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EXTENSION GRANTED TO FEBRUARY 15, 2012

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

2010

Open to Public Inspection

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

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

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 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 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		G Gross receipts \$ 7,159,651.
	City or town, state or country, and ZIP + 4 NEW HAVEN, CT 06510		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 ▶
F Name and address of principal officer: JOHN R. HEALY SAME AS C ABOVE			
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ WWW.UWGNH.ORG			
K Form 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: UNITED WAY BRINGS TOGETHER THE CARING POWER OF PEOPLE TO CREATE CHANGE IN OUR REGION AND TO IMPROVE		
	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	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	34
	6 Total number of volunteers (estimate if necessary)	6	2700
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,414,413.	6,969,022.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,165.	33,560.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-24,368.	21,494.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,612.	87,358.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,508,822.	7,111,434.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,695,962.	3,269,844.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,497,300.	1,724,181.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 711,945.	0.	0.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	984,973.	1,557,833.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,178,235.	6,551,858.
	19 Revenue less expenses. Subtract line 18 from line 12	330,587.	559,576.
	20 Total assets (Part IX, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part IX, line 26)	3,635,778.	4,054,545.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,461,875.	1,827,216.
		1,173,903.	2,227,329.

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 <i>John R. Healy</i>	Date 12/22-2011
	JOHN R. HEALY, PRESIDENT/CEO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name LOUIS A. CRISCUOLO	Preparer's signature <i>Louis A. Criscuolo</i>
	Firm's name ▶ SEWARD AND MONDE, C.P.A.'S	Date 12/19/11
	Firm's address ▶ 296 STATE STREET NORTH HAVEN, CT 06473-2165	Check if self-employed ☐ PTIN
		Firm's EIN ▶
		Phone no 203 248-9341

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

☐ Yes ☐ No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION **20** *al*

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

UNITED WAY WORKS TO CREATE LASTING CHANGE IN THE COMMUNITY BY FOCUSING OUR EFFORTS ON EDUCATION, INCOME STABILITY, AND HEALTH. IN PARTNERSHIP WITH COMMUNITY MEMBERS AND OTHER ORGANIZATIONS, UNITED WAY IDENTIFIES PRIORITIES IN EDUCATION, INCOME AND HEALTH AND THEN WORKS

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 \$ 1,022,994. including grants of \$) (Revenue \$ 33,560.)
 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 \$ 3,325,122. including grants of \$ 3,269,844.) (Revenue \$ 87,358.)
 COMMUNITY INVESTMENTS SUCH AS BOOST! IS A PARTNERSHIP AMONG UNITED WAY, NEW HAVEN PUBLIC SCHOOLS AND THE CITY OF NEW HAVEN TO INCREASE FOCUS AND ACCOUNTABILITY AROUND THE PROVISIONS OF QUALITY WRAPAROUND SUPPORTS AND SERVICES WITHIN THE SCHOOLS; SUCCESS BY 6 IS UNITED WAY'S INITIATIVE TO ENSURE THAT MORE CHILDREN COME TO SCHOOL READY TO LEARN; SMART ABOUT MONEY IS A FREE PROGRAM TO HELP LOW- AND MODERATE- INCOME HOUSEHOLDS SET AND ACHIEVE THEIR FINANCIAL GOALS WITH THE ASSISTANCE OF A TRAINED BUDGET COACH; AND NEIGHBOR-TO-NEIGHBOR LIFELINE IS A PARTNERSHIP BETWEEN UNITED WAY AND THE JEWISH FEDERATION OF GREATER NEW HAVEN TO RAISE AWARENESS AND FUNDS TO ADDRESS CRITICAL HOUSING AND HUNGER NEEDS IN GREATER NEW HAVEN BY INVESTING IN LOCAL ORGANIZATIONS THAT MEET EMERGENCY NEEDS AND HELP PEOPLE AVERT OR PULL-OUT OF CRISES

4c (Code:) (Expenses \$ 786,173. including grants of \$) (Revenue \$)
 UNITED WAY OF GREATER NEW HAVEN MANAGES AN EARLY HEAD START PROGRAM THAT PROVIDES FULL-DAY, FULL-YEAR CHILD CARE AND COMPREHENSIVE SUPPORT SERVICES FOR 41 INFANTS AND TODDLERS AND THEIR FAMILIES.

4d Other program services. (Describe in Schedule O)(Expenses \$ 61,729. including grants of \$) (Revenue \$)**4e** Total program service expenses **▶** 5,196,018.

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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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>		
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>		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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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>	X	
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>		X
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>		X
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>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>		X
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>	X	
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>		X
13 Is the organization a school 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 United States?		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 United States? <i>If "Yes," complete Schedule F, Parts I and IV</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, Parts II and IV</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, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
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>		X
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>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
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 X	
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	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c 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	
24d 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	X
25b 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	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>	26	X
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	X
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	X
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	X
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	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
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	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	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		
2b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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
4b	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
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 line 5a or 5b, did the organization file Form 8886-T?		
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?		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).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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		
1b Enter the number of voting members included in line 1a, above, who are independent		
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 governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant 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
7b 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	
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		X

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?		X
10b 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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b 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? If "No," go to line 13	X	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c 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	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b 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, CHIEF FINANCIAL OFFICER - 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 ContractorsCheck 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. 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			
CARL AMENTO 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.
BEN BERKOWITZ DIRECTOR	1.00	X						0.	0.	0.
ASHIKA BRINKLEY DIRECTOR	1.00	X						0.	0.	0.
PATRICIA SUE FITZSIMONS DIRECTOR	1.00	X						0.	0.	0.
MICHAEL CROWE DIRECTOR	1.00	X						0.	0.	0.
PATRICIA ANDRIOLE DIRECTOR	1.00	X						0.	0.	0.
ANDY EDER DIRECTOR	1.00	X						0.	0.	0.
MARGARET JABLONSKI 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 (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			
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.
ERIK JOHNSON DIRECTOR	1.00	X						0.	0.	0.
DIANE TURNER DIRECTOR	1.00	X						0.	0.	0.
GENE KIRBY DIRECTOR	1.00	X						0.	0.	0.
DAVID SALINAS DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								426,848.	0.	85,474.
d Total (add lines 1b and 1c)								426,848.	0.	85,474.

2 Total number of individuals (including but not limited to those listed above) 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 or individual 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 but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)

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			
JACK COCKERILL DIRECTOR	1.00	X						0.	0.	0.
ROGER SCIASCIA DIRECTOR	1.00	X						0.	0.	0.
JOHN R. HEALY, PRESIDENT CHIEF EXECUTIVE OFFICER	40.00			X				153,288.	0.	40,700.
HEATHER CALABRESE CHIEF OPERATING OFFICER	40.00			X				102,996.	0.	18,680.
STEFANIE BOLES CHIEF FINANCIAL OFFICER	40.00			X				88,213.	0.	12,617.
JENNIFER HEATH EXECUTIVE VICE PRESIDENT	40.00			X				82,351.	0.	13,477.
Total to Part VII, Section A, line 1c								426,848.		85,474.

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	4,885,801.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,244,033.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	839,188.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			6,969,022.			
Program Service Revenue	2 a CMNTY EVENTS & SPRSHPS	Business Code	900099	33,560.	33,560.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			33,560.			
	3 Investment income (including dividends, interest, and other similar amounts)			17,796.			17,796.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	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				
		51,915.					
	b Less: cost or other basis and sales expenses			48,217.			
	c Gain or (loss)			3,698.			
	d Net gain or (loss)			3,698.			3,698.
	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	60,232.	60,232.			
b OTHER REVENUE		900099	27,126.	27,126.			
c							
d All other revenue							
e Total. Add lines 11a-11d			87,358.				
12 Total revenue. See instructions			7,111,434.	120,918.	0.	21,494.	

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	3,269,844.	3,269,844.		
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	419,294.	158,679.	163,161.	97,454.
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	977,658.	396,430.	243,754.	337,474.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	114,890.	45,548.	35,129.	34,213.
9 Other employee benefits	77,705.	39,294.	16,517.	21,894.
10 Payroll taxes	134,634.	39,127.	67,896.	27,611.
11 Fees for services (non-employees):				
a Management				
b Legal	4,134.	1,671.	2,287.	176.
c Accounting	32,300.	13,201.	11,550.	7,549.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	868,809.	846,694.	8,390.	13,725.
12 Advertising and promotion				
13 Office expenses	134,227.	77,493.	22,735.	33,999.
14 Information technology	50,550.	23,978.	10,598.	15,974.
15 Royalties				
16 Occupancy	89,844.	35,170.	26,977.	27,697.
17 Travel	60,111.	30,281.	11,507.	18,323.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	128,502.	101,323.	9,306.	17,873.
20 Interest				
21 Payments to affiliates	55,278.	55,278.		
22 Depreciation, depletion, and amortization	33,283.	14,256.	9,179.	9,848.
23 Insurance				
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 PRINTING & PUBLICATIONS	89,442.	38,454.	4,909.	46,079.
b MEMBERSHIP DUES	11,353.	9,297.		2,056.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	6,551,858.	5,196,018.	643,895.	711,945.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	150.	1	150.
	2 Savings and temporary cash investments	445,387.	2	787,635.
	3 Pledges and grants receivable, net	1,569,418.	3	1,389,737.
	4 Accounts receivable, net	313,437.	4	319,062.
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,950.	9	13,617.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 344,682.		
	b Less: accumulated depreciation	10b 273,145.		
		87,780.	10c	71,537.
	11 Investments - publicly traded securities	963,288.	11	1,202,283.
	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	239,368.	15	270,524.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,635,778.	16	4,054,545.	
Liabilities	17 Accounts payable and accrued expenses	70,678.	17	129,435.
	18 Grants payable	850,004.	18	731,697.
	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	1,541,193.	25	966,084.
	26 Total liabilities. Add lines 17 through 25	2,461,875.	26	1,827,216.
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	847,775.	27	1,577,372.
	28 Temporarily restricted net assets	275,464.	28	599,293.
	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	1,173,903.	33	2,227,329.
	34 Total liabilities and net assets/fund balances	3,635,778.	34	4,054,545.

Form 990 (2010)

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	7,111,434.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,551,858.
3	Revenue less expenses. Subtract line 2 from line 1	3	559,576.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,173,903.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	493,850.
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	2,227,329.

Part XII Financial Statements and Reporting

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

☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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 separate 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2010)

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 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: (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 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).

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

[illegible]

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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.")	6508352.	5801477.	5966971.	6414413.	6969022.	31660235.
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	6508352.	5801477.	5966971.	6414413.	6969022.	31660235.
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)						1257974.
6 Public support. Subtract line 5 from line 4						30402261.

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	6508352.	5801477.	5966971.	6414413.	6969022.	31660235.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,107.	27,090.	24,050.	14,933.	17,796.	112,976.
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.)	332,418.	180,104.	156,669.	118,777.	120,918.	908,886.
11 Total support. Add lines 7 through 10						32682097.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	93.02 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	91.62 %
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 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 - 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 ► ☐		

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 section 501(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.** 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).

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

	2006	2007	2008	2009	2010
CMTY EVENTS & SPRSHPS	197,220	92,116	88,348	28,165	33,560
ADMINISTRATIVE FEES	95,065	87,988	68,321	59,442	60,232
MISCELLANEOUS	40,133	0	0	31,170	27,126
	332,418	180,104	156,669	118,777	120,918

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.

2010

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
e ☐ Other _____

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

	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 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	50,664.	50,664.	50,664.		
b Contributions					
c Net investment earnings, gains, and losses	47.	78.	228.		
d Grants or scholarships					
e Other expenditures for facilities and programs	47.	78.	228.		
f Administrative expenses					
g End of year balance	50,664.	50,664.	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 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		344,682.	273,145.	71,537.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				71,537.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	219,660.
(2) SECURITY DEPOSIT - LEASE	6,650.
(3) MISCELLANEOUS RECEIVABLE	44,214.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶

270,524.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) POST RETIREMENT BENEFITS	
(3) OBLIGATION	76,274.
(4) PENSION OBLIGATION	516,608.
(5) DONOR DIRECTED GIFTS PAYABLE	373,202.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

966,084.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,111,434.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,551,858.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	559,576.
4	Net unrealized gains (losses) on investments	4	200,442.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	293,408.
9	Total adjustments (net). Add lines 4 through 8	9	493,850.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,053,426.

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	5,620,143.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	200,442.
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	200,442.
3	Subtract line 2e from line 1	3	5,419,701.
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	1,691,733.
c	Add lines 4a and 4b	4c	1,691,733.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	7,111,434.

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

1	Total expenses and losses per audited financial statements	1	4,860,125.
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	4,860,125.
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	1,691,733.
c	Add lines 4a and 4b	4c	1,691,733.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	6,551,858.

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, line 2; 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.

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 293,408.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DIRECTED GIFTS 1,691,733.

Part XIV Supplemental Information (continued)

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DIRECTED GIFTS

1,691,733.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER NEW HAVEN, INC.

Employer identification number
06-0646761

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 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
WEST HAVEN CHILD DEVELOPMENT CENTER - 201 NOBLE STREET - WEST HAVEN, CT 06516	06-0978738	501(C)(3)	15,589.	0.			KINDERGARTEN READINESS
CLIFFORD W. BEERS GUIDANCE CLINIC, INC. - 93 EDWARDS STREET - NEW HAVEN, CT 06511	06-0643757	501(C)(3)	60,015.	0.			CHILD PSYCHOLOGY CLINIC
BIG BROTHERS/ BIG SISTERS OF SW CT 2470 FAIRFIELD AVENUE BRIDGEPORT, CT 06605	06-0943916	501(C)(3)	16,560.	0.			MENTORING
BRANFORD COUNSELING CENTER 342 HARBOR STREET BRANFORD, CT 06405		GOVERNMENT	37,000.	0.			COMMUNITY MENTAL HEALTH CENTER
CATHOLIC CHARITIES, INC., ARCHDIOCESE OF HARTFORD - 290 GRAND AVENUE - NEW HAVEN, CT 06511	06-0667607	501(C)(3)	75,330.	0.			EARLY CHILDHOOD SUCCESS
COORD. COUNCIL FOR CHILDREN IN CRISIS, INC. - 131 DWIGHT STREET - NEW HAVEN, CT 06511	06-0972684	501(C)(3)	22,846.	0.			NURTURING FAMILIES NETWORK

2 Enter total number of section 501(c)(3) and government organizations **59.**

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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

(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
EAST HAVEN EARLY CHILDHOOD COLLABORATIVE - 350 STATE STREET - NORTH HAVEN, CT 06473		GOVERNMENT	5,000.	0.			KINDER PREP PROGRAM
FARNAM NEIGHBORHOOD HOUSE 162 FILMORE STREET NEW HAVEN, CT 06513	06-0646633	501(C)(3)	46,631.	0.			AFTER SCHOOL PROGRAM
JUNTA FOR PROGRESSIVE ACTION 169 GRAND AVENUE NEW HAVEN, CT 06513	23-7066862	501(C)(3)	20,179.	0.			ECONOMIC AND WORKPLACE DEVELOPMENT
NEW HAVEN SYMPHONY ORCHESTRA P.O. BOX 9718 NEW HAVEN, CT 06536	06-6000592	501(C)(3)	10,000.	0.			CONCERTS FOR YOUTH
LEILA DAY NURSERY 100 COLD SPRING STREET NEW HAVEN, CT 06511	22-2513519	501(C)(3)	23,853.	0.			TUITION SUPPORT
ST. MARTIN DE PORRES ACADEMY 208 COLUMBUS AVENUE NEW HAVEN, CT 06519	81-0666655	501(C)(3)	10,000.	0.			AFTERSCHOOL ENRICHMENT PROGRAM
VNA OF SOUTH CENTRAL CT, INC. ONE LONG WHARF DRIVE NEW HAVEN, CT 06511	06-0646957	501(C)(3)	30,320.	0.			SUBSIDIZED CARE
WEST HAVEN COMMUNITY HOUSE ASSOCIATION, INC. - 227 ELM STREET - WEST HAVEN, CT 06516	06-0978738	501(C)(3)	36,479.	0.			AFTER SCHOOL ENRICHMENT/SCHOOL AGE CHILDCARE
BOYS & GIRLS CLUB OF NEW HAVEN 253-259 COLUMBUS AVENUE NEW HAVEN, CT 06519	06-0646935	501(C)(3)	48,396.	0.			AFTER SCHOOL PROGRAM

Schedule I (Form 990)

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

(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
NEW HAVEN LEGAL ASSISTANCE ASSOCIATION, INC. - 426 STATE STREET - NEW HAVEN, CT 06510	06-1390911	501(C)(3)	58,149.	0.			HEALTHCARE ADVOCACY/FORECLOSURE PREVENTION
AIDS PROJECT NEW HAVEN 1302 CHAPEL STREET NEW HAVEN, CT 06511	22-2506184	501(C)(3)	9,000.	0.			CARING CUISINE/EMERGENCY HOUSING SERVICES
CHRISTIAN COMMUNITY ACTION, INC. 168 DAVENPORT AVENUE NEW HAVEN, CT 06519	06-0841885	501(C)(3)	13,750.	0.			STEPPING STONE TRANSITIONAL HOUSING
NEW HAVEN EARLY CHILDHOOD COUNCIL 70 AUDOBON STREET NEW HAVEN, CT 06510		GOVERNMENT	23,084.	0.			ENHANCING LANGUAGE & LITERACY
COMMUNITY MEDIATION, INC. 32 ELM STREET NEW HAVEN, CT 06510	06-1039800	501(C)(3)	31,896.	0.			HOMELESSNESS INTERVENTION PROGRAM
LIFE HAVEN, INC. 447 FERRY STREET NEW HAVEN, CT 06513	06-0968986	501(C)(3)	21,993.	0.			EMERGENCY SHELTER/CHILDCARE CENTER
NEW HAVEN HOMEOWNERSHIP CENTER, INC. - 333 SHERMAN AVENUE - NEW HAVEN, CT 06511	06-1613212	501(C)(3)	85,000.	0.			FORECLOSURE PREVENTION
STUDENT PARENTING & FAMILY SERVICES, INC. - 181 MITCHELL DRIVE - NEW HAVEN, CT 06511	06-0646758	501(C)(3)	25,045.	0.			ELIZABETH CELOTTO CHILD CARE CENTER
CONNECTICUT CHILDREN'S MUSEUM 22 WALL STREET NEW HAVEN, CT 06511	23-7346410	501(C)(3)	21,000.	0.			FARMER'S MARKET FOOD INFUSION PROGRAM

Schedule I (Form 990)

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

(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
NEW LIFE 540 ELLA GRASSO BLVD. NEW HAVEN, CT 06519	06-1443579	501(C)(3)	25,000.	0.			VITA PROGRAM
ALL OUR KIN, INC. 134 GRAND AVENUE NEW HAVEN, CT 06513	06-1539280	501(C)(3)	43,215.	0.			FAMILY CHILD CARE TOOLKIT BOX
CENTER FOR CHILDREN'S ADVOCACY 65 ELIZABETH STREET HARTFORD, CT 06105	06-1489575	501(C)(3)	14,494.	0.			JUVENILE JUSTICE EDUCATIONAL ADVOCACY
COLUMBUS HOUSE 586 ELLA GRASSO BLVD. NEW HAVEN, CT 06519	22-2511873	501(C)(3)	53,476.	0.			EMPLOYMENT SERVICE
CONNECTICUT URBAN EDUCATION FUND 208 COLUMBUS AVENUE NEW HAVEN, CT 06519	20-0196995	501(C)(3)	7,000.	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)	48,470.	0.			FORECLOSURE MITIGATION, HOUSING COUNSELING & NEIGHBORHOOD STABILIZATION
IRIS-INTEGRATED REFUGEE & IMMIGRANT SERVICES - 235 NICOLL STREET, 2ND FLOOR - NEW HAVEN, CT 06511	06-0653044	501(C)(3)	50,569.	0.			JOBS AND ENGLISH FOR NEW AMERICANS
HAMDEN'S PARTNERSHIP FOR YOUNG CHILDREN - C/O HAMDEN SCHOOL READINESS PROGRAM, 35 HILLFIELD ROAD - HAMDEN, CT 06514	06-6002014	GOVERNMENT	10,000.	0.			KINDERPREP AND PEOPLE EMPOWERING PEOPLE
LEAP 31 JEFFERSON STREET NEW HAVEN, CT 06511	22-2906547	501(C)(3)	21,290.	0.			WORKPLACE DEVELOPMENT PROGRAM

Schedule I (Form 990)

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

(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
NEW HAVEN HOME RECOVERY 153 EAST STREET, 3RD FLOOR NEW HAVEN, CT 06511	22-3037451	501(C)(3)	107,850.	0.			SUPPORTIVE HOUSING PROGRAM FOR FAMILIES
NEW HAVEN URBAN RESOURCES INITIATIVE - 205 PROSPECT STREET - NEW HAVEN, CT 06511	06-1343983	501(C)(3)	26,847.	0.			GREEN SKILLS
SOLAR YOUTH, INC. 54 WAYFARER STREET NEW HAVEN, CT 06515	06-1600471	501(C)(3)	10,789.	0.			STEWARDS PROGRAM
STRIVE/NEW HAVEN, INC. 746 CHAPEL STREET, SUITE 301 NEW HAVEN, CT 06510	38-3667019	501(C)(3)	51,130.	0.			LOW INCOME JOB SEEKER EMPLOYMENT PROGRAM
TOWN OF HANDEN 2750 DIXWELL AVENUE HANDEN, CT 06514	06-6002014	GOVERNMENT	7,500.	0.			EMERGENCY HOUSING/UTILITY ALLOWANCE
YOUTH RIGHTS MEDIA 117 WHALLEY AVENUE NEW HAVEN, CT 06520	03-0416649	501(C)(3)	11,435.	0.			MEDIA LAB PROGRAM
NEW HAVEN READS COMMUNITY BOOK BANK, INC. - 45 BRISTOL STREET - NEW HAVEN, CT 06511	76-0807330	501(C)(3)	35,894.	0.			KINDERGARTEN SUCCESS
COMMUNITY DINING ROOM 30 HARRISON AVENUE BRANFORD, CT 06405	22-3037133	501(C)(3)	17,500.	0.			EMERGENCY FOOD ASSISTANCE
BRIDGES 949 BRIDGEPORT AVENUE MILFORD, CT 06460 LHA	06-0867978	501(C)(3)	10,000.	0.			COMMUNITY MENTAL HEALTH CENTER

Schedule I (Form 990)

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

(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
DOWNTOWN EVENING SOUP KITCHEN P.O. BOX 1478 NEW HAVEN, CT 06510	22-2985448	501(C)(3)	15,000.	0.			EMERGENCY FOOD ASSISTANCE
HARBOR HEALTH SERVICES 14 SYCAMORE WAY BRANFORD, CT 06405	06-1030073	501(C)(3)	16,500.	0.			HOMELESS PREVENTION RENTAL & UTILITY ASSISTANCE
CHILDREN'S COMMUNITY PROGRAMS OF CT - 446A BLAKE STREET SUITE 100 - NEW HAVEN, CT 06515	06-1579606	501(C)(3)	40,000.	0.			MENTAL HEALTH CRISIS INTERVENTION
NEW HAVEN DIAPER BANK P.O. BOX 9017 NEW HAVEN, CT 06532	20-1179912	501(C)(3)	38,293.	0.			SUPPORT PROGRAM SERVICE
CITY OF MILFORD 110 RIVER STREET MILFORD, CT 06460		GOVERNMENT	10,000.	0.			COMMUNITY NEEDS
COMMUNITY ACTION AGENCY OF NEW HAVEN - 781 WHALLEY AVENUE - NEW HAVEN, CT 06515	06-0979507	501(C)(3)	15,000.	0.			COMMUNITY & NEIGHBORHOOD DEVELOPMENT IMPROVEMENT
ACHIEVEMENT FIRST 403 JAMES STREET NEW HAVEN, CT 06513	06-1027403	501(C)(3)	20,000.	0.			AFTERSCHOOL PROGRAMS
CONCEPTS FOR ADAPTIVE LEARNING, INC. - P.O. BOX 8265 - NEW HAVEN, CT 06530	06-1623641	501(C)(3)	10,000.	0.			EDUCATION PROGRAMS
BUELAH HEIGHTS FIRST PENTECOSTAL CHURCH - 806 ORCHARD STREET - NEW HAVEN, CT 06511		501(C)(3)	13,000.	0.			SOCIAL INTEGRATION PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT COUNCIL OF FAMILY SERVICES AGENCIES - 1310 SILAS DEANE HIGHWAY SUITE 219 - WETHERSFIELD, CT 06169	06-1184674	501(C)(3)	24,530.	0.			FAMILY SERVICES
JEWISH FAMILY SERVICES 1440 WHALLEY AVENUE NEW HAVEN, CT 06511	06-0646692	501(C)(3)	66,000.	0.			EMERGENCY FOOD/HOUSING RELIEF SERVICES
THE CONNECTION, INC. 955 SOUTH MAIN STREET MIDDLETOWN, CT 06457	06-0886125	501(C)(3)	15,000.	0.			EMERGENCY UTILITY ASSISTANCE
WOMEN & FAMILY LIFE CENTER 96 FAIR STREET GUILFORD, CT 06437	22-3093815	501(C)(3)	20,000.	0.			COLLABORATIVE HOUSING & EMERGENCY RELIEF
SHORELINE SOUP KITCHEN PO BOX 804 ESSEX, CT 06426	06-1412728	501(C)(3)	15,000.	0.			FOOD SERVICES, FREE FOOD DISTRIBUTION PROGRAMS
SOUTH CENTRAL BEHAVIORAL HEALTH NETWORK - 1435 STATE STREET - NEW HAVEN, CT 06511	06-1513016	501(C)(3)	50,000.	0.			HEALTH TREATMENT FACILITIES
THE CONSULTATION CENTER, INC. 389 WHITNEY AVENUE NEW HAVEN, CT 06511	06-0923986	501(C)(3)	8,000.	0.			FAMILY SERVICES
YOUTH CONTINUUM, INC. 746 CHAPEL STREET, SUITE 301 NEW HAVEN, CT 06510	06-0848949	501(C)(3)	5,000.	0.			CHILDREN AND YOUTH SERVICES

LHA

Schedule I (Form 990)

(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, GRANTEES 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 GRANTEES. GRANTEES MUST DESCRIBE THE PROGRAM SERVICES PROVIDED THROUGH THE GRANT FUNDS. STAFF MEMBERS REVIEW ALL REPORTS AND WORK WITH GRANTEES TO RESOLVE ANY ISSUES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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

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 | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

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 | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN R. HEALY, 1 PRESIDENT	(0) 153,288. (0) 0.	(0) 0. (0) 0.	(0) 0. (0) 0.	19,500. 0.	21,200. 0.	193,988. 0.	0. 0.
2	(0)						
3	(0)						
4	(0)						
5	(0)						
6	(0)						
7	(0)						
8	(0)						
9	(0)						
10	(0)						
11	(0)						
12	(0)						
13	(0)						
14	(0)						
15	(0)						
16	(0)						

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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:

LIVES BY FOCUSING ON THE BUILDING BLOCKS FOR GOOD LIFE: EDUCATION -
HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL THROUGH EDUCATION;
INCOME - HELPING FAMILIES BECOME FINANCIALLY STABLE; AND HEALTH -
HELPING PEOPLE BECOME ACTIVE AND HEALTHY.

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

TO CREATE, ENHANCE, OR EXPAND EFFECTIVE SOLUTIONS THAT OFFER THE
GREATEST PROMISE FOR CHANGE. IN THE ARENA OF EDUCATION, UNITED WAY OF
GREATER NEW HAVEN IS WORKING TO ENSURE THAT CHILDREN ENTER SCHOOL
DEVELOPMENTALLY ON TRACK, AND THAT SCHOOL-AGE YOUTH SUCCEED
ACADEMICALLY AND ARE PREPARED FOR COLLEGE AND WORK. AROUND INCOME
STABILITY, UNITED WAY SEEKS TO HELP FAMILIES AND INDIVIDUALS ACHIEVE
GREATER FINANCIAL SUCCESS. AND IN HEALTH, UNITED WAY PLAYS A VARIETY
OF ROLES IN THE COMMUNITY, INCLUDING SERVING AS A CONVENER, OTHER
TIMES A CATALYST, A DIRECT SERVICE PROVIDER, OR A FUNDER. IN ADDITION,
UNITED WAY WORKS TO PROMOTE VOLUNTEERISM AND CIVIC ENGAGEMENT IN THE
COMMUNITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AND PROVIDE THE FOOTING FOR LONGER-TERM FINANCIAL SECURITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization

UNITED WAY OF GREATER NEW HAVEN, INC.

Employer identification number

06-0646761

SANCTIONS.

EXPENSES \$ 61,729. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: 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 FINANCIAL 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 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

Name of the organization

UNITED WAY OF GREATER NEW HAVEN, INC.

Employer identification number

06-0646761

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.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	200,442.
POST RETIREMENT BENEFIT COST CHANGE	293,408.
TOTAL TO FORM 990, PART XI, LINE 5	493,850.