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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 07/01/10 , and ending 06/30/11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Middlesex United Way, Inc.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 100 Riverview Center

Room/suite 230

City or town, state or country, and ZIP + 4 Middletown CT 06457

D Employer identification number 06-0665170

E Telephone number 860-346-8695

G Gross receipts $ 2,161,445

F Name and address of principal officer
Faith Jackson
100 Riverview Center Suite 230
Middletown CT 06457

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)

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

J Website: ▶ www.middlesexunitedway.org

H(c) Group exemption number ▶

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1935

M State of legal domicile CT

## Part I Summary

1 Briefly describe the organization's mission or most significant activities
The mission of the Middlesex United Way is mobilizing the caring power of communities to strengthen lives and help people.

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

| | | | |
|---|---|---|---|
| Activities & Governance | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 30 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 30 |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | 9 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 918 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

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| | | Prior Year | Current Year |
|---|---|---|---|
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 1,985,794 | 1,963,284 |
| | 9 Program service revenue (Part VIII, line 2g) | 34,792 | 33,201 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 35,974 | 43,605 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 37,167 | |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,093,727 | 2,040,090 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 1,349,238 | 1,451,755 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 483,804 | 522,478 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 195,226 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 212,794 | 220,553 |
| | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 2,045,836 | 2,194,786 |
| | 19 Revenue less expenses Subtract line 18 from line 12 | 47,891 | -154,696 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 2,980,073 | 3,162,353 |
| | 21 Total liabilities (Part X, line 26) | 1,125,821 | 1,173,826 |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 1,854,252 | 1,988,527 |

## 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 Kevin J. Wilhelm Executive Director Date 10/24/11

Type or print name and title

Paid Preparer Use Only

| | | | | |
|---|---|---|---|---|
| Print/Type preparer's name KENNETH A. KRON | Preparer's signature | Date 10/13/11 | Check ☐ if self-employed | PTIN P00412073 |
| Firm's name ▶ Mahoney Sabol & Company, LLP | | | Firm's EIN ▶ 06-1289571 | |
| Firm's address ▶ 95 Glastonbury Boulevard, Ste 201 Glastonbury, CT 06033-4453 | | | Phone no 860-541-2000 | |

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2010)

SCANNED NOV 03 2011

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**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

The mission of the Middlesex United Way is mobilizing the caring power of communities to strengthen lives and help people.

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 $ 1,820,232 including grants of $ 1,451,755 ) (Revenue $ )

See attached statement

4b (Code ) (Expenses $ including grants of $ ) (Revenue $ )

4c (Code ) (Expenses $ including grants of $ ) (Revenue $ )

4d Other program services (Describe in Schedule O )

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

4e **Total program service expenses ▶** 1,820,232

## 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)? If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | 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? If "Yes," complete Schedule C, Part II | 4 | | 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? If "Yes," complete Schedule C, Part III | 5 | | X |
| 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? If "Yes," complete Schedule D, Part I | 6 | | 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? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 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? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | 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? If "Yes," complete Schedule D, Part VI | 11a | 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? If "Yes," complete Schedule D, Part VII | 11b | | 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? If "Yes," complete Schedule D, Part VIII | 11c | | 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? If "Yes," complete Schedule D, Part IX | 11d | X | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | 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)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 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? If "Yes," complete Schedule F, Parts I and IV | 14b | | 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? If "Yes," complete Schedule F, Parts II and IV | 15 | | 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? If "Yes," complete Schedule F, Parts III and IV | 16 | | 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? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | 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? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | 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) | 20b | | |

**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? If "Yes," complete Schedule I, Parts I and II | 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? If "Yes," complete Schedule I, Parts I and III | 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? If "Yes," complete Schedule J | 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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25 | 24a | | X |
| 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? If "Yes," complete Schedule L, Part I | 25a | | X |
| 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II | 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? If "Yes," complete Schedule L, Part III | 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? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 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? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 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? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 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)? If "Yes," complete Schedule R, Part V, line 2 ☐ Yes ☒ No | | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 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? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 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 | X | |

**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 | 74 | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 9 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | X | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | | 3a | | X |
| 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 | | X |
| 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 | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | X |
| 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 | | X |
| 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 | | |
| 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 | | |
| 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 | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | |
| 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? | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | **Note.** See the instructions for additional information the organization must report on Schedule O | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | 14b | | |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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 [X]

## 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 | 30 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 30 | | |
| 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 | | 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? | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | 5 | | X |
| 6 | Does the organization have members or stockholders? | | 6 | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | 7a | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | 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 | | 9 | | 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? | 10a | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| 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? If "No," go to line 13 | 12a | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | X | |
| 13 | Does the organization have a written whistleblower policy? | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | 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 | 15a | X | |
| b | Other officers or key employees of the organization | 15b | 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? | 16a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 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 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

[X] Own website [X] Another's website [X] 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 ▶ DOLORES TULINSKI 100 RIVERVIEW CENTER MIDDLETOWN CT 06457 860-346-8695

**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 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 organizations 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) Faith Jackson President | 5.00 | X | | | | | | 0 | 0 | 0 |
| (2) Gary Simonsen First VP | 5.00 | X | | | | | | 0 | 0 | 0 |
| (3) Clifford Straub Second VP | 5.00 | X | | | | | | 0 | 0 | 0 |
| (4) Linda Morales Personnel | 5.00 | X | | | | | | 0 | 0 | 0 |
| (5) Russell Carter Treasurer | 5.00 | X | | | | | | 0 | 0 | 0 |
| (6) David Giuffrida Campaign | 5.00 | X | | | | | | 0 | 0 | 0 |
| (7) Wilfredo Nieves Community Impact | 5.00 | X | | | | | | 0 | 0 | 0 |
| (8) Christopher Riley Marketing | 5.00 | X | | | | | | 0 | 0 | 0 |
| (9) William Holder EC At Large | 5.00 | X | | | | | | 0 | 0 | 0 |
| (10) Kelly Smith EC At Large | 5.00 | X | | | | | | 0 | 0 | 0 |
| (11) William Wrang EC At Large | 5.00 | X | | | | | | 0 | 0 | 0 |
| (12) Deborah Bochain Board Member | 2.00 | X | | | | | | 0 | 0 | 0 |
| (13) Jean D'Aquilla Board Member | 2.00 | X | | | | | | 0 | 0 | 0 |
| (14) David Director Board Member | 2.00 | X | | | | | | 0 | 0 | 0 |
| (15) Christine Fahey Board Member | 2.00 | X | | | | | | 0 | 0 | 0 |
| (16) Judith Felton Board Member | 2.00 | 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) Frank Kuan Board Member | 2.00 | X | | | | | | 0 | 0 | 0 |
| (18) James Mansey Board Member | 2.00 | X | | | | | | 0 | 0 | 0 |
| (19) Cliff O'Callahan M.D. Board Member | 2.00 | X | | | | | | 0 | 0 | 0 |
| (20) Andrew Rapp Board Member | 2.00 | X | | | | | | 0 | 0 | 0 |
| (21) David Reynolds Board Member | 2.00 | X | | | | | | 0 | 0 | 0 |
| (22) Kristen Roberts Board Member | 2.00 | X | | | | | | 0 | 0 | 0 |
| (23) Matthew Stillman Board Member | 2.00 | X | | | | | | 0 | 0 | 0 |
| (24) Martha Temple Board Member | 2.00 | X | | | | | | 0 | 0 | 0 |
| (25) Harry Burr Honorary | 2.00 | X | | | | | | 0 | 0 | 0 |
| (26) Jean Adams Shaw Honorary | 2.00 | X | | | | | | 0 | 0 | 0 |
| (27) Rosario Rizzo Honorary | 2.00 | X | | | | | | 0 | 0 | 0 |
| (28) Elizabeth Morin Board Member | 2.00 | X | | | | | | 0 | 0 | 0 |
| 1b Sub-total ▶ | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A ▶ | | | | | | | | 100,654 | | |
| d Total (add lines 1b and 1c) ▶ | | | | | | | | 100,654 | | |

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 ▶ 1

| | | Yes | No |
|---|---|---|---|
| 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 | | X |
| 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 | | X |
| 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 | | 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

| (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

**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) Kevin Wilhelm Executive Director | 35.00 | | | | | X | | 100,654 | 0 | 0 |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| (26) | | | | | | | | | | |
| (27) | | | | | | | | | | |
| (28) | | | | | | | | | | |
| 1b Sub-total ▶ | | | | | | | | 100,654 | | |
| c Total from continuation sheets to Part VII, Section A ▶ | | | | | | | | | | |
| d Total (add lines 1b and 1c) ▶ | | | | | | | | | | |

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 ▶

| | | Yes | No |
|---|---|---|---|
| 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 | 3 | | |
| 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 | 4 | | |
| 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 | 5 | | |

**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 organization ▶

**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 | 1,963,284 | | | |
| | g Noncash contributions included in lines 1a-1f $ | | | | | |
| | h **Total.** Add lines 1a–1f ▶ | | 1,963,284 | | | |
| Program Service Revenue | | Busn. Code | | | | |
| | 2a Program Service Revenue | | 33,201 | 33,201 | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g **Total.** Add lines 2a–2f ▶ | | 33,201 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | 27,323 | | | 27,323 |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | |
| | 5 Royalties ▶ | | | | | |
| | | (i) Real | (ii) Personal | | | |
| | 6a Gross Rents | | | | | |
| | b Less rental exps | | | | | |
| | c Rental inc or (loss) | | | | | |
| | d Net rental income or (loss) ▶ | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities 137,637 | (ii) Other | | | |
| | b Less cost or other basis & sales exps | 121,355 | | | | |
| | c Gain or (loss) | 16,282 | | | | |
| | d Net gain or (loss) ▶ | | 16,282 | 16,282 | | |
| | 8a 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 ▶ | | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 a | | | | | |
| | b Less direct expenses b | | | | | |
| | c Net income or (loss) from gaming activities ▶ | | | | | |
| | 10a Gross sales of inventory, less returns and allowances a | | | | | |
| | b Less cost of goods sold b | | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | | | | |
| | Miscellaneous Revenue | Busn. Code | | | | |
| | 11a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e **Total.** Add lines 11a–11d ▶ | | | | | |
| | 12 **Total revenue.** See instructions ▶ | | 2,040,090 | 49,483 | 0 | 27,323 |

## 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 | 1,451,755 | 1,451,755 | | |
| 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 | 424,519 | 208,014 | 101,885 | 114,620 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 33,186 | 16,261 | 7,965 | 8,960 |
| 9 Other employee benefits | 28,543 | 13,986 | 6,850 | 7,707 |
| 10 Payroll taxes | 36,230 | 17,753 | 8,695 | 9,782 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 9,250 | 4,533 | 2,220 | 2,497 |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | 6,471 | | 6,471 | |
| g Other | 5,984 | 2,932 | 1,436 | 1,616 |
| 12 Advertising and promotion | 28,546 | 13,988 | 6,851 | 7,707 |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 32,400 | 15,876 | 7,776 | 8,748 |
| 17 Travel | 6,610 | 3,239 | 1,586 | 1,785 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 6,449 | 3,160 | 1,548 | 1,741 |
| 20 Interest | | | | |
| 21 Payments to affiliates | 29,617 | 21,342 | 3,894 | 4,381 |
| 22 Depreciation, depletion, and amortization | 6,375 | 3,856 | 827 | 1,692 |
| 23 Insurance | 6,679 | 3,273 | 1,603 | 1,803 |
| 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 Supplies | 30,481 | 14,936 | 7,315 | 8,230 |
| b Rental/Main. of Equipment | 18,206 | 8,921 | 4,369 | 4,916 |
| c Printing and Publications | 13,811 | 6,767 | 3,315 | 3,729 |
| d Postage and Shipping | 8,545 | 4,187 | 2,051 | 2,307 |
| e Miscellaneous | 6,706 | 3,286 | 1,609 | 1,811 |
| f All other expenses | 4,423 | 2,167 | 1,062 | 1,194 |
| 25 **Total functional expenses.** Add lines 1 through 24f | 2,194,786 | 1,820,232 | 179,328 | 195,226 |
| 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 | | 253,224 | 1 | 122,854 |
| | 2 | Savings and temporary cash investments | | 213,378 | 2 | 178,736 |
| | 3 | Pledges and grants receivable, net | | 632,590 | 3 | 649,951 |
| | 4 | Accounts receivable, net | | | 4 | |
| | 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 | | 7,167 | 9 | 891 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 102,087 | | | |
| | b | Less accumulated depreciation | 10b 84,857 | 16,809 | 10c | 17,230 |
| | 11 | Investments—publicly traded securities | | 1,304,427 | 11 | 1,570,890 |
| | 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 | | 552,478 | 15 | 621,801 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 2,980,073 | 16 | 3,162,353 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 53,899 | 17 | 45,537 |
| | 18 | Grants payable | | 1,067,695 | 18 | 1,124,243 |
| | 19 | Deferred revenue | | 4,227 | 19 | 4,046 |
| | 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 | | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 1,125,821 | 26 | 1,173,826 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 1,210,418 | 27 | 1,278,370 |
| | 28 | Temporarily restricted net assets | | 45,968 | 28 | 42,118 |
| | 29 | Permanently restricted net assets | | 597,866 | 29 | 668,039 |
| | | **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 | | 1,854,252 | 33 | 1,988,527 |
| | 34 | Total liabilities and net assets/fund balances | | 2,980,073 | 34 | 3,162,353 |

**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 | 2,040,090 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,194,786 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -154,696 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,854,252 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 288,971 |
| 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 | 1,988,527 |

**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? | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| 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 | 2c | X | |
| 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? | 3a | | X |
| 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 | 3b | | |

0133250

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

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| Middlesex United Way, Inc. | 06-0665170 |

## 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?

| | Yes | No |
|---|---|---|
| 11g(i) (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? | | |
| 11g(ii) (ii) A family member of a person described in (i) above? | | |
| 11g(iii) (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 | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| 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 ") | 2,394,540 | 2,417,140 | 2,302,324 | 1,985,792 | 1,963,284 | 11,063,080 |
| 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 | 2,394,540 | 2,417,140 | 2,302,324 | 1,985,792 | 1,963,284 | 11,063,080 |
| 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) | | | | | | 2,444,276 |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 8,618,804 |

## 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 | 2,394,540 | 2,417,140 | 2,302,324 | 1,985,792 | 1,963,284 | 11,063,080 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 24,075 | 49,090 | 32,580 | 25,440 | 27,323 | 158,508 |
| 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 ) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 11,221,588 |

| | | | |
|---|---|---|---|
| 12 | Gross receipts from related activities, etc (see instructions) | 12 | 33,201 |
| 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 | 76.81% |
| 15 | Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | 68.25% |
| 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 | ▶ | ☐ |

**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).

0133250

**SCHEDULE D (Form 990)**

Department of the Treasury
Internal Revenue Service

# 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

**Name of the organization**

Middlesex United Way, Inc.

**Employer identification number**

06-0665170

## 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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 |
|---|---|---|
| c | Beginning balance | 1c |
| d | Additions during the year | 1d |
| e | Distributions during the year | 1e |
| f | Ending balance | 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 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 | 65,115 | 60,548 | 79,738 | | |
| b | Contributions | 850 | 200 | | | |
| c | Net investment earnings, gains, and losses | 12,733 | 5,652 | -17,836 | | |
| d | Grants or scholarships | | | | | |
| e | Other expenditures for facilities and programs | | | | | |
| f | Administrative expenses | 1,392 | 1,285 | 1,354 | | |
| g | End of year balance | 77,306 | 65,115 | 60,548 | | |

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

| | Yes | No |
|---|---|---|
| (i) unrelated organizations 3a(i) | X | |
| (ii) related organizations 3a(ii) | | X |

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

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 | | 76,356 | 65,353 | 11,003 |
| e Other | | 25,731 | 19,504 | 6,227 |
| **Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) ▶ | | | | 17,230 |

**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.** (Column (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.** (Column (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 Interests in Trusts | 618,801 |
| (2) | Security Deposit | 3,000 |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| **Total.** (Column (b) must equal Form 990, Part X, col (B) line 15 ) ▶ | | 621,801 |

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

| 1. | (a) Description of liability | (b) Amount |
|---|---|---|
| (1) | Federal income taxes | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| (11) | | |
| **Total.** (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ | | |

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 | 2,040,090 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 2,194,786 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -154,696 |
| 4 | Net unrealized gains (losses) on investments | 4 | 288,971 |
| 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 through 8 | 9 | 288,971 |
| 10 | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 | 10 | 134,275 |

## 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 | 1,947,921 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | 288,971 | | |
| b | Donated services and use of facilities | 2b | 18,206 | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 307,177 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 1,640,744 |
| 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 | 6,471 | | |
| b | Other (Describe in Part XIV ) | 4b | 392,875 | | |
| c | Add lines **4a** and **4b** | | | 4c | 399,346 |
| 5 | Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12 ) | | | 5 | 2,040,090 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,813,646 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | 18,206 | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 18,206 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 1,795,440 |
| 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 | 6,471 | | |
| b | Other (Describe in Part XIV ) | 4b | 392,875 | | |
| c | Add lines **4a** and **4b** | | | 4c | 399,346 |
| 5 | Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | 2,194,786 |

## 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 XI, Line 8 - Reconciliation of Changes - Other**

| | | |
|---|---|---|
| Amounts raised on behalf of others | $ | -392,875 |
| Amounts raised on behalf of others | $ | 392,875 |

**Part XII, Line 4b - Revenue Amounts Included on Return - Other**

| | | |
|---|---|---|
| Amounts raised on behalf of others | $ | 392,875 |

**Part XIV Supplemental Information** (continued)

Part XIII, Line 4b - Expense Amounts Included on Return - Other

| | |
|---|---|
| Amounts raised on behalf of others | $ 392,875 |

0133250

**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
Middlesex United Way, Inc.

Employer identification number
06-0665170

## 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? [X] 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 |
|---|---|---|---|---|---|---|---|
| (1) Miscellaneous Grants under $5,000 | | | 454,033 | | | | Various |
| (2) YMCA of No. Middlesex City<br>99 Union Street<br>Middletown CT 06457 | 06-0646981 | 3 | 82,800 | | | | Health/Positive Yout |
| (3) MARC - Community Resources<br>P.O. Box 126<br>Portland CT 06480 | 06-6011968 | 3 | 52,034 | | | | Self Sufficiency |
| (4) American Red Cross<br>97 Broad Street<br>Middletown CT 06457 | 53-0196605 | 3 | 43,480 | | | | Health/Positive Yout |
| (5) Gilead Community Services<br>P.O. Box 1000<br>Middletown CT 06457 | 06-0851549 | 3 | 40,095 | | | | Health/Positive Yout |
| (6) Middlesex Hospital Perinatal Prog.<br>28 Crescent Street<br>Middletown CT 06457 | 06-0646718 | 3 | 40,050 | | | | School Readiness |
| (7) Oddfellows Playhouse<br>128 Washington Street<br>Middletown CT 06457 | 06-0964602 | 3 | 38,430 | | | | Health/Positive Yout |
| (8) Hope Partnership<br>121 Main Street<br>Old Saybrook CT 06475 | 20-1683627 | 3 | 35,000 | | | | Affordable Housing |
| (9) Women & Families Center - SACS<br>169 Colony Street<br>Meriden CT 06451 | 06-0646994 | 3 | 31,185 | | | | Health/Positive Yout |

2 Enter total number of section 501(c)(3) and government organizations ▶ 51

3 Enter total number of other organizations ▶ 10

0133250

**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
Middlesex United Way, Inc.

Employer identification number
06-0665170

## 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 |
|---|---|---|---|---|---|---|---|
| (1) Rushford Center Treatment Services<br>883 Paddock Avenue<br>Meriden CT 06451 | 06-0932875 | 3 | 30,740 | | | | Health/Positive Yout |
| (2) The Connection - Mtown/O. Saybrook<br>955 South Main Street<br>Middletown CT 06457 | 06-0886125 | 3 | 30,517 | | | | Health/Positive Yout |
| (3) The Connection - Eddy Shelter<br>955 South Main Street<br>Middletown CT 06457 | 06-0886125 | 3 | 29,700 | | | | Affordable Housing |
| (4) Child Family Agency of SE CT<br>255 Hempstead Street<br>New London CT 06320 | 23-7212022 | 3 | 29,075 | | | | Health/Positive Yout |
| (5) Kuhn Employment Opportunities<br>P.O. Box 941<br>Meriden CT 06450 | 06-0770819 | 3 | 20,493 | | | | Self Sufficiency |
| (6) Nehemiah Housing Corporation<br>668 Main Street<br>Middletown CT 06457 | 22-2765537 | 3 | 18,378 | | | | Affordable Housing |
| (7) St. Luke's Eldercare<br>100 Riverview Center<br>Middletown CT 06457 | 06-0653129 | 3 | 18,313 | | | | Self Sufficiency |
| (8) Community Health Center - Dental<br>635 Main Street<br>Middletown CT 06457 | 06-0897105 | 3 | 17,550 | | | | School Readiness |
| (9) 211 Infoline<br>1344 Silas Deane Highway<br>Rocky Hill CT 06067 | 06-1084194 | 3 | 17,353 | | | | 211 Infoline Support |

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

3 Enter total number of other organizations ▶ _____

0133250

**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
Middlesex United Way, Inc.

Employer identification number
06-0665170

## 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 |
|---|---|---|---|---|---|---|---|
| (1) CT Humane Society<br>701 Russell Road<br>Newington CT 06111 | 06-0667605 | 3 | 16,593 | | | | Donor Designations |
| (2) East Haddam Board of Education<br>P.O. Box 572<br>Moodus CT 06469 | 06-1410267 | 3 | 15,750 | | | | School Readiness |
| (3) The Connection - Housing Advocate<br>955 South Main Street<br>Middletown CT 06457 | 06-0886125 | 3 | 14,000 | | | | Affordable Housing |
| (4) Cromwell Board of Education<br>25 Court Street<br>Cromwell CT 06416 | 06-0807450 | GOV | 13,500 | | | | School Readiness |
| (5) Portland Youth Services<br>P.O. Box 71<br>Portland CT 06480 | 06-6002067 | GOV | 13,500 | | | | School Readiness |
| (6) Regional School District #13<br>135A Pickett Lane<br>Durham CT 06422 | 06-0855660 | GOV | 13,500 | | | | School Readiness |
| (7) Youth & Family Services of H/K<br>P.O. Box 432<br>Higganum CT 06441 | 06-1366680 | 3 | 13,500 | | | | School Readiness |
| (8) John J Driscoll United Labor Agency<br>56 Town Line Road<br>Rocky Hill CT 06067 | 06-0987695 | 3 | 13,365 | | | | Self Sufficiency |
| (9) Literacy Volunteers - Valley Shore<br>25 Middlesex Turnpike<br>Essex CT 06426 | 30-0229759 | 3 | 13,365 | | | | Self Sufficiency |

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

3 Enter total number of other organizations ▶

0133250

**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
Middlesex United Way, Inc.

Employer identification number
06-0665170

## 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 |
|---|---|---|---|---|---|---|---|
| (1) St. Vincent DePaul - Amazing Grace<br>617 Main Street<br>Middletown CT 06457 | 06-1387081 | 3 | 13,312 | | | | Donor Designations |
| (2) MX Habitat for Humanity<br>9 Pleasant Street<br>Middletown CT 06457 | 06-1448284 | 3 | 12,500 | | | | Affordable Housing |
| (3) St. Vincent DePaul - Food Pantry<br>617 Main Street<br>Middletown CT 06457 | 06-1387081 | 3 | 12,474 | | | | Self Sufficiency |
| (4) Rushford Center<br>883 Paddock Avenue<br>Meriden CT 06450 | 06-0932875 | 3 | 11,800 | | | | Health/Positive Yout |
| (5) Oddfellows Playhouse<br>128 Washington Street<br>Middletown CT 06457 | 06-0964602 | 3 | 11,465 | | | | Donor Designations |
| (6) Middlesex Hospital Opportunity Knoc<br>28 Crescent Street<br>Middletown CT 06457 | 06-0646718 | 3 | 11,250 | | | | School Readiness |
| (7) YMCA of No. Middlesex City - TA<br>99 Union Street<br>Middletown CT 06457 | 06-0646981 | 3 | 10,800 | | | | Health/Positive Yout |
| (8) Clinton Youth & Fam. Service Bureau<br>112 Glenwood Road<br>Clinton CT 06413 | 06-6001973 | | 10,000 | | | | Health/Positive Yout |
| (9) East Haddam Youth & Family Services<br>P.O. Box 572<br>Moodus CT 06469 | 06-1410267 | 3 | 10,000 | | | | Health/Positive Yout |

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

3 Enter total number of other organizations ▶ _____

0133250

**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
Middlesex United Way, Inc.

Employer identification number
06-0665170

## 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 |
|---|---|---|---|---|---|---|---|
| (1) Middletown Youth Services<br>370 Hunting Hill Avenue<br>Middletown CT 06457 | 02-3486665 | GOV | 10,000 | | | | Health/Positive Yout |
| (2) Old Saybrook Youth & Family Service<br>322 Main Street<br>Old Saybrook CT 06475 | 06-6002058 | | 10,000 | | | | Health/Positive Yout |
| (3) Portland Youth Services<br>P.O. Box 71<br>Portland CT 06480 | 06-6002067 | GOV | 10,000 | | | | Health/Positive Yout |
| (4) Tri-Town Youth Services<br>P.O. Box 897<br>Deep River CT 06417 | 22-2537187 | 3 | 10,000 | | | | Health/Positive Yout |
| (5) Westbrook Public Schools<br>158 McVeagh Road<br>Westbrook CT 06498 | 06-6001683 | GOV | 10,000 | | | | Health/Positive Yout |
| (6) Youth & Family Services of H/K<br>P.O. Box 432<br>Higganum CT 06441 | 06-1366680 | 3 | 10,000 | | | | Health/Positive Yout |
| (7) MX City - Coalition on Homelessness<br>100 Riverview Center<br>Middletown CT 06457 | | 3 | 10,000 | | | | Affordable Housing |
| (8) The Diaper Bank<br>P.O. Box 9017<br>New Haven CT 06532 | 20-1179912 | 3 | 10,000 | | | | Self Sufficiency |
| (9) Shoreline Soup Kitchens & Pantries<br>P.O. Box 804<br>Essex CT 06426 | 06-1412728 | 3 | 8,910 | | | | Self Sufficiency |

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

3 Enter total number of other organizations ▶ _____

0133250

**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
Middlesex United Way, Inc.

Employer identification number
06-0665170

## 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 |
|---|---|---|---|---|---|---|---|
| (1) Clinton Board of Education<br>137- B Glenwood Road<br>Clinton CT 06413 | 06-6001597 | GOV | 8,550 | | | | School Readiness |
| (2) East Hampton Board of Education<br>94 Main Street<br>East Hampton CT 06424 | 06-6001608 | GOV | 8,550 | | | | School Readiness |
| (3) Girl Scouts of Connecticut<br>340 Washington Street<br>Hartford CT 06106 | 06-0662134 | 3 | 8,550 | | | | Health/Positive Yout |
| (4) Middletown Adult Education<br>398 Main Street<br>Middletown CT 06457 | 06-6001872 | 3 | 8,550 | | | | School Readiness |
| (5) Old Saybrook Youth & Family Service<br>322 Main Street<br>Old Saybrook CT 06475 | 06-6002058 | | 8,550 | | | | School Readiness |
| (6) Regional School District #4<br>P.O. Box 187<br>Deep River CT 06417 | 06-6002456 | GOV | 8,550 | | | | School Readiness |
| (7) Westbrook Public Schools<br>158 McVeagh Road<br>Westbrook CT 06498 | 06-6001683 | GOV | 8,550 | | | | School Readiness |
| (8) United Way of SE CT<br>1868 Route 12<br>Gales Ferry CT 06335 | 06-0771393 | 3 | 7,056 | | | | Donor Designations |
| (9) United Way of Greater Waterbury<br>60 North Main Street<br>Waterbury CT 06723 | 06-0646634 | 3 | 6,285 | | | | Donor Designations |

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

3 Enter total number of other organizations ▶ _____

0133250

**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
Middlesex United Way, Inc.

**Employer identification number**
06-0665170

## 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 |
|---|---|---|---|---|---|---|---|
| (1) United Way of Central & NE CT<br>30 Laurel Street<br>Hartford CT 06106 | 06-0646653 | 3 | 5,797 | | | | Donor Designations |
| (2) Middlesex Habitat for Humanity<br>9 Pleasant Street<br>Middletown CT 06457 | 06-1448284 | 3 | 5,657 | | | | Donor Designations |
| (3) Boy Scouts CT Rivers Council<br>60 Darlin Street<br>East Hartford CT 06128 | 06-0662110 | 3 | 5,400 | | | | Health/Positive Yout |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |

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

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. Part III can be duplicated if additional space is needed.

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

FUNDING PARTNERS ARE REQUIRED TO PROVIDE OUTCOME MEASURES THAT DEMONSTRATE THE SHORT-, MID- AND LONG-TERM RESULTS OF THEIR SERVICES/INITIATIVES.

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
Middlesex United Way, Inc.

Employer identification number
06-0665170

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE COMPLETED 990 IS GIVEN TO THE AUDIT COMMITTEE FOR REVIEW; THE AUDIT COMMITTEE THEN ERPORTS TO THE FULL BOARD OF DIRECTORS AND A COPY OF THE 990 IS GIVEN TO EACH BOARD MEMBER; THE FULL BOARD OF DIRECTORS HAS FINAL APPROVAL

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

ON AN ANNUAL BASIS, THE POLICY AND RELATED ORGANIZATIONS ARE REVIEWED AND EACH BOARD MEMBER IS REQUIRED TO COMPLETE AND SIGN A POTENTIAL CONFLICT OF INTEREST DISCLOSURE FORM

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE EXECUTIVE DIRECTOR AND RELATED COMPENSATION IS REVIEWED BY THE CHARIMAN OF THE BOARD AS WELL AS THE ENTIRE BOARD OF DIRECTORS. SUCH REVIEW IS COMPLETED IN EXECUTIVE SESSION DURING ONE BOARD MEETING PER YEAR

Form 990, Part VI, Line 15b - Compensation Process for Officers

KEY EMPLOYEES AND THEIR RELATED COMPENSATION IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER. IN ADDITION, AT LEAST ONCE EVERY THREE YEARS, A COMPARISON AMONG SIMILAR SIZE UNITED WAYS IS CONDUCTED AND REVIEWED BY THE PERSONNEL COMMITTEE.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

ALL ARE AVAILABLE IN THE OFFICE UPON REQUEST

**Form 990 – Accomplishments**

**EDUCATION:** Middlesex United Way funds and partners with all 15 towns in Middlesex County and their Early Childhood Councils (ECC), which United Way helped to develop, to increase children's readiness to learn by school entry. With our support the ECC have strengthened communication and coordination between parents, pediatricians, daycare providers, preschool and grade-school educators in identifying and servicing at-risk children, birth to five years of age, to enhance their development in social, emotional, physical and cognitive domains. This effort has influenced the improvement and consistency of classroom curriculums, instruction, assessments, behavior management techniques and professional training opportunities throughout the county. For example, we fund the Opportunity Knocks Preschool Children collaborative in Middletown. A positive trend has developed in the past three years with an ***increase*** in the use of less severe strategies (reduced days, from 2 to 22) and a ***decrease*** in the use of more severe strategies (suspensions, from 21 to 5).

**INCOME:** Middlesex United Way funds and partners with numerous community health and human service organizations throughout Middlesex County to improve the economic self-sufficiency of individuals and families. We ensure that necessary programs are in place for county residents to provide job and literacy training, provide basic human needs, enable seniors to remain in their homes, and empower individuals who are disabled. For example, Amazing Grace helps 9,567 low-income households each year and the Shoreline Soup Kitchens & Pantries serves 7,191 households per year. A family that visits either pantry saves up to $1,094 per year, money which can then be used for other costs of living such as rent, child care, utilities or transportation.

For the fourth year, Middlesex United Way provides leadership and support to the Middlesex VITA (Volunteer Income Tax Assistance) Coalition. VITA sites, including one at United Way, provide free income tax preparation services to low-income families and increase the number of individuals and families accessing available tax credits which they have earned. Volunteers, trained and certified by the IRS, prepare the taxes helped 316 Middlesex County residents received a total of $450,225 in tax refunds, an average of $1,425. Of those served, there were an additional 165 dependents, mostly children, who were impacted by the program.

Middlesex United Way partners with the Middlesex Coalition for Children to sponsor an annual Diaper Appeal and drive to help families struggling to make ends meet. In 2010, we were successfully admitted as partners with The Diaper Bank, located in New Haven, CT. This membership allows four local programs to receive a monthly delivery of 200 diapers each to distribute to families in need. In June, United Way ran a diaper drive that collected more than 43,000 diapers from individuals and companies.

United Labor Agency, a Middlesex United Way funding partner, provides Employment Counseling and livelihood related counseling to individuals who would otherwise not be eligible to receive services elsewhere. Many have disabilities or barriers to employment that do not qualify them for services. Of the 160 individuals served, 100% reported improved job seeking skills, 82% reported receiving job interviews, and 61% reported obtaining employment.

Middlesex United Way also partners with the FamilyWize Prescription Drug Discount program to help individuals and families reduce the cost of prescription medicine. The card is free and available to anyone. Middlesex County residents have saved nearly $65,000 on their prescriptions.

**HEALTH:** Middlesex United Way continues to support the Healthy Communities-Healthy Youth (HCHY) substance abuse prevention initiative in 13 towns throughout Middlesex County to help reduce the rate of risky behaviors among youth. HCHY brings together youth and family service providers, schools, town officials, concerned parents and students around a single, coordinated effort utilizing the Search Institute's Profiles of Student Life: Attitudes and Behaviors to 40 Developmental Assets. The 40 Developmental Assets (e.g. Parent Involvement, Family Boundaries, Adult Role Models) are evidence-based, positive experiences and qualities that help influence choices young people make, and helps to influence the type of adult they will become. In one community, survey results indicate that between the years 2006 and 2010 youth in Haddam-Killingworth report that there is a 21.3% increase in positive relationships between youth and adults, a 20% increase in parent involvement in schooling, and a 30% increase in how much their community values young people. Youth in H-K also reported a 12.5% increase in resistance skills, a 20% decrease in use of alcohol in the past 30 days, and a 33.3% decrease in the use of any illicit drug once or more in the past 12 months. Youth in H-K also reported a 14.3% decrease in violence amongst and to youth.

Middlesex United Way has provided funding and partnered with numerous community health and human service organizations throughout Middlesex County to help improve the health and increase the safety of individuals and families. We ensure that services are available in times of need or crisis for an individual or at the community level including mental health services, disaster relief, counseling, substance abuse treatment, and personal safety. One example of this is the Gatekeeper's Program at St. Luke's Eldercare Solