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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)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B

Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C

Name of organization
UNITED WAY OF GREATER WATERBURY

Doing Business As

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

Room/suite

City or town, state or country, and ZIP + 4
WATERBURY, CT 06702

F

Name and address of principal officer
KRISTEN JACOBY
60 NORTH MAIN STREET
WATERBURY, CT 06702

D

Employer identification number
06-0646634

E Telephone number
(203) 757-9855

G Gross receipts \$ 3,997,654

H(a)

Is this a group return for affiliates?

☐ Yes ☒ No

H(b)

Are all affiliates 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 UNITEDWAYGW ORG

K

Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1942

M State of legal domicile CT

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities UNITED WAY OF GREATER WATERBURY SUPPORTS NON-PROFIT AGENCIES, PROGRAMS AND INITIATIVES WHICH PROVIDE SERVICES IN 10 TOWNS THROUGHOUT GREATER WATERBURY IN ORDER TO DO THIS UWGW CONDUCTS AN ANNUAL FUNDRAISING CAMPAIGN AND SELECTS A LIMITED NUMBER OF FOCUS ISSUES ON WHICH TO INVEST		
	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	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	1,220
	7a	0	
	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,406,619	3,658,112
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,527	38,858
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,780	91,497
		3,488,926	3,788,467
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,616,838	2,757,982
	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)	554,949	572,782
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ☒ 177,123		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	455,590	546,620
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,627,377	3,877,384
	19 Revenue less expenses Subtract line 18 from line 12	-138,451	-88,917
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	3,447,084	3,594,275
	21 Total liabilities (Part X, line 26)	2,391,508	2,553,181
	22 Net assets or fund balances Subtract line 21 from line 20	1,055,576	1,041,094

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

2011-10-04

Date

KRISTEN JACOBY PRESIDENT & CPO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

BRIAN S BORGERSON CPA

Preparer's signature

BRIAN S BORGERSON CPA

Date

2011-10-04

Check if self-employed

☐

PTIN

Firm's name

KIRCALDIE RANDALL & MCNAB LLC

Firm's EIN

Firm's address

605 WASHINGTON AVENUE
NORTH HAVEN, CT 064731187

Phone no

(203) 239-4478

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1 Briefly describe the organization’s mission

UNITED WAY OF GREATER WATERBURY SUPPORTS NON-PROFIT AGENCIES, PROGRAMS AND INITIATIVES WHICH PROVIDE SERVICES IN 10 TOWNS THROUGHOUT GREATER WATERBURY IN ORDER TO DO THIS UWGW CONDUCTS AN ANNUAL FUNDRAISING CAMPAIGN AND SELECTS A LIMITED NUMBER OF FOCUS ISSUES ON WHICH TO INVEST

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 \$ 465,138 including grants of \$) (Revenue \$)
OTHER PROGRAMS UNITED WAY WORKS COLLABORATIVELY WITH COMMUNITY PARTNERS TO HELP SOLVE COMMUNITY PROBLEMS UNITED WAY PROVIDES LEADERSHIP, CONVENES AND FACILITATES COMMUNITY CONVERSATIONS AND/OR INITIATIVES ON PRIORITY ISSUES UNITED WAY PROVIDES STAFF LEADERSHIP AND SERVES AS FIDUCIARY FOR SEVERAL PARTNERSHIPS (1) THE CAMPERSHIP PROGRAM WHICH ENABLES NEEDY CHILDREN TO ATTEND SUMMER CAMP, AND (2) BRIDGE TO SUCCESS, A BIRTH TO TWENTY ONE INITIATIVE, FUNDED BY WILLIAM CASPER GRAUSTEIN MEMORIAL FUND DISCOVERY GRANT AND THE CITY OF WATERBURY UNITED WAY ALSO TAKES A LEAD ROLE IN SPECIAL BASIC NEEDS INITIATIVES THAT ADDRESS IMMEDIATE COMMUNITY NEEDS SUCH AS THE (1) JOY OF SHARING HOLIDAY PROGRAM THAT COLLECTS AND DISTRIBUTES TOYS FOR NEEDY CHILDREN (2) HOLIDAY ASSISTANCE PROGRAM A COLLABORATION WITH LOCAL FOOD PANTRIES THAT COLLECTS AND DISTRIBUTES TURKEYS TO LOCAL FAMILIES IN NEED AT THANKSGIVING	

