Fidelco Guide Dog Foundation Inc 103 Vision Way Bloomfield, CT 060025322	06-6060478	501c3	8,954				Donor Designated Gifts
First Church of Christ Congregation 75 Main Street Farmington, CT 06032	06-0669113	501c3	5,680				Donor Designated Gifts
First Church of Christ in Simsbury Inc 689 Hopmeadow Street Simsbury, CT 06070	13-1957221	501c3	21,919				Donor Designated Gifts

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First Congregational Church in Bloomfield 10 Wintonbury Avenue bloomfield, CT 060021342	06-0727636	501c3	23,000				Donor Designated Gifts
Foodshare Inc 450 Woodland Avenue Bloomfield, CT 060021342	22-2474771	501c3	236,247				Allocation Funding & Designated Gifts
Fox Valley United Way 44 East Galena Boulevard aurora, IL 60505	36-2195467	501c3	7,731				Donor Designated Gifts

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Gifts of Love Inc 35 East Main Street Avon, CT 060010463	06-1309318	501c3	18,870				Donor Designated Gifts
Girl Scouts of Connecticut 340 Washington Street Hartford, CT 061063317	06-0646759	501c3	206,405				Allocation Funding & Designated Gifts
Grace Academy Inc 277 Main Street Hartford, CT 06106	27-1673012	501c3	13,808				Donor Designated Gifts

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Granby Community Fund PO Box 94 Granby, CT 060350094	06-6037713	501c3	13,027				Donor Designated Gifts
Grayson County Crisis Pregnancy Center 105 West Pecan Street Sherman, TX 75090	75-2387198	501c3	5,000				Donor Designated Gifts
Greater Hartford Arts Council PO Box 231436 Hartford, CT 061231436	23-7111486	501c3	89,164				Donor Designated Gifts

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Greater Hartford Church of Christ PO Box 1081 Argyle, TX 762261081	06-1414914	501c3	7,680				Donor Designated Gifts
Greater Hartford Legal Aid Inc 999 Asylum Avenue 3rd Floor Hartford, CT 061052465	06-0730611	501c3	223,972				Allocation Funding & Designated Gifts
Guide Dogs of America CT RI & Western MA Chapters 300 Saybrook Road Higganum, CT 06441	95-1586088	501c3	70,230				Donor Designated Gifts

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HARC Inc 900 Asylum Avenue Hartford, CT 061051985	06-0710289	501c3	168,368				Allocation Funding & Designated Gifts
Hartford Area Habitat for Humanity 780 Windsor Street Hartford, CT 061441933	06-1253049	501c3	7,608				Donor Designated Gifts
Hartford Foundation for Public Giving 10 Columbus Boulevard 8th Floor Hartford, CT 06106	06-0699252	501c3	176,382				Allocation Funding & Designated Gifts

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Hartford Healthcare at Home Inc 1290 Silas Deane Highway Ste 4B Wethersfield, CT 061094337	06-0646938	501c3	440,473				Allocation Funding & Designated Gifts
Hartford Hospital 80 Seymour Street Hartford, CT 06105	06-0646668	501c3	11,561				Donor Designated Gifts
Hartford Stage Company 50 Church Street Hartford, CT 06103	06-0790484	501c3	6,558				Donor Designated Gifts



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Hartford's Camp Courant 285 Broad Street Hartford, CT 061153785	06-1018155	501c3	5,484				Donor Designated Gifts
Heart of Florida United Way 1940 Traylor Boulevard orlando, FL 32804	59-0808854	501c3	15,058				Donor Designated Gifts
HelpHOPELive 2 Radnor Corporate Center Suite 100 100 Radnor, PA 19087	52-1322317	501c3	29,125				Donor Designated Gifts

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High Hopes Therapeutic Riding Inc (Old Lyme) 36 Town Woods Road Old Lyme, CT 063711142	06-0987749	501c3	13,713				Donor Designated Gifts
Hispanic Health Council 175 Main Street Hartford, CT 061061818	06-1018979	501c3	86,033				Allocation Funding & Designated Gifts
Hockanum Valley Community Council Inc 29 Naek Road Suite 5A Vernon, CT 060663942	06-0864311	501c3	18,070				Allocation Funding & Designated Gifts

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Hole in the Wall Gang Fund Inc 555 Long Wharf Drive new haven, CT 06511	06-1157655	501c3	6,488				Donor Designated Gifts
Home & Community Health Services Inc 101 Phoenix Avenue Enfield, CT 060831199	06-0646620	501c3	7,194				Allocation Funding & Designated Gifts
Hopewell Baptist Church 280 Windsor Avenue Windsor, CT 06095	22-2600105	501c3	8,687				Donor Designated Gifts

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House of Bread 1453 Main Street Hartford, CT 06120	06-1073478	501c3	7,477				Donor Designated Gifts
Human Resources Agency of New Britain 180 Clinton Street New Britain, CT 060533512	06-0954802	501c3	250,799				Allocation Funding & Designated Gifts
Immaculate high school 73 Southern Boulevard Danbury, CT 068106550	06-1353635	501c3	9,102				Donor Designated Gifts

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Interval House PO Box 340207 Hartford, CT 061340207	06-0960005	501c3	155,695				Allocation Funding & Designated Gifts
Jewish Community Foundation of Greater Hartford 333 Bloomfield Ave Suite D West Hartford, CT 06117	06-1372107	501c3	20,593				Donor Designated Gifts
Jewish Family Service of Greater Hartford 333 Bloomfield Avenue Suite A West Hartford, CT 061171500	06-0653062	501c3	125,546				Allocation Funding & Designated Gifts

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Junior Achievement Inc One Education Way colorado Springs, CO 80906	13-1635270	501c3	9,548				Donor Designated Gifts
Junior Achievement of Southwest New England 70 Farmington Avenue Hartford, CT 061053704	06-0665972	501c3	28,502				Donor Designated Gifts
Kingswood Oxford School Inc 170 Kingswood Road West Hartford, CT 061191430	06-0646688	501c3	12,454				Donor Designated Gifts

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Leadership Greater Hartford 30 Laurel Street Hartford, CT 06106	06-1167174	501c3	22,055				Donor Designated Gifts
Legacy Bible Church 4818 FM 691 Denison, TX 750208206	75-2874919	501c3	15,200				Donor Designated Gifts
LISC Fiduciary for Hartford Neighborhood 75 Charter Oak Avenue Suite 2-250 Hartford, CT 06106	13-3030229	501c3	192,000				Allocation Funding & Designated Gifts

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Literacy Volunteers of Central Connecticut 20 High Street New Britain, CT 06051	22-2527030	501c3	45,737				Allocation Funding & Designated Gifts
Literacy Volunteers of Greater Hartford 30 Arbor Street South Building Hartford, CT 06106	23-7237570	501c3	50,534				Allocation Funding & Designated Gifts
Little League Baseball IncGlastonbury Little Lea 1579 Manchester Road glastonbury, CT 06033	06-1306901	501c3	5,000				Donor Designated Gifts



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Loyola College in Maryland 4501 North Charles Street baltimore, MD 21210	52-0591623	501c3	10,000				Donor Designated Gifts
Madina Academy 519 Palisado Avenue Windsor, CT 060950564	06-1589428	501c3	7,726				Donor Designated Gifts
Malta House of Care Foundation 19 Woodland Street Suite 21 Hartford, CT 061052535	20-3562371	501c3	6,887				Donor Designated Gifts

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Manchester Area Conference of Churches 466 Main Street Manchester, CT 060453804	23-7354956	501c3	29,459				Donor Designated Gifts
MARC Inc of Manchester 151 Sheldon Road Manchester, CT 060422318	06-0712057	501c3	14,958				Allocation Funding & Designated Gifts
Mark Twain House 351 Farmington Avenue hartford, CT 06105	06-0685118	501c3	10,523				Donor Designated Gifts

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Masonicare Partners Home Health & Hospice 104 South Turnpike Road Wallingford, CT 064924320	26-0758992	501c3	35,800				Allocation Funding & Designated Gifts
Masters School Inc 36 Westledge Road West Simsbury, CT 060922319	23-7016084	501c3	12,962				Donor Designated Gifts
Middlesex Hospital Homecare-VNA 770 Saybrook Road - Bldg B Lower Level middletown, CT 06457	06-0646718	501c3	5,600				Donor Designated Gifts

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Middlesex United Way 100 Riverview Center Suite 230 Middletown, CT 064572862	06-0665170	501c3	149,670				Donor Designated Gifts
My Sisters Place Inc 237 Hamilton Street Suite 203 Hartford, CT 061062977	06-1079879	501c3	21,277				Donor Designated Gifts
Mystic Aquarium & Institute for Exploration 55 Coogan Boulevard mystic, CT 06355	06-1480300	501c3	5,000				Donor Designated Gifts

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
National Conference for Community & Justice Inc (NCCJ) 820 Prospect Hill Road Suite A Windsor, CT 060951559	13-1809982	501c3	14,866				Donor Designated Gifts
Natural Resources Defense Council 40 West 20th Street new york, NY 10011	13-2654926	501c3	5,601				Donor Designated Gifts
New Britain Museum of American Art Inc 56 Lexington Street New Britain, CT 06052	06-1422234	501c3	33,020				Donor Designated Gifts

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New Britain-Berlin YMCA 50 High Street New Britain, CT 06051	22-2680676	501c3	32,388				Allocation Funding & Designated Gifts
North Texas Area United Way PO Box 660 wichita falls, TX 76307	75-0950126	501c3	20,812				Donor Designated Gifts
Northern Middlesex YMCA 99 Union Street middletown, CT 06457	06-0646981	501c3	5,842				Donor Designated Gifts

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Northside Church of Christ 187 Tower Avenue Hartford, CT 06120	51-0205042	501c3	7,360				Donor Designated Gifts
Northwest Catholic High School Foundation 29 Wampanoag Drive West Hartford, CT 061171299	06-0768002	501c3	20,129				Donor Designated Gifts
Nutmeg Big BrothersBig Sisters 30 Laurel Street 3rd Floor Hartford, CT 06106	06-0850379	501c3	160,936				Allocation Funding & Designated Gifts

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Old Saybrook Youth & Family Services 322 Main Street old saybrook, CT 06475	74-3129840	501c3	10,119				Donor Designated Gifts
Old Sturbridge Village Inc 1 Old Sturbridge Village Road Sturbridge, MA 015661138	04-2104809	501c3	5,135				Donor Designated Gifts
OM Foundation Sri Sai Spiritual Center 749 Old Say Brook Road-Unit A101 Middletown, CT 06457	26-3534277	501c3	6,116				Donor Designated Gifts



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Opportunities Industrialization Center of New Brit 114 North Street New Britain, CT 060511918	06-0876897	501c3	22,875				Allocation Funding & Designated Gifts
Our Companions Domestic Animal Sanctuary Inc PO Box 956 Manchester, CT 060450956	41-2047734	501c3	20,086				Donor Designated Gifts
Our Piece of the Pie - OPP 20-28 Sargeant Street Hartford, CT 06105	06-0939659	501c3	418,162				Allocation Funding & Designated Gifts

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PKD Foundation 1001 E 101st Terrace Suite 220 Kansas City, MO 64131	43-1266906	501c3	5,215				Donor Designated Gifts
protectors of annimals inc 144 Main Street Unit O east Hartford, CT 06118	06-0959891	501c3	5,548				Donor Designated Gifts
Providence College 1 Cunningham Square Providence, RI 02918	05-0258932	501c3	5,181				Donor Designated Gifts

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Prudence Crandall Center 594 Burritt Street New Britain, CT 06053	06-0968557	501c3	34,979				Allocation Funding & Designated Gifts
Quincy University 1800 College Avenue quincy, IL 62301	37-0661231	501c3	10,000				Donor Designated Gifts
Richard M Keane Foundation Inc 126 Broad Street Wethersfield, CT 061093105	06-1635181	501c3	6,412				Donor Designated Gifts

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Roswell United Methodist Church 814 Mimosa Boulevard roswell, GA 30075	58-1276063	501c3	9,000				Donor Designated Gifts
Sacred Heart Church 446 Mountain Road suffield, CT 060782210	06-0653168	501c3	11,802				Donor Designated Gifts
Saint Francis Hospital & Medical Center Foundation 95 Woodland Street Hartford, CT 061051208	06-1491191	501c3	15,775				Donor Designated Gifts

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saint john's church 679 Farmington Avenue west Hartford, CT 06119	06-0653123	501c3	12,808				Donor Designated Gifts
Saint Matthew Lutheran Church 224 Lovely Street avon, CT 06001	06-1019980	501c3	5,209				Donor Designated Gifts
Salvation Army 855 Asylum Avenue hartford, CT 06142	13-5562351	501c3	326,655				Allocation Funding & Designated Gifts

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Services for the Elderly of Farmington 321 New Britain Avenue Unionville, CT 060851041	06-0860153	501c3	42,613				Allocation Funding & Designated Gifts
Sexual Assault Crisis Center of Eastern CT PO Box 24 Willimantic, CT 062260024	06-1033609	501c3	16,764				Allocation Funding & Designated Gifts
Shriners Hospitals for Children 516 Carew Street Springfield, MA 01104	04-2121377	501c3	9,607				Donor Designated Gifts

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Simsbury United Methodist Church 799 Hopemeadow Street Simsbury, CT 060701821	22-2487294	501c3	6,611				Donor Designated Gifts
South Park Inn Emergency Shelter 75 Main Street Hartford, CT 06106	06-1083735	501c3	84,930				Allocation Funding & Designated Gifts
Special Olympics Connecticut Inc 2666 State Street Suite 1 Hamden, CT 06517	23-7099756	501c3	9,692				Donor Designated Gifts

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St John's High School (MA) 378 Main Street shrewsbury, MA 01545	04-2178393	501c3	13,000				Donor Designated Gifts
St Thomas the Apostle School 25 Dover Road West Hartford, CT 06119	06-0653046	501c3	5,689				Donor Designated Gifts
St Ann's Church of Avon 289 Arch Road Avon, CT 060014209	06-0658084	501c3	29,978				Donor Designated Gifts



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St Christopher School 570 Brewer Street East Hartford, CT 06118	22-2547126	501c3	9,618				Donor Designated Gifts
St Dunstan Church-Rectory 1345 Manchester Road Glastonbury, CT 06033	06-0913943	501c3	6,046				Donor Designated Gifts
St George Greek Orthodox Cathedral 433 Fairfield Avenue Hartford, CT 06114	06-0679118	501c3	7,210				Donor Designated Gifts

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St James Episcopal Church 3 Mountain Road Farmington, CT 060322339	06-0773790	501c3	9,853				Donor Designated Gifts
St Jude Children's Research Hospital 262 Danny Thomas Place Memphis, TN 381051942	62-0646012	501c3	5,030				Donor Designated Gifts
St Mary's Church 51 Freestone Avenue Portland, CT 06480	06-0676857	501c3	5,398				Donor Designated Gifts

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St Timothy Middle School 225 King Phillip Drive West Hartford, CT 06117	06-0760540	501c3	5,306				Donor Designated Gifts
St Vincent DePaul Place 617 Main Street Middletown, CT 064572762	06-1001527	501c3	5,638				Donor Designated Gifts
Tampa Underground 1925 East 2nd Avenue Tampa, FL 33605	20-4722214	501c3	8,500				Donor Designated Gifts

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Temple Beth Sholom Endowment Foundation Inc 400 East Middle Turnpike manchester, CT 06040	05-0540805	501c3	5,918				Donor Designated Gifts
The Arc of Farmington Valley (Favarh) 225 Commerce Drive Canton, CT 060191099	06-6011136	501c3	35,593				Allocation Funding & Designated Gifts
The Carter Center Inc One Copenhill atlanta, GA 30307	58-1454716	501c3	5,670				Donor Designated Gifts

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The Fletcher School 8500 Sardis Road Charlotte, NC 28270	59-1340099	501c3	7,333				Donor Designated Gifts
The Village for Families & Children 1680 Albany Avenue Hartford, CT 061051099	06-0668594	501c3	727,178				Allocation Funding & Designated Gifts
Trinity Episcopal Church 11 Church Street tariffville, CT 06081	06-6051129	501c3	10,939				Donor Designated Gifts

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Tri-Town Shelter Services Inc PO Box 28 Vernon, CT 06066	06-1167566	501c3	5,246				Donor Designated Gifts
True Colors Inc 30 Arbor Street Suite 201A Hartford, CT 061061215	06-1537001	501c3	26,385				Allocation Funding & Designated Gifts
Trustees of Columbia University 622 West 113th Street MC 4524 New York, NY 10025	13-5598093	501c3	15,750				Donor Designated Gifts

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United Labor Agency (John J Driscoll ULA) 56 Town Line Road Rocky Hill, CT 060671241	06-0987695	501c3	65,396				Allocation Funding & Designated Gifts
United States Olympic Committee One Olympic Plaza Colorado Springs, CO 809095724	13-1548339	501c3	12,236				Donor Designated Gifts
United Way California Capital Region 10389 Old Placerville Road sacramento, CA 95827	94-1225382	501c3	5,378				Donor Designated Gifts

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United Way Greater Capital Region Inc PO Box 13865 albany, NY 12212	14-1364505	501c3	15,649				Donor Designated Gifts
United Way Greater Twin Cities PO Box 2949 Minneapolis, MN 55402	41-1973442	501c3	15,169				Donor Designated Gifts
United Way Meriden & Wallingford 35 Pleasant Street Suite 1E Meriden, CT 064505786	06-0646714	501c3	39,636				Donor Designated Gifts



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United Way of Central Carolinas Inc PO Box 890685 charlotte, NC 28289	56-0529948	501c3	23,150				Donor Designated Gifts
United Way of Central Indiana PO Box 88409 Indianapolis, IN 46208	35-1007590	501c3	22,312				Donor Designated Gifts
United Way of Central New York 518 James Street Syracuse, NY 132202129	15-0532073	501c3	5,365				Donor Designated Gifts

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United Way of Central Oklahoma 1444 Northwest 28th Street Oklahoma City, OK 73106	73-0589829	501c3	19,453				Donor Designated Gifts
United Way of Connecticut 1344 Silas Deane Highway Rocky Hill, CT 060671342	06-1084194	501c3	283,826				Allocation Funding & Designated Gifts
United Way of Greater Atlanta 100 Edgewood Avenue NE Atlanta, GA 30303	58-0566194	501c3	15,290				Donor Designated Gifts

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United Way of Greater Kansas City 801 West 47th Street Suite 500 Kansas City, MO 64187	44-0545812	501c3	5,246				Donor Designated Gifts
United Way of Greater New Haven 370 James Street Suite 403 new haven, CT 06513	06-0646761	501c3	16,885				Donor Designated Gifts
United Way of Greater Waterbury 100 North Elm Street 2nd Floor Waterbury, CT 067021512	06-0646634	501c3	49,214				Donor Designated Gifts

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United Way of Harrison County 301 West Main Street Room 608 Clarksburg, WV 263022452	55-0421431	501c3	8,350				Donor Designated Gifts
United Way of Indian River County Inc PO Box 1960 vero beach, FL 32961	59-1087090	501c3	10,045				Donor Designated Gifts
United Way of Martin County Inc PO Box 362 Stuart, FL 349950362	59-1051699	501c3	13,722				Donor Designated Gifts

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United Way of Massachusetts Bay and Merrimack County PO Box 51381 Boston, MA 02205	04-2382233	501c3	11,294				Donor Designated Gifts
United Way of New York City 205 East 42nd Street 12th Floor New York, NY 10017	13-2617681	501c3	5,565				Donor Designated Gifts
United Way of Northwest CT 333 Kennedy Drive Suite R101 Torrington, CT 067903060	06-6009309	501c3	9,735				Donor Designated Gifts

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United Way of Palm Beach County Inc 477 South Rosemary Avenue Suite 230 west palm beach, FL 33401	59-0683258	501c3	66,396				Donor Designated Gifts
United Way of Pioneer Valley 1441 Main Street Suite 147 Springfield, MA 011031447	04-2152680	501c3	142,161				Donor Designated Gifts
United Way of San Antonio & Bexar County 700 South Alamo Street san antonio, TX 78205	74-1272381	501c3	36,667				Donor Designated Gifts

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United Way of San Diego 4699 Murphy Canyon Road San Diego, CA 921234320	95-2213995	501c3	39,215				Donor Designated Gifts
United Way of Southeastern CT 283 Stoddards Wharf Road Gales Ferry, CT 063350375	06-0771393	501c3	34,963				Donor Designated Gifts
United Way of Southington 37 West Center Street Suite 201 Southington, CT 064892574	06-0790621	501c3	24,463				Donor Designated Gifts

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United Way of the Bay Area 550 Kearny Street Suite 1000 San Francisco, CA 941082524	94-1312348	501c3	6,889				Donor Designated Gifts
United Way of the Chattahoochee Valley Inc 1100 5th Avenue Columbus, GA 31901	58-0572434	501c3	67,077				Donor Designated Gifts
United Way of the Greater Seacoast 112 Corporate Drive Unit 3 Portsmouth, NH 038016890	02-0271825	501c3	13,942				Donor Designated Gifts



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United Way of the Lakeshore 31 East Clay Avenue Muskegon, MI 49442	38-1426895	501c3	10,333				Donor Designated Gifts
United Way of West Central CT 200 Main Street Bristol, CT 06010	06-0653262	501c3	18,097				Donor Designated Gifts
United Way of Western CT (Stamford) 85 West Street Danbury, CT 068106550	06-0879004	501c3	10,114				Donor Designated Gifts

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United Way of York County (ME) PO Box 727 Kennebunk, ME 040430727	01-0276862	501c3	138,148				Donor Designated Gifts
United Way Worldwide PO Box 418607 Boston, MA 022418607	23-7424837	501c3	259,368				Donor Designated Gifts
University of Connecticut Foundation Inc 2390 Alumni Drive storrs, CT 06269	23-7187838	501c3	26,709				Donor Designated Gifts

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of CT Foundation Inc 2390 Alumni Drive Unit 3206 Storrs, CT 06269	06-6070722	501c3	78,764				Donor Designated Gifts
University of Saint Joseph 1678 Asylum Avenue West Hartford, CT 061172764	06-0646829	501c3	6,637				Donor Designated Gifts
Urban League of Greater Hartford 140 Woodland Street Hartford, CT 061051210	06-6066991	501c3	248,279				Allocation Funding & Designated Gifts

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UWGPNJ 1709 Benjamin Franklin Parkway Philadelphia, PA 191031294	23-1556045	501c3	30,954				Donor Designated Gifts
Valley Community Baptist Church 590 West Avon Road Avon, CT 06001	06-0948931	501c3	20,930				Donor Designated Gifts
Valley of the Sun United Way 3200 E Camelback Rd Suite 375 Phoenix, AZ 850182328	86-0104419	501c3	16,469				Donor Designated Gifts

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
valley united Way 201 Lafayette Street Suite 201 utica, NY 13502	15-0532074	501c3	30,643				Donor Designated Gifts
Valley United Way 54 Grove Street Shelton, CT 064844106	06-0847098	501c3	8,987				Donor Designated Gifts
Visiting Nurse & Health Services of CT Inc 8 Keynote Drive Vernon, CT 060665040	06-0646795	501c3	36,955				Allocation Funding & Designated Gifts

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Wadsworth Athenaeum Museum of Art 600 Main Street Hartford, CT 06103	06-0653111	501c3	22,580				Donor Designated Gifts
Watkinson School 180 Bloomfield Avenue Hartford, CT 061051096	06-0655136	501c3	5,426				Donor Designated Gifts
Westminster School Inc 995 Hopmeadow Street Simsbury, CT 06070	06-0646960	501c3	11,168				Donor Designated Gifts

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Wethersfield Evangelical Free Church 511 Maple Street wethersfield, CT 06109	06-0886824	501c3	9,493				Donor Designated Gifts
Windham Area Interfaith Ministry (WAIM) 866 Main Street Willimantic, CT 06226	06-1122323	501c3	22,315				Allocation Funding & Designated Gifts
Women's Business Development Council 184 Bedford Street Suite 201 Stamford, CT 06901	06-1493737	501c3	75,000				Donor Designated Gifts

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Women's League Inc 1695 Main Street Hartford, CT 06120	06-0646969	501c3	9,791				Donor Designated Gifts
Women's League Inc Child Development Center 1695 Main Street Hartford, CT 06120	06-0646969	501c3	572,589				Allocation Funding & Designated Gifts
Worcester Polytechnic Institute 100 Institute Road Worcester, MA 01609	04-2121303	501c3	6,589				Donor Designated Gifts



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
World Affairs Council Inc 1049 Asylum Avenue Hartford, CT 061052432	06-0771570	501c3	7,050				Donor Designated Gifts
Wounded Warrior Project 4899 Belfort Road Suite 300 Jacksonville, FL 322566033	20-2370934	501c3	19,161				Donor Designated Gifts
Wounded Warrior Project PO Box 758517 Topeka, KS 66675	20-2370934	501c3	8,621				Donor Designated Gifts

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA of Greater Hartford 50 State House Square 2nd Floor Hartford, CT 061033902	06-0881325	501c3	257,201				Allocation Funding & Designated Gifts
Youth United for Survival Inc PO Box 261140 Hartford, CT 061261140	22-2983677	501c3	5,931				Allocation Funding & Designated Gifts
YWCA Hartford Region 135 Broad Street Hartford, CT 06105	06-0646993	501c3	109,331				Allocation Funding & Designated Gifts

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YWCA of New Britain 19 Franklin Square New Britain, CT 060512604	06-0598620	501c3	180,551				Allocation Funding & Designated Gifts

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**  
  
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2015**  
**Open to Public Inspection**

Name of the organization United Way Inc united way of cent & ne connecticut	Employer identification number 06-0646653
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Part I Questions Regarding Compensation

	Yes	No
<b>1a</b> 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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> 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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b> 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: <b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No
<b>8</b> 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.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SUSAN B DUNN OUTGOING PRESIDENT/CEO/SECRETARY	(i)	192,980 -----	0 -----	1,540 -----	22,107 -----	8,558 -----	225,185 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 PAULA S GILBERTO PRESIDENT/CEO/SECRETARY	(i)	138,830 -----	0 -----	1,283 -----	14,049 -----	10,001 -----	164,163 -----	0 -----
	(ii)	0	0	0	0	0	0	0

**Part III** **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization United Way Inc united way of cent & ne connecticut	Employer identification number  06-0646653
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	18	158,247	FAIR VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	
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30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	Yes	No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II**   **Supplemental Information.**

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

Return Reference	Explanation
Part I, Column (b)	THE AMOUNT IN COLUMN B REPRESENTS NUMBER OF CONTRIBUTORS
Part I, Line 32b	UWCNCT accepts the transfer of stock as payment against pledges made to our annual United Way Community Campaign. The date of the gift/payment is the day the stock passes from the donors control to UWCNCT. UWCNCT advises its broker, a third party, to sell all such stock transfers immediately upon receipt.



**SCHEDULE O**  
**(Form 990 or**  
**990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
United Way Inc  
united way of cent & ne connecticut**Employer identification number**

06-0646653

**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
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 11	UWCNCT's Audit Committee review s and accepts the 990 Then it is review ed and accepted by the Finance Committee It is then provided in electronic form to each member of the Board several days prior to the November Board meeting at w hich time it is presented for acceptance by the full Board
Form 990, Part VI, Section B, line 12c	ANNUALLY EACH MEMBER OF THE BOARD IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT EACH BOARD MEMBER STATEMENT IS REVIEWED BY THE AUDIT COMMITTEE CHAIR CONFLICT OF INTERE ST 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 EXECUTIVES' 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 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>
Form 990, Part VI, Section C, line 19	<p>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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part XI, line 9	pension related changes other than net periodic pension cost -624,643 CHANGE IN INVESTMENTS HELD IN TRUST BY OTHERS -408,611
FORM 990, PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES MADE TO THE ORGANIZATION'S OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR