



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



EXTENSION GRANTED TO MAY 15, 2010

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 black lung benefit trust or private foundation)

OMB No 1545-0047

2008Open to Public
Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: ☒ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization UNITED WAY OF GREATER NEW HAVEN, INC.		D Employer identification number 06-0646761
		Doing Business As		E Telephone number 203 772-2010
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 900 CHAPEL STREET, 10TH FLOOR		
		City or town, state or country, and ZIP + 4 NEW HAVEN, CT 06510		
		F Name and address of principal officer: JOHN R. HEALY SAME AS C ABOVE		
I Tax-exempt status: ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: WWW.UWGNH.ORG				
K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶				
L Year of formation: 1953 M State of legal domicile: CT				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IDENTIFY OUR REGION'S GREATEST SOCIAL, EDUCATION AND ECONOMIC NEEDS; RAISE AND INVEST			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	24	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	24	
	5	Total number of employees (Part V, line 2a)	32	
	6	Total number of volunteers (estimate if necessary)	800	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,801,477.	5,966,971.
	9	Program service revenue (Part VIII, line 2g)	180,104.	88,348.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	100,058.	-25,978.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		68,321.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,081,639.	6,097,662.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,342,525.	3,889,950.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,279,056.	1,364,538.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 815,974.		
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-11j, 11k-11n, 11o-11p, 11q-11r, 11s-11t, 11u-11v, 11w-11x, 11y-11z, 11aa-11ad, 11ae-11ah, 11ai-11aj, 11ak-11al, 11am-11an, 11ao-11ap, 11aq-11ar, 11as-11at, 11au-11av, 11aw-11ax, 11ay-11az, 11ba-11bd, 11be-11bh, 11bi-11bj, 11bk-11bl, 11bm-11bn, 11bo-11bp, 11bq-11br, 11bs-11bt, 11bu-11bv, 11bw-11bx, 11by-11bz, 11ca-11cd, 11ce-11ch, 11ci-11cj, 11ck-11cl, 11cm-11cn, 11co-11cp, 11cq-11cr, 11cs-11ct, 11cu-11cv, 11cw-11cx, 11cy-11cz, 11da-11dd, 11de-11dh, 11di-11dj, 11dk-11dl, 11dm-11dn, 11do-11dp, 11dq-11dr, 11ds-11dt, 11du-11dv, 11dw-11dx, 11dy-11dz, 11ea-11ed, 11ee-11eh, 11ei-11ej, 11ek-11el, 11em-11en, 11eo-11ep, 11eq-11er, 11es-11et, 11eu-11ev, 11ew-11ex, 11ey-11ez, 11fa-11fd, 11fe-11fh, 11fi-11fj, 11fk-11fl, 11fm-11fn, 11fo-11fp, 11fq-11fr, 11fs-11ft, 11fu-11fv, 11fw-11fx, 11fy-11fz, 11ga-11gd, 11ge-11gh, 11gi-11gj, 11gk-11gl, 11gm-11gn, 11go-11gp, 11gq-11gr, 11gs-11gt, 11gu-11gv, 11gw-11gx, 11gy-11gz, 11ha-11hd, 11he-11hh, 11hi-11hj, 11hk-11hl, 11hm-11hn, 11ho-11hp, 11hq-11hr, 11hs-11ht, 11hu-11hv, 11hw-11hx, 11hy-11hz, 11ia-11id, 11ie-11ih, 11ii-11ij, 11ik-11il, 11im-11in, 11io-11ip, 11iq-11ir, 11is-11it, 11iu-11iv, 11iw-11ix, 11iy-11iz, 11ja-11jd, 11je-11jh, 11ji-11jj, 11jk-11jl, 11jm-11jn, 11jo-11jp, 11jq-11jr, 11js-11jt, 11ju-11jv, 11jw-11jx, 11jy-11jz, 11ka-11kd, 11ke-11kh, 11ki-11kj, 11kk-11kl, 11km-11kn, 11ko-11kp, 11kq-11kr, 11ks-11kt, 11ku-11kv, 11kw-11kx, 11ky-11kz, 11la-11ld, 11le-11lh, 11li-11lj, 11lk-11ll, 11lm-11ln, 11lo-11lp, 11lq-11lr, 11ls-11lt, 11lu-11lv, 11lw-11lx, 11ly-11lz, 11ma-11md, 11me-11mh, 11mi-11mj, 11mk-11ml, 11mm-11mn, 11mo-11mp, 11mq-11mr, 11ms-11mt, 11mu-11mv, 11mw-11wx, 11wy-11wz, 11xa-11xd, 11xe-11xh, 11xi-11xj, 11xk-11xl, 11xm-11xn, 11xo-11xp, 11xq-11xr, 11xs-11xt, 11xu-11xv, 11xw-11xx, 11xy-11xz, 11ya-11yd, 11ye-11yh, 11yi-11yj, 11yk-11yl, 11ym-11yn, 11yo-11yp, 11yq-11yr, 11ys-11yt, 11yu-11yv, 11yw-11yx, 11yy-11yz, 11za-11zd, 11ze-11zh, 11zi-11zj, 11zk-11zl, 11zm-11zn, 11zo-11zp, 11zq-11zr, 11zs-11zt, 11zu-11zv, 11zw-11zx, 11zy-11zz	786,449.	714,615.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,408,030.	5,969,103.
	19	Revenue less expenses Subtract line 18 from line 12	-326,391.	128,559.
	20	Total assets (Part X, line 16)	3,633,766.	3,112,820.
	21	Total liabilities (Part X, line 26)	2,303,243.	2,333,102.
22	Net assets or fund balances Subtract line 21 from line 20	1,330,523.	779,718.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer		Date 5/17/10	
	JOHN R. HEALY, PRESIDENT/CEO			
Paid Preparer's Use Only	Preparer's signature	Date 5/13/10	Check if self-employed ☐	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶		
SEWARD AND MONDE, C.P.A.'S		296 STATE STREET		
NORTH HAVEN, CT 06473-2165		Phone no. ▶ 203 248-9341		

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

☐ Yes ☐ No

SCANNED JUL 13 2010

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION TO BRING TOGETHER THE CARING POWER OF PEOPLE TO CREATE CHANGE IN OUR REGION AND TO IMPROVE LIVES. WE PROVIDE LEADERSHIP BY: 1. WORKING WITH OTHER COMMUNITY LEADERS AND CITIZENS TO IDENTIFY OUR GREATEST NEEDS AND BEST OPPORTUNITIES FOR CHANGE; 2. GENERATING AND INVESTING**
- 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ **961,698.** including grants of \$) (Revenue \$ **88,348.**)
COMMUNITY LEADERSHIP ACTIVITIES RELATED TO RELATIONSHIP BUILDING, IDENTIFICATION OF COMMUNITY NEEDS AND EDUCATING THE COMMUNITY AROUND THE ISSUES OF EDUCATION, INCOME AND HEALTH.

4b (Code) (Expenses \$ **3,932,024.** including grants of \$ **3,889,950.**) (Revenue \$ **68,321.**)
COMMUNITY INVESTMENTS - INVESTING IN LOCAL PROGRAMS THAT ALIGN WITH OUR MISSION TO CREATE CHANGE AND IMPROVE LIVES THROUGH: EDUCATION - SUPPORTING PROGRAMS THAT PROVIDE CHILDREN AND YOUTH WITH APPROPRIATE TOOLS, SUPPORTS AND OPPORTUNITIES TO BECOME STRONG INDIVIDUALS AND SUCCESSFUL MEMBERS OF OUR COMMUNITY; INCOME - CREATING OPPORTUNITIES FOR ALL PEOPLE TO SECURE SAFE AND AFFORDABLE HOUSING, ACQUIRE SKILLS AND TRAINING TO MAINTAIN EMPLOYMENT AND ACHIEVE FINANCIAL STABILITY LEADING TOWARD INDEPENDENCE; AND, HEALTH - INCREASING THE NUMBER OF CHILDREN AND ADULTS WHO HAVE ACCESS TO HEALTH INSURANCE AND AFFORDABLE PRESCRIPTION COVERAGE; INCREASING UTILIZATION OF PREVENTIVE HEALTH CARE; INCREASING THE NUMBER OF OLDER ADULTS WHO ARE HEALTHY AND INDEPENDENT.

4c (Code) (Expenses \$ **65,387.** including grants of \$) (Revenue \$)
COURT SUPPORT SERVICES - PROMOTES CIVIC ENGAGEMENT AND AN ALTERNATIVE TO INCARCERATION BY PLACING INDIVIDUALS CHARGED WITH MISDEMEANOR OFFENSES AT LOCAL NON-PROFITS IN LIEU OF TRADITIONAL JUDICIAL SANCTIONS.

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ **4,959,109.** (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i> <i>If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Form 990 (2008)

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	17	
1b	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?	X	
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	32	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter N/A		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
1a Enter the number of voting members of the governing body	24	
b Enter the number of voting members that are independent	24	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **STEFANIE BOLES, VP FINANCE, ADMINISTRATION AND IS - 203 772-2010**
900 CHAPEL STREET - 10TH FLOOR, NEW HAVEN, CT 06510

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DONALD R. KEHOE DIRECTOR	1.00	X						0.	0.	0.
LINDY LEE GOLD DIRECTOR	1.00	X						0.	0.	0.
LAWANDA LESLIE DIRECTOR	1.00	X						0.	0.	0.
CHARLES T. MASON DIRECTOR	3.00	X						0.	0.	0.
THOMAS J. SANSONE DIRECTOR	3.00	X						0.	0.	0.
JUDITH DOZIER-HACKMAN DIRECTOR	3.00	X						0.	0.	0.
MICHAEL NEGRON DIRECTOR	1.00	X						0.	0.	0.
GERALD ROSENBERG DIRECTOR	1.00	X						0.	0.	0.
ALFRED SMITH, JR. BOARD CHAIRMAN	3.00	X		X				0.	0.	0.
STEPHEN L. SALTZMAN, ESQ DIRECTOR	1.00	X						0.	0.	0.
ANTHONY F. SANTORE TREASURER/SECRETARY	3.00	X		X				0.	0.	0.
MARY LEE WEBER DIRECTOR	1.00	X						0.	0.	0.
PATRICIA SUE FITZSIMONS DIRECTOR	1.00	X						0.	0.	0.
BARBARA TINNEY DIRECTOR	1.00	X						0.	0.	0.
PATRICIA ANDRIOLE DIRECTOR	1.00	X						0.	0.	0.
CHRISTIE BORONICO DIRECTOR	1.00	X						0.	0.	0.
SCOTT FLORA DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JONATHAN HOLLOWAY DIRECTOR	1.00	X						0.	0.	0.
JOAN HUWILER DIRECTOR	1.00	X						0.	0.	0.
WENDY KRAVITZ DIRECTOR	1.00	X						0.	0.	0.
LINDA MASCI DIRECTOR	1.00	X						0.	0.	0.
KATE MCEVOY DIRECTOR	1.00	X						0.	0.	0.
DAVID MOAKLEY DIRECTOR	1.00	X						0.	0.	0.
DIANE TURNER DIRECTOR	1.00	X						0.	0.	0.
JOHN R. HEALY, PRESIDENT /CHIEF EXECUTIVE OFFICER	40.00			X				146,565.	0.	31,406.
HEATHER CALABRESE CHIEF OPERATING OFFICER	40.00			X				101,295.	0.	18,121.
STEFANIE BOLES VP FINANCE, ADMIN AND IS	40.00			X				86,242.	0.	14,371.
1b Total								334,102.	0.	63,898.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

2

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		0

Form 990 (2008)

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	5083816.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	883,155.				
	g Noncash contributions included in lines 1a-1f \$		35,400.				
	h Total. Add lines 1a-1f			5,966,971.			
Program Service Revenue	2 a CMNTY EVENTS & SPRSHPS	Business Code	900099	88,348.	88,348.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			88,348.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			24,050.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other	317,056.			
b Less cost or other basis and sales expenses				367,084.			
c Gain or (loss)				-50,028.			
d Net gain or (loss)				-50,028.			-50,028.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a					
b Less direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities See Part IV, line 19		a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10 a 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				
11 a ADMINISTRATIVE FEES		900099	68,321.	68,321.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			68,321.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			6,097,662.	156,669.	0.	-25,978.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,889,950.	3,889,950.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	405,648.	183,463.	45,397.	176,788.
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	744,258.	350,079.	76,064.	318,115.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	50,772.	24,202.	5,720.	20,850.
9 Other employee benefits	85,312.	40,567.	9,794.	34,951.
10 Payroll taxes	78,548.	36,101.	8,652.	33,795.
11 Fees for services (non-employees):				
a Management				
b Legal	1,020.	295.	50.	675.
c Accounting	35,772.	25,398.	4,293.	6,081.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	38,678.	24,493.	2,876.	11,309.
12 Advertising and promotion				
13 Office expenses	105,628.	57,781.	11,471.	36,376.
14 Information technology	54,074.	34,955.	2,946.	16,173.
15 Royalties				
16 Occupancy	133,168.	96,198.	15,677.	21,293.
17 Travel	12,452.	3,703.	1,043.	7,706.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,834.	8,270.	2,647.	25,917.
20 Interest				
21 Payments to affiliates	42,074.	42,074.		
22 Depreciation, depletion, and amortization	18,964.	12,431.	2,518.	4,015.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PRINTING & PUBLICATIONS	202,384.	105,495.	208.	96,681.
b MEMBERSHIP DUES	33,567.	23,654.	4,664.	5,249.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	5,969,103.	4,959,109.	194,020.	815,974.
26 Joint Costs Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	150.	1	150.
	2 Savings and temporary cash investments	652,941.	2	382,963.
	3 Pledges and grants receivable, net	1,563,580.	3	1,562,177.
	4 Accounts receivable, net		4	28,558.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 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	21,483.	9	10,051.
	10a Land, buildings, and equipment: cost basis	10a 608,739.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 539,475.		
		71,968.	10c	69,264.
	11 Investments - publicly traded securities	1,046,623.	11	843,852.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	277,021.	15	215,805.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,633,766.	16	3,112,820.	
Liabilities	17 Accounts payable and accrued expenses	1,899,896.	17	83,219.
	18 Grants payable		18	747,050.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 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		24	
	25 Other liabilities. Complete Part X of Schedule D	403,347.	25	1,502,833.
	26 Total liabilities. Add lines 17 through 25	2,303,243.	26	2,333,102.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,126,995.	27	697,745.
	28 Temporarily restricted net assets	152,864.	28	31,309.
	29 Permanently restricted net assets	50,664.	29	50,664.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,330,523.	33	779,718.
	34 Total liabilities and net assets/fund balances	3,633,766.	34	3,112,820.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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?	X	
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?		X
b If "Yes," did the organization undergo the required audit or audits?		

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER NEW HAVEN, INC.

Employer identification number

06-0646761

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 (Please check only **one** organization)

- 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)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

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 the Part III)

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

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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

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)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6067436.	6067846.	6508352.	5801477.	5966971.	30412082.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	6067436.	6067846.	6508352.	5801477.	5966971.	30412082.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						955,789.
6 Public Support. Subtract line 5 from line 4						29456293.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	6067436.	6067846.	6508352.	5801477.	5966971.	30412082.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,287.	32,016.	29,107.	27,090.	24,050.	129,550.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	367,137.	356,769.	332,418.	180,104.	156,669.	1393097.
11 Total support. Add lines 7 through 10						31934729.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	92.24	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	92.09	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒			
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐			
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐			
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐			

Schedule A (Form 990 or 990-EZ) 2008

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

	2004	2005	2006	2007	2008
CMNTY EVENTS & SPRSHPS	256,596	235,505	197,220	92,116	88,348
ADMINISTRATIVE FEES	95,510	96,173	95,064	87,988	68,321
MISCELLANEOUS	15,031	25,091	40,134	0	0
TOTALS	367,137	356,769	332,418	180,104	156,669

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER NEW HAVEN, INC.

Employer identification number

06-0646761

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table.

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	50,664.				
b Contributions					
c Investment earnings or losses	228.				
d Grants or scholarships					
e Other expenditures for facilities and programs	228.				
f Administrative expenses					
g End of year balance	50,664.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► 100.00 %
 c Term endowment ► _____ %

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)		X
3a(ii)		X
3b		

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		63,158.	57,360.	5,798.
d Equipment		545,581.	482,115.	63,466.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				69,264.

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,097,662.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,969,103.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	128,559.
4	Net unrealized gains (losses) on investments	4	-224,462.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-454,902.
9	Total adjustments (net) Add lines 4-8	9	-679,364.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-550,805.

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

1	Total revenue, gains, and other support per audited financial statements	1	4,112,133.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	-224,462.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-224,462.
3	Subtract line 2e from line 1	3	4,336,595.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1,761,067.
c	Add lines 4a and 4b	4c	1,761,067.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,097,662.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	4,208,036.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,208,036.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1,761,067.
c	Add lines 4a and 4b	4c	1,761,067.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	5,969,103.

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

PART V, LINE 4: INCOME TO BE USED FOR GENERAL OPERATIONS AND TO

PROVIDE MITTENS, GLOVES AND HATS TO UNDERPRIVILEGED CHILDREN.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

POST RETIREMENT BENEFIT COST CHANGE: -454902.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DIRECTED GIFTS: 1761067.

Part XIV Supplemental Information (continued)

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DIRECTED GIFTS: 1761067.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

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

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF GREATER NEW HAVEN, INC.

Employer identification number
06-0646761

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS SOUTH CENTRAL CT CHAPTER - 701 WHITNEY AVENUE - NEW HAVEN, CT 06511	53-0196605	501(C)(3)	85,149.	0.			DISASTER PREPAREDNESS AND EDUCATION SERVICES
CLIFFORD W. BEERS GUIDANCE CLINIC, INC. - 93 EDWARDS STREET - NEW HAVEN, CT 06511	06-0643757	501(C)(3)	60,511.	0.			CHILD PSYCHOLOGY CLINIC
BIG BROTHERS/ BIG SISTERS OF SW CT 2470 FAIRFIELD AVENUE BRIDGEPORT, CT 06605	06-0943916	501(C)(3)	17,107.	0.			MENTORING
CASA OTONAL, INC. 135 SYLVAN AVENUE NEW HAVEN, CT 06519	51-0201170	501(C)(3)	36,334.	0.			YOUTH AS LEADERS
CATHOLIC CHARITIES, INC., ARCHDIOCESE OF HARTFORD - 501 LOMBARD STREET - NEW HAVEN, CT 06511	06-0667607	501(C)(3)	61,293.	0.			CENTRO SAN JOSE FAMILY CENTER
COORD. COUNCIL FOR CHILDREN IN CRISIS, INC. - 131 DWIGHT STREET - NEW HAVEN, CT 06511	06-0972684	501(C)(3)	27,604.	0.			FAMILY SUPPORT COLLABORATIVE

2 Enter total number of section 501(c)(3) and government organizations

▶ **63.**

3 Enter total number of other organizations

▶ **0.**

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

Schedule I (Form 990) 2008

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) 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. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: AS A CONDITION OF UWGNH FUNDING, GRANTEEES MUST NOTIFY UWGNH IF THEY WANT TO MAKE A CHANGE IN THE USE OF FUNDS FROM THE ORIGINAL REQUEST. THESE REQUESTS ARE REVIEWED BY STAFF ON A CASE-BY-CASE BASIS. IN ADDITION, UWGNH MONITORS THE USE OF FUNDS GRANTED OUT THROUGH MID-YEAR AND END-OF-YEAR REPORTS FROM ALL GRANTEEES. GRANTEEES MUST DESCRIBE THE PROGRAM SERVICES PROVIDED THROUGH THE GRANT FUNDS. STAFF MEMBERS REVIEW ALL REPORTS AND WORK WITH GRANTEEES TO RESOLVE ANY ISSUES.

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER NEW HAVEN, INC.

Employer identification number
06-0646761

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DOMESTIC VIOLENCE SERVICES OF GREATER N.H. - P.O. BOX 1329 - NEW HAVEN, CT 06510	06-0962130	501(C)(3)	58,048.	0.			EMERGENCY SHELTER
FARNAM NEIGHBORHOOD HOUSE 162 FILLMORE STREET NEW HAVEN, CT 06513	06-0646633	501(C)(3)	57,970.	0.			AFTER SCHOOL GROUPWORK AND RECREATION PROGRAM
FELLOWSHIP, INC. 441 ELM STREET NEW HAVEN, CT 06511	06-0947027	501(C)(3)	47,157.	0.			RIGHT TO WORK AND LEARN PROGRAM
JEWISH FAMILY SERVICES 1440 WHALLEY AVENUE NEW HAVEN, CT 06511	06-0646692	501(C)(3)	56,062.	0.			FOOD PANTRY - EMERGENCY ASSISTANCE FOR FAMILIES
LEILA DAY NURSERY 100 COLD SPRING STREET NEW HAVEN, CT 06511	22-2513519	501(C)(3)	25,824.	0.			TUITION SUPPORT
AIDS PROJECT NEW HAVEN 1302 CHAPEL STREET NEW HAVEN, CT 06511	22-2506184	501(C)(3)	91,076.	0.			CARING CUISINE
VNA OF SOUTH CENTRAL CT, INC. ONE LONG WHARF DRIVE NEW HAVEN, CT 06511	06-0646957	501(C)(3)	34,247.	0.			SUBSIDIZED CARE
WEST HAVEN COMMUNITY HOUSE ASSOCIATION, INC. - 227 ELM STREET - WEST HAVEN, CT 06516	06-0978738	501(C)(3)	84,990.	0.			PARENTEEN

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER NEW HAVEN, INC.

Employer identification number
06-0646761

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF NEW HAVEN 253-259 COLUMBUS AVENUE NEW HAVEN, CT 06519	06-0646935	501(C)(3)	52,172.	0.			AFTER SCHOOL PROGRAM
NEW HAVEN LEGAL ASSISTANCE ASSOCIATION, INC. - 426 STATE STREET - NEW HAVEN, CT 06510	06-1390911	501(C)(3)	54,624.	0.			HOUSING FOR INDIVIDUALS WITH SPECIAL NEEDS
VARIOUS VARIOUS VARIOUS		ALL 501(C)(3)	1,567,212.	0.			DONOR DESIGNATED GIFTS TO SPECIFIED RECIPIENTS.
CHRISTIAN COMMUNITY ACTION, INC. 168 DAVENPORT AVENUE NEW HAVEN, CT 06519	06-0841885	501(C)(3)	54,914.	0.			STEPPING STONE TRANSITIONAL HOUSING
ALSO-CORNERSTONE INC. 205-209 ORANGE STREET NEW HAVEN, CT 06510	06-0660903	501(C)(3)	41,313.	0.			FAMILY SUPPORT COLLABORATIVE
COMMUNITY MEDIATION, INC. 32 ELM STREET NEW HAVEN, CT 06510	06-1039800	501(C)(3)	81,283.	0.			HOMELESSNESS INTERVENTION PROGRAM
EMERGENCY SHELTER MANAGEMENT SERVICES - 645 GRAND AVENUE - NEW HAVEN, CT 06511	06-1343105	501(C)(3)	12,219.	0.			EMERGENCY SHELTER
LEEWAY, INC. 40 ALBERT STREET NEW HAVEN, CT 06511	06-0653187	501(C)(3)	22,290.	0.			PSYCHOLOGICAL SERVICES FOR ELDERLY AIDS CLIENTS
2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER NEW HAVEN, INC.

Employer identification number
06-0646761

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LIFE HAVEN, INC. 447 FERRY STREET NEW HAVEN, CT 06513	06-0968986	501(C)(3)	41,758.	0.			EMERGENCY SHELTER
AGENCY ON AGING OF SOUTH CENTRAL CT, INC. - 2 LONG WHARF DRIVE - NEW HAVEN, CT 06511	06-0915531	501(C)(3)	48,647.	0.			EXPERIENCE CORPS/RSVP
STUDENT PARENTING & FAMILY SERVICES, INC. - 181 MITCHELL DRIVE - NEW HAVEN, CT 06511	06-0646758	501(C)(3)	22,810.	0.			ELIZABETH CELOTTO CHILD CARE CENTER
MUTUAL HOUSING ASSOCIATION OF SCC, INC. - 235 GRAND AVENUE - NEW HAVEN, CT 06513	22-3237413	501(C)(3)	10,000.	0.			RENTAL & MEDIATION ASSISTANCE
CONNECTICUT CHILDREN'S MUSEUM 22 WALL STREET NEW HAVEN, CT 06511	23-7346410	501(C)(3)	22,974.	0.			TUITION SUPPORT
FAIR HAVEN COMMUNITY HEALTH CENTER 374 GRAND AVENUE NEW HAVEN, CT 06513	06-0883545	501(C)(3)	35,553.	0.			FAIR HAVEN WELL BABY GROUP CARE/SWEET/AZUCAR
ALL OUR KIN, INC. P.O. BOX 8477 NEW HAVEN, CT 06530	06-1539280	501(C)(3)	41,546.	0.			FAMILY CHILD CARE TOOLKIT BOX
BEST BUDDIES CONNECTICUT 28 WASHINGTON AVENUE, 2ND FLOOR NORTH HAVEN, CT 06473	52-1614576	501(C)(3)	13,358.	0.			GREATER NEW HAVEN MIDDLE AND HIGH SCHOOL PROJECT
2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER NEW HAVEN, INC.

Employer identification number
06-0646761

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CENTER FOR CHILDREN'S ADVOCACY 65 ELIZABETH STREET HARTFORD, CT 06105	06-1489575	501(C)(3)	11,524.	0.			JUVENILE JUSTICE EDUCATIONAL ADVOCACY
COLUMBUS HOUSE P.O. BOX 7093 NEW HAVEN, CT 06519	22-2511873	501(C)(3)	83,282.	0.			VOCATIONAL AND CASE MANAGEMENT SERVICES
CONNECTICUT URBAN EDUCATION FUND 208 COLUMBUS AVENUE NEW HAVEN, CT 06519	20-0196995	501(C)(3)	10,374.	0.			ST. MARTIN DE PORRES ACADEMY EXTENDED DAY PROGRAM
GREATER N.H. COMMUNITY LOAN FUND 171 ORANGE STREET, FL 3 NEW HAVEN, CT 06510	22-2889913	501(C)(3)	35,044.	0.			SUPPORT TO HOMEOWNERS & NONPROFIT DEVELOPERS TO CREATE & SUSTAIN AFFORDABLE HOUSING
IRIS-INTEGRATED REFUGEE & IMMIGRANT SERVICES - 235 NICOLL STREET, 2ND FLOOR - NEW HAVEN, CT 06511	06-0653044	501(C)(3)	54,711.	0.			HEALTH EDUCATION AND ACCESS FOR REFUGEES
HAMDEN'S PARTNERSHIP FOR YOUNG CHILDREN - C/O HAMDEN SCHOOL READINESS PROGRAM, 35 HILLFIELD ROAD - HAMDEN, CT 06514	06-6002014	GOVERNMENT	26,257.	0.			KINDERPREP AND PEOPLE EMPOWERING PEOPLE
JUNTA FOR PROGRESSIVE ACTION 169 GRAND AVENUE NEW HAVEN, CT 06513	23-7066862	501(C)(3)	45,271.	0.			ECONOMIC DEVELOPMENT PROGRAM
LEAP 31 JEFFERSON STREET NEW HAVEN, CT 06511	22-2906547	501(C)(3)	22,189.	0.			WORKFORCE DEVELOPMENT PROGRAM
2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER NEW HAVEN, INC.

Employer identification number
06-0646761

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NEW HAVEN HOME RECOVERY 153 EAST STREET, 3RD FLOOR NEW HAVEN, CT 06511	22-3037451	501(C)(3)	41,468.	0.			SUPPORTIVE HOUSING PROGRAM FOR FAMILIES
NEW HAVEN URBAN RESOURCES INITIATIVE - 205 PROSPECT STREET - NEW HAVEN, CT 06511	06-1343983	501(C)(3)	21,694.	0.			COMMUNITY GREENSPACE
SOLAR YOUTH, INC. 54 WAYFARER STREET NEW HAVEN, CT 06515	06-1600471	501(C)(3)	10,981.	0.			STEWARDSHIP PROGRAM
STRIVE/NEW HAVEN, INC. 746 CHAPEL STREET, SUITE 301 NEW HAVEN, CT 06510	38-3667019	501(C)(3)	30,550.	0.			EMPLOYABILITY SKILLS PLACEMENT PROJECT
TOWN OF HAMDEN 2750 DIXWELL AVENUE HAMDEN, CT 06514	06-6002014	GOVERNMENT	37,000.	0.			EMERGENCY HOUSING
YOUTH RIGHTS MEDIA 117 WHALLEY AVENUE NEW HAVEN, CT 06520	03-0416649	501(C)(3)	11,842.	0.			YOUTH INTERNSHIP PROGRAM
NEW HAVEN READS COMMUNITY BOOK BANK, INC. - 45 BRISTOL STREET - NEW HAVEN, CT 06511	76-0807330	501(C)(3)	11,984.	5,000.	ESTIMATE \$1.00 PER BOOK	BOOKS	KINDERGARTEN SUCCESS
NEIGHBORHOOD HOUSING SERVICES OF NEW HAVEN - 333 SHERMAN AVENUE - NEW HAVEN, CT 06511	06-1021268	501(C)(3)	10,806.	0.			REVITALIZATION DEMONSTRATION PROJECT
2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER NEW HAVEN, INC.

Employer identification number
06-0646761

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF BRANFORD, BRANFORD COUNSELING CENTER - 342 HARBOR STREET - BRANFORD, CT 06405	06-6001964	GOVERNMENT	6,000.	0.			EMERGENCY RELIEF
COMMUNITY DINING ROOM 30 HARRISON AVENUE BRANFORD, CT 06405	22-3037133	501(C)(3)	20,000.	0.			EMERGENCY FOOD ASSISTANCE
COMMUNITY SOUP KITCHEN 84 BROADWAY NEW HAVEN, CT 06511	06-1071801	501(C)(3)	24,824.	0.			EMERGENCY FOOD ASSISTANCE
CT CHILDREN & FAMILY CENTER 230 ASHMUN STREET NEW HAVEN, CT 06511	06-1552919	501(C)(3)	10,000.	0.			HOMELESS PREVENTION RENTAL ASSISTANCE
CT FOOD BANK 150 BRADLEY STREET EAST HAVEN, CT 06512	06-1063025	501(C)(3)	26,563.	0.			KIDS BACKPACK PROGRAM
DOWNTOWN EVENING SOUP KITCHEN P.O. BOX 1478 NEW HAVEN, CT 06510	22-2985448	501(C)(3)	25,000.	0.			EMERGENCY FOOD ASSISTANCE
HARBOR HEALTH SERVICES 14 SYCAMORE WAY BRANFORD, CT 06405	06-1030073	501(C)(3)	29,000.	0.			HOMELESS PREVENTION RENTAL & UTILITY ASSISTANCE
LIBERTY COMMUNITY SERVICES 254 COLLEGE STREET NEW HAVEN, CT 06511	22-2849124	501(C)(3)	29,800.	0.			EMERGENCY FOOD ASSISTANCE
2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER NEW HAVEN, INC.

Employer identification number
06-0646761

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MADISON YOUTH & FAMILY SERVICES 10 SCHOOL STREET MADISON, CT 06443	06-6002028	GOVERNMENT	6,000.	0.			HOMELESS PREVENTION RENTAL ASSISTANCE
NEW AMERICAN ACCULTURATION PROGRAM C/O JCC, 360 AMITY ROAD WOODBIDGE, CT 06525	06-0647025	501(C)(3)	8,000.	0.			EMERGENCY FOOD ASSISTANCE
NEW HAVEN FAMILY ALLIANCE 370 JAMES STREET, #201 NEW HAVEN, CT 06513	06-1324343	501(C)(3)	25,072.	0.			NEW HAVEN STREET OUTREACH PROGRAM
NEW HAVEN HOME OWNERSHIP CENTER 333 SHERMAN AVENUE NEW HAVEN, CT 06511	06-1613212	501(C)(3)	20,000.	0.			HOMELESS PREVENTION
REGIONAL WORKFORCE ALLIANCE 560 ELLA T. GRASSO BLVD., BLDG. #3 NEW HAVEN, CT 06519	06-1090440	501(C)(3)	0.	9,600. FMV		COMPUTERS	CENTER FOR WORKING FAMILIES
SOUTH CENTRAL BEHAVIORAL HEALTH NETWORK, INC. - 205 WHITNEY AVENUE - NEW HAVEN, CT 06511	06-1513016	501(C)(3)	40,000.	0.			HOMELESS PREVENTION SOBER HOUSING AND SERVICES
TEMPLE BETH SHOLOM 1809 WHITNEY AVENUE HAMDEN, CT 06514	06-0760541	501(C)(3)	10,000.	0.			EMERGENCY RELIEF ASSISTANCE FOR FAMILIES
ST. THOMAS MORE CORPORATION 268 PARK STREET NEW HAVEN, CT 06511	06-1255065	501(C)(3)	10,000.	0.			EMERGENCY FOOD ASSISTANCE
2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER NEW HAVEN, INC.

Employer identification number

06-0646761

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2008

**SCHEDULE M,
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER NEW HAVEN, INC.

Employer identification number

06-0646761

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		5,000	VALUED \$1.00 PER BOOK
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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 ► (DIAPERS)	X	1	20,800	VALUED \$.20 PER DIAPER
26 Other ► (COMPUTERS)	X	1	9,600	VALUED BY DONOR
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 Acknowledgment

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?

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?

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

b If "Yes," describe in Part II

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

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER NEW HAVEN, INC.

Employer identification number

06-0646761

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PHILANTHROPIC DOLLARS TO MEET THOSE NEEDS; PROMOTE AND CELEBRATE CIVIC
ENGAGEMENT AND VOLUNTEERISM AS WELL AS PERFORMING OTHER SERVICES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FINANCIAL AND OTHER RESOURCES FOR MEASURABLE COMMUNITY RESULTS; AND, 3.
CHAMPIONING VOLUNTEERISM AND CIVIC ENGAGEMENT. OUR COMMUNITY
INVESTMENTS, LEADERSHIP AND RESOURCE DEVELOPMENT EFFORTS ARE FOCUSED ON
TWO CRITICAL AND INTER-RELATED ISSUES FACING OUR REGION: EDUCATION AND
ECONOMIC DISPARITY.

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THIS FORM 990 IS PROVIDED
TO THE MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENTS
PRIOR TO FILING. THE RETURN IS ALSO REVIEWED BY THE CHIEF EXECUTIVE
OFFICER AND THE CHIEF OPERATING OFFICER.

FORM 990, PART VI, SECTION B, LINE 12C: ALL EMPLOYEES AND VOLUNTEERS,
INCLUDING DIRECTORS, MUST COMPLETE THE UWGNH CONFLICT OF INTEREST
DISCLOSURE FOR VOLUNTEERS. RESULTS ARE TABULATED AND ANY CONFLICTS ARE
ADDRESSED IN A DIRECT, FAIR AND UNBIASED MANNER FIRST AT THE STAFF LEVEL,
THEN THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: A STANDING COMMITTEE REFERRED TO AS
THE EXECUTIVE COMPENSATION COMMITTEE IS APPOINTED BY THE CHAIR OF THE BOARD
AND IS COMPRISED OF UP TO FOUR BOARD MEMBERS. THIS COMMITTEE REVIEWS THE
PERFORMANCE AND DETERMINES THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER NEW HAVEN, INC.

Employer identification number

06-0646761

AND APPROVES THE SALARY AND BENEFITS RANGE FOR THREE DIFFERENT EMPLOYEE CLASSIFICATIONS INCLUDING: (1) EXECUTIVE; (2) MANAGERIAL; AND (3) INDIVIDUAL CONTRIBUTOR. COMPENSATION RANGES ARE ESTABLISHED FOLLOWING COMPARISONS WITH SIMILAR ORGANIZATIONS IN THE AREA AS WELL AS SIMILAR UNITED WAYS IN CONNECTICUT AND ACROSS THE COUNTRY. THE EXECUTIVE COMPENSATION COMMITTEE REPORTS TO THE EXECUTIVE COMMITTEE AND MAKES RECOMMENDATIONS FOR EXECUTIVE COMMITTEE APPROVAL. THE EXECUTIVE COMMITTEE APPROVES THE CEO COMPENSATION AND THE RANGES FOR EACH STAFF CLASSIFICATION, ENSURES ORGANIZATIONAL COMPLIANCE AS PART OF THE BUDGET PROCESS AND RECOMMENDS A BUDGET THAT REFLECTS THAT COMPLIANCE. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FULL BUDGET. THE CEO AND SENIOR MANAGEMENT WILL ESTABLISH INDIVIDUAL COMPENSATION FOR STAFF MEMBERS WITHIN THE RANGES ESTABLISHED. THIS PROCESS IS DOCUMENTED IN THE MINUTES OF UNITED WAY.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.