4b	(Code) (Expenses \$ 904,060 including grants of \$ 904,060) (Revenue \$)
DESIGNATIONS TO OTHER UNITED WAYS	

4c	(Code) (Expenses \$ 1,948,260 including grants of \$ 1,853,922) (Revenue \$)
ALLOCATIONS AND FUNDED AGENCY RELATIONS - UNITED WAY ALLOCATES/INVESTS FUNDS IN LOCAL HEALTH AND HUMAN SERVICE PROGRAMS AND INITIATIVES THAT HELP PEOPLE IN NEED THROUGH THE OUTCOME MEASUREMENT INITIATIVE UNITED WAY ASSISTS ITS FUNDED PROGRAMS IN DEVELOPING AND IMPLEMENTING A SYSTEM TO MEASURE THE IMPACT OF THEIR SERVICES ON THEIR CLIENTS USING THE OUTCOME MEASUREMENT DATA, UNITED WAY COMMUNICATES THE VALUE OF THESE SERVICES MORE EFFECTIVELY, WHILE PROVIDING INDIVIDUAL PROGRAMS WITH A TOOL TO IMPROVE THEIR EFFECTIVENESS OUR COMMUNITY PARTNERS INCLUDE DOZENS OF LOCAL NON PROFIT AGENCIES AND COLLABORATIVES SUCH AS THE FOOD RESOURCE COMMITTEE WHICH WORKS TO ADDRESS LOCAL HUNGER ISSUES, THE PREVENTION POLICY BOARD WHOSE FOCUS IS ON POSITIVE YOUTH DEVELOPMENT, AND THE CONTINUUM OF CARE WHO ARE WORKING TO END CHRONIC HOMELESSNESS	

4d	Other program services (Describe in Schedule O) See also Additional Data for Description
(Expenses \$ 160,228 including grants of \$) (Revenue \$)	

4e	Total program service expenses \$ 3,477,686
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or 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> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V ☐					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 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?	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?	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			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
8					
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the 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?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
14a					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

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 to any question in this Part VI ☒

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 26		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization’s assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? <i>If “No,” go to line 13</i>	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization’s CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions)	15b		No
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If “Yes,” 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?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed CT
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. THE ORGANIZATION 60 NORTH MAIN STREET WATERBURY, CT 06702 (203) 757-9855

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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 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 all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) WABLE CHAD CHAIRMAN	4 00	X		X				0	0	0
(2) WELLER GIOVANNA FIRST VICE CHAIR	4 00	X		X				0	0	0
(3) VIGLIOTTI SENICH SANDRA SECOND VICE CHAIR	4 00	X		X				0	0	0
(4) CIAMPI DON THIRD VICE CHAIR	4 00	X		X				0	0	0
(5) WORGAN JOHN F TREASURER	4 00	X		X				0	0	0
(6) DUMONT RICHARD J SECRETARY	4 00	X		X				0	0	0
(7) HICKEY MATTHEW J DIRECTOR	4 00	X						0	0	0
(8) SPRANO SUSAN E CHAIR, GOVERNANCE	4 00	X		X				0	0	0
(9) GRIMES TIMOTHY CHAIR, LEGACY GIVING	4 00	X		X				0	0	0
(10) BECKER NANCY FORMER CHAIRMAN	4 00	X						0	0	0
(11) BALKUS ROY A DIRECTOR	4 00	X						0	0	0
(12) BERGSTROM TIMOTHY DIRECTOR	4 00	X						0	0	0
(13) BURDEN THOMAS DIRECTOR	4 00	X						0	0	0
(14) CICERO ROBERT DIRECTOR	4 00	X						0	0	0
(15) CIRILLO FRANK E DIRECTOR	4 00	X						0	0	0
(16) CRELAN JANICE DIRECTOR	4 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 (describe hours for related organizations in Schedule O)	(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			
(17) DE FILIPPIS DAISY COCCO DIRECTOR	4 00	X						0	0	0
(18) GUGLIOTTI JOSEPH DIRECTOR	4 00	X						0	0	0
(19) KELLY JAYNE DIRECTOR	4 00	X						0	0	0
(20) MCKINLEY PATRICIA DIRECTOR	4 00	X						0	0	0
(21) MONTEIRO FRANK J DIRECTOR	4 00	X						0	0	0
(22) NOCERA ROBERT DIRECTOR	4 00	X						0	0	0
(23) RODRIGUEZ EDWIN DIRECTOR	4 00	X						0	0	0
(24) SNYDER CRAIG DIRECTOR	4 00	X						0	0	0
(25) WITKOWSKI MARK DIRECTOR	4 00	X						0	0	0
(26) GRIFFIN JIMMY EXOFFICIAL MEMBER	4 00	X						0	0	0
(27) JACOBY KRISTEN PRESIDENT & CPO	40 00					X		109,493	0	11,677
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								109,493	0	11,677

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization0

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	1a	Federated campaigns . . .	1a					
	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	3,658,112				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			3,658,112			
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		35,442			35,442	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		Gross Rents						
		b	Less rental expenses					
		c	Rental income or (loss)					
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		172,982				
		b	Less cost or other basis and sales expenses	169,566				
		c	Gain or (loss)	3,416				
	d	Net gain or (loss)		3,416	3,416			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a		65,750				
		b	Less direct expenses	b	39,621			
	c	Net income or (loss) from fundraising events . . .		26,129			26,129	
	9a	Gross income from gaming activities See Part IV, line 19						
		b	Less direct expenses					
		c	Net income or (loss) from gaming activities . . .					
10a	Gross sales of inventory, less returns and allowances							
	a							
	b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	ADMINISTRATIVE FEES		561000	65,368	65,368			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			65,368				
12	Total revenue. See Instructions			3,788,467	68,784	0	61,571	

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	2,757,982	2,757,982		
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				
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	467,468	238,269	126,917	102,282
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	34,960	17,819	9,492	7,649
9	Other employee benefits	29,262	14,915	7,944	6,403
10	Payroll taxes	41,092	20,945	11,156	8,991
a	Fees for services (non-employees) Management				
b	Legal	150	76	41	33
c	Accounting	4,770	2,431	1,295	1,044
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	8,606		8,606	
g	Other	1,525	777	414	334
12	Advertising and promotion	23,432	11,943	6,362	5,127
13	Office expenses	63,921	32,580	17,355	13,986
14	Information technology				
15	Royalties				
16	Occupancy	45,270	23,073	12,292	9,905
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,038	1,039	553	446
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,976	6,613	3,524	2,839
23	Insurance	6,085	3,102	1,652	1,331
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OTHER PROGRAM EXPENSES	208,868	208,868		
b	CAMPERSHIP EXPENSES	115,735	115,735		
c	MEMBERSHIPS	25,072	12,779	6,807	5,486
d	POSTAGE	18,145	3,630	5,442	9,073
e	TELEPHONE	10,027	5,110	2,723	2,194
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,877,384	3,477,686	222,575	177,123
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			300	1	301
	2	Savings and temporary cash investments			652,723	2	835,288
	3	Pledges and grants receivable, net			1,399,312	3	1,246,739
	4	Accounts receivable, net			74,347	4	55,595
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	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). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			10,278	9	11,556
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	153,277			
	b	Less: accumulated depreciation	10b	122,892	42,347	10c	30,385
	11	Investments—publicly traded securities			1,264,610	11	1,411,244
	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			3,167	15	3,167
16	Total assets. Add lines 1 through 15 (must equal line 34)			3,447,084	16	3,594,275	
Liabilities	17	Accounts payable and accrued expenses			23,434	17	25,982
	18	Grants payable			2,354,873	18	2,514,976
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial 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 to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			13,201	25	12,223
	26	Total liabilities. Add lines 17 through 25			2,391,508	26	2,553,181
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			467,638	27	392,170
	28	Temporarily restricted net assets			587,938	28	648,924
	29	Permanently restricted net assets				29	
	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			1,055,576	33	1,041,094
34	Total liabilities and net assets/fund balances			3,447,084	34	3,594,275	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,788,467
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,877,384
3	Revenue less expenses Subtract line 2 from line 1	3	-88,917
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,055,576
5	Other changes in net assets or fund balances (explain in Schedule O)	5	74,435
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,041,094

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

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

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. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER WATERBURY

Employer identification number

06-0646634

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)
- 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 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 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 supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,578,985	3,619,192	3,720,997	3,406,619	3,808,835	18,134,628
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,578,985	3,619,192	3,720,997	3,406,619	3,808,835	18,134,628
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						18,134,628

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,578,985	3,619,192	3,720,997	3,406,619	3,808,835	18,134,628
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	88,602	98,689	-59,635	24,527	38,858	191,041
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)	112,740	115,344	74,291	57,780	65,368	425,523
11 Total support (Add lines 7 through 10)						18,751,192
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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	96 7 10 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	96 2 30 %
16a 33 1/3% support test—2010. 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—2009. If the organization did not check the 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—2010. 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—2009. 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 ▶		

Part IIIPart 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 06-0646634
Name: UNITED WAY OF GREATER WATERBURY

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

4d. Other program services			
(Code)	(Expenses \$ 96,508	including grants of \$	) (Revenue \$)
COMMUNITY RELATIONS - UNITED WAY METHODICALLY AND ACTIVELY BUILDS QUALITY RELATIONSHIPS WITH TRADITIONAL AND NONTRADITIONAL PARTNERS TO ATTRACT A BROAD REPRESENTATION OF EXPERTISE AROUND COMMUNITY ISSUES, STRATEGIES AND RESOURCE DEVELOPMENT			
(Code)	(Expenses \$ 63,720	including grants of \$	) (Revenue \$)
UNITED WAY IS ADVANCING THE COMMON GOOD BY BRINGING TOGETHER THE CARING POWER OF THE LOCAL COMMUNITY TO IMPROVE LIVES FOR THE LONG TERM THROUGH THE POWER OF PARTNERSHIP, UNITED WAY ENGAGES TRADITIONAL AND NON TRADITIONAL PARTNERS TO DEVELOP AND ENACT PLANS FOR IMPACTING THE SELECTED PRIORITY ISSUES OF EDUCATION, INCOME AND BASIC NEEDS UNITED WAY IS INVESTING HUMAN AND FINANCIAL RESOURCES IN THESE AREAS TO CREATE OPPORTUNITIES FOR THOSE WHO NEED IT MOST UNITED WAY CONDUCTS AN IN-DEPTH NEEDS ASSESSMENT PERIODICALLY TO ASSIST IN IDENTIFYING PROBLEMS AND THEN DEVELOPS STRATEGIES THAT WILL ACHIEVE MEASURABLE AND SUSTAINABLE CHANGE TO THE COMMUNITY CONDITIONS THAT ARE THE CATALYST FOR THESE PROBLEMS			

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization UNITED WAY OF GREATER WATERBURY	Employer identification number 06-0646634
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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 for any other purpose conferring 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) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically importantly land area ☐ Preservation of a certified historic structure	
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	
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	2c
	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, handling of violations, and enforcement of the conservation easements it holds?	☐ Yes ☐ No
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶_____	
7 Amount of expenses incurred in monitoring, inspecting, 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 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

Escrow and Custodial Arrangements. Complete if the 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

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?

☐

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the 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	556,438	578,727	1,013,313		
b Contributions					
c Investment earnings or losses	22,917	82,549	-180,046		
d Grants or scholarships			247,976		
e Other expenditures for facilities and programs	32,000	99,749			
f Administrative expenses	5,586	5,089	6,564		
g End of year balance	541,769	556,438	578,727		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

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

3a(i)

☐

Yes

☐

No

(ii)

related organizations

3a(ii)

☐

Yes

☐

No

b

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

3b

☐

Yes

☐

No

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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		153,277	122,892	30,385
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				30,385

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	3,788,467
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,877,384
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-88,917
4	Net unrealized gains (losses) on investments	4	74,435
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	74,435
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-14,482

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	3,854,296
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	74,435
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	74,435
3	Subtract line 2e from line 1	3	3,779,861
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	8,606
c	Add lines 4a and 4b	4c	8,606
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,788,467

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,868,778
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,868,778
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	8,606
c	Add lines 4a and 4b	4c	8,606
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,877,384

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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT MGMT FEES NETTED AGAINST INCOME 8,606
PART XIII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT MGMT FEES NETTED AGAINST INCOME 8,606

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to 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. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
UNITED WAY OF GREATER WATERBURY

Employer identification number
06-0646634

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 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 e-mail 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. Form 990-EZ filers are not required to complete this table.

(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			
Total ▶						

- 3

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		JACOBY ROAST			(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	65,750			65,750
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	65,750			65,750
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages	17,990		17,990
	8	Entertainment	9,835		9,835
	9	Other direct expenses	11,796		11,796
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					39,621
					26,129

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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

a Is the organization licensed to operate 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 operate 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 operated in

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

14

Provide 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

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 Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF GREATER WATERBURY

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
06-0646634

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (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
See Additional Data Table							

2

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

69

3

Enter total number of other organizations

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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.

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 06-0646634

Name: UNITED WAY OF GREATER WATERBURY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AMERICAN RED CROSS WATERBURY AREA CHAPTER228 MEADOW ST WATERBURY,CT 06702	06-0646527	501(C)(3)	31,126				GENERAL USE
BOYS & GIRLS CLUB WATERBURY1037 EAST MAIN STREET WATERBURY,CT 06705	06-0646551	501(C)(3)	37,077				GENERAL USE
CATHOLIC CHARITIES WATERBURY13 WOLCOTT ST WATERBURY,CT 06702	06-0667607	501(C)(3)	56,749				GENERAL USE
CHESHIRE COMMUNITY YMCA967 SOUTH MAIN STREET CHESHIRE,CT 06410	06-0646905	501(C)(3)	9,518				GENERAL USE
CHILDREN'S COMMUNITY SCHOOL INC31 WOLCOTT STREET WATERBURY,CT 06705	06-1001761	501(C)(3)	104,134				GENERAL USE
CONNECTICUT COUNSELING SERVICES60 BEAVER BR RD DANBURY,CT 06810	22-2515051	501(C)(3)	8,130				GENERAL USE
CONNECTICUT JUNIOR REPUBLICPO BOX 161 LITCHFIELD,CT 06759	06-0646590	501(C)(3)	45,933				GENERAL USE
CONNECTICUT LEGAL SERVICES INC62 WASHINGTON ST MIDDLETOWN,CT 06457	06-0955461	501(C)(3)	20,958				GENERAL USE
CONNECTICUT RIVERS COUNCIL60 DARLIN STREET EAST HARTFORD,CT 06128	06-0662110	501(C)(3)	23,210				GENERAL USE
FAMILIES IN CRISIS60 POPIELUSZKO COURT HARTFORD,CT 06106	06-1001676	501(C)(3)	34,320				GENERAL USE
FAMILY SERVICES OF GREATER WATERBURY INC 34 MURRAY STREET WATERBURY,CT 06710	06-0646627	501(C)(3)	69,981				GENERAL USE
FIRST UNITED METHODIST CHURCH OF FARMINGTON 33112 GRAND RIVER AVENUE FARMINGTON,MI 48336	32-2167731	501(C)(3)	13,200				GENERAL USE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
GIRL SCOUTS OF CONNECTICUT35 PARK PLACE WATERBURY,CT 06702	06-0646759	501(C)(3)	13,340				GENERAL USE
GIRLS INC OF SOUTHWESTERN CONNECTICUT20 WASHINGTON AVENUE NORTH HAVEN,CT 06473	06-0646950	501(C)(3)	26,641				GENERAL USE
GREATER WATERBURY INTERFAITH MINISTRIES 16 CHURCH STREET WATERBURY,CT 06702	06-0658070	501(C)(3)	36,705				GENERAL USE
GREATER WATERBURY YMCA136 WEST MAIN STREET WATERBURY,CT 06702	06-0646988	501(C)(3)	57,413				GENERAL USE
HOLY CROSS HIGH SCHOOL587 ORONOKE ROAD WATERBURY,CT 06708	06-0849047	501(C)(3)	31,100				GENERAL USE
JEWISH COMMUNITIES OF WESTERN CONNECTICUT INC444 MAIN STREET NORTH SOUTHBURY,CT 06488	06-0646691	501(C)(3)	14,184				GENERAL USE
JOHN J DRISCOLL UNITED LABOR AGENCY56 TOWN LINE RD ROCKY HILL,CT 06067	06-0987695	501(C)(3)	34,163				GENERAL USE
KANGAROO'S KORNER INC 120 FRENCH MOUNTAIN ROAD WATERTOWN,CT 06795	16-0485138	501(C)(3)	5,559				GENERAL USE
HISPANIC COALITION OF GREATER WATERBURY135 EAST LIBERTY STREET WATERBURY,CT 06706	06-1349937	501(C)(3)	15,000				GENERAL USE
LISA INC159 OLD BOUNDLINE ROAD WOLCOTT,CT 06716	06-0899577	501(C)(3)	33,232				GENERAL USE
LITERACY VOLUNTEERS OF GREATER WATERBURY267 GRAND STREET WATERBURY,CT 06702	06-1452659	501(C)(3)	28,870				GENERAL USE
MENTAL HEALTH ASSOCIATION OF CONNECTICUT INC21 CHURCH ST WATERBURY,CT 06702	06-0646593	501(C)(3)	32,976				GENERAL USE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
MIDDLESEX UNITED WAY INC100 RIVER VIEW CENTER 230 MIDDLETOWN,CT 06457	06-0665170	501(C)(3)	31,464				GENERAL USE
MORRIS FOUNDATION402 EAST MAIN STREET WATERBURY,CT 06702	06-0846975	501(C)(3)	63,318				GENERAL USE
NORTH CONGREGATIONAL CHURCH11 MAIN STREET N WOODBURY,CT 06798	06-0916085	501(C)(3)	11,500				GENERAL USE
NUTMEG BIG BROTHERS BIG SISTERS30 LAUREL STREET HARTFORD,CT 06106	06-0850379	501(C)(3)	17,840				GENERAL USE
PALACE THEATER100 EAST MAIN STREET WATERBURY,CT 06702	02-0620399	501(C)(3)	9,750				GENERAL USE
POLICE ACTIVITY LEAGUE OF WATERBURY255 EAST MAIN STREET WATERBURY,CT 06702	20-8262614	501(C)(3)	8,662				GENERAL USE
SAFE HAVEN OF GREATER WATERBURY INCPO BOX 1503 WATERBURY,CT 06721	06-0996479	501(C)(3)	122,527				GENERAL USE
SAINT MARY'S HEALTH SYSTEM56 FRANKLIN STREET WATERBURY,CT 06706	22-2528400	501(C)(3)	10,350				GENERAL USE
SALVATION ARMY WATERBURY74 CENTRAL AVENUE WATERBURY,CT 06702	13-5562351	501(C)(3)	57,551				GENERAL USE
ST VINCENT DEPAUL MISSION OF WATERBURY PO BOX 1612 WATERBURY,CT 06721	06-1001527	501(C)(3)	7,533				GENERAL USE
ST PAUL THE APOSTLE CATHOLIC CHURCH161 NORTH DEAN STREET SPARTANBURG,SC 29302	57-0327879	501(C)(3)	9,600				GENERAL USE
STAYWELL HEALTH CENTER OF WATERBURY80 PHOENIX AVENUE WATERBURY,CT 06702	22-3160873	501(C)(3)	35,256				GENERAL USE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
THE COVENANT CHURCH OF THOMASTON64 GROVE STREET THOMASTON,CT 06787	06-6087033	501(C)(3)	5,481				GENERAL USE
UNITED WAY FOR SOUTHEASTERN MICHIGAN660 WOODWARD AVE DETRIOT,MI 48226	20-3099071	501(C)(3)	12,604				GENERAL USE
UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT30 LAUREL STREET HARTFORD,CT 06106	06-0646653	501(C)(3)	277,643				GENERAL USE
UNITED WAY OF COASTAL FAIRFIELD COUNTY75 WASHINGTON AVENUE BRIDGEPORT,CT 06604	06-0864341	501(C)(3)	25,472				GENERAL USE
UNITED WAY OF CONNECTICUT INC2-1-1 1344 SILAS DEANE HIGHWAY ROCKY HILL,CT 06067	06-1084194	501(C)(3)	35,527				GENERAL USE
UNITED WAY OF GREATER FALL RIVER INCPO BOX 2550 FALL RIVER,MA 02722	04-2104026	501(C)(3)	34,081				GENERAL USE
UNITED WAY OF GREATER NEW HAVEN71 ORANGE STREET NEW HAVEN,CT 06510	06-0646761	501(C)(3)	44,502				GENERAL USE
UNITED WAY OF GREENWICH1 LAFAYETTE COURT GREENWICH,CT 06830	06-0646578	501(C)(3)	5,106				GENERAL USE
UNITED WAY OF HAMBLLEN COUNTYPO BOX 1794 MORRISTOWN,TN 37816	62-0627919	501(C)(3)	10,948				GENERAL USE
UNITED WAY OF MERIDEN AND WALLINGFORD INC35 PLEASANT STREET STE 1 MERIDEN,CT 06450	06-0646714	501(C)(3)	43,534				GENERAL USE
UNITED WAY OF METROPOLITAN ATLANTA 100 EDGEWOOD AVENUE NE ATLANTA,GA 30303	58-0566194	501(C)(3)	23,905				GENERAL USE
UNITED WAY OF NAUGATUCK AND BEACON FALLS284 CHURCH STREET NAUGATUCK,CT 06770	06-0788028	501(C)(3)	22,978				GENERAL USE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNITED WAY OF NEW YORK CITY2 PARK AVE FL 2 NEW YORK,NY 10016	13-2617681	501(C)(3)	12,826				GENERAL USE
UNITED WAY OF NORTHWEST CONNECTICUT INC16 BIRD STREET SUITE 1 TORRINGTON,CT 06790	06-6009309	501(C)(3)	23,118				GENERAL USE
UNITED WAY OF PIONEER VALLEYPO BOX 3040 SPRINGFIELD,MA 01102	04-2152680	501(C)(3)	11,871				GENERAL USE
UNITED WAY OF RHODE ISLAND50 VALLEY STREET PROVIDENCE,RI 02909	05-0276059	501(C)(3)	46,953				GENERAL USE
UNITED WAY OF SHEBOYGAN & PLYMOUTH AREAPO BOX 906 SHEBOYGAN,WI 53082	39-0808471	501(C)(3)	27,967				GENERAL USE
UNITED WAY OF SOUTHINGTON INC37 WEST CENTER STREET SOUTHINGTON,CT 06489	06-0790621	501(C)(3)	18,427				GENERAL USE
UNITED WAY OF WEST CENTRAL CONNECTICUT 200 MAIN STREET BRISTOL,CT 06010	06-0653262	501(C)(3)	59,945				GENERAL USE
UNITED WAY OF WESTCHESTER AND PUTNAM INC336 CENTRAL PARK AVENUE WHITE PLAINS,NY 10606	13-1997636	501(C)(3)	6,757				GENERAL USE
UNITED WAY OF WESTERN CONNECTICUT STAMFORD 85 WEST STREET DANBURY,CT 06813	06-0646577	501(C)(3)	9,512				GENERAL USE
VALLEY UNITED WAY3 CORPORATE DRIVE SUITE 501 SHELTON,CT 06484	06-0847098	501(C)(3)	30,706				GENERAL USE
VNA HEALTH AT HOME INC 27 PRINCETON ROAD WATERTOWN,CT 06795	06-0660419	501(C)(3)	13,266				GENERAL USE
VNA HEALTH CARE INC103 WOODLAND STREET HARTFORD,CT 06105	06-0646938	501(C)(3)	47,897				GENERAL USE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
WATERBURY DAY NURSERY ASSOC74 BUCKINGHAM STREET WATERBURY,CT 06710	06-0646949	501(C)(3)	23,903				GENERAL USE
WATERBURY HOSPITAL64 ROBBINS STREET WATERBURY,CT 06708	06-0665979	501(C)(3)	13,346				GENERAL USE
WATERBURY YOUTH SERVICE SYSTEM INC83 PROSPECT ST WATERBURY,CT 06702	06-1219372	501(C)(3)	78,221				GENERAL USE
WELLPATH INC70 PINE STREET WATERBURY,CT 06710	06-0669107	501(C)(3)	70,045				GENERAL USE
UNITED WAY OF WESTERN CT SOUTHERN LITCHFIELD 84 WEST ST DANBURY,CT 06810	06-0646577	501(C)(3)	7,165				GENERAL USE
UNITED WAY OF WESTERN CONNECTICUT84 WEST ST DANBURY,CT 06813	06-0646577	501(C)(3)	9,607				GENERAL USE
CONNECTICUT COMMUNITY FOUNDATION 43 FIELD ST WATERBURY,CT 06702	06-6038074	501(C)(3)	9,405				GENERAL USE
UNITED WAY OF GREATER NEW BEDFORDPO BOX 7823 NEW BEDFORD,MA 02742	04-2104264	501(C)(3)	6,715				GENERAL USE
UNITED WAY OF PALM BEACH COUNTY2600 QUANTUM BLVD BOYTON BEACH,FL 33926	59-0683258	501(C)(3)	5,000				GENERAL USE

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization UNITED WAY OF GREATER WATERBURY	Employer identification number 06-0646634
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE VOTING MEMBERS SHALL BE 99 PERSONS REPRESENTATIVE OF DIVERSE ELEMENTS OF THE COMMUNITY INCLUDING DONORS, USERS OF COMMUNITY SERVICES AND PERSONS AFFILIATED WITH AGENCIES AND ORGANIZATIONS SERVING THE COMMUNITY ONE-THIRD OF THE VOTING MEMBERSHIP IS ELECTED AT EACH ANNUAL MEMBERS MEETING

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE 990 WAS PROVIDED IN DRAFT FROM TO THE BOARD PRIOR TO SUBMISSION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS ALL BOARD OF DIRECTORS MUST SIGN A CONFLICT OF INTEREST DECLARATION STATING THAT THEY WILL ABIDE BY THE AGENCY'S GUIDELINES FOR CONFLICT OF INTEREST AND DISCLOSE ANY POTENTIAL CONFLICT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	A SALARY SURVEY WAS PREPARED BY AN INDEPENDENT CONSULTANT. THE CONSULTANT MET WITH CEO AND STAFF TO REVIEW JOB DESCRIPTIONS. CONSULTANT RESEARCHED SALARIES OF COMPARABLE POSITIONS TO DETERMINE SALARY RANGES. SURVEY WAS REVIEWED AND APPROVED BY BOARD.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE ON OUR WEBSITE AND UPON WRITTEN REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 74,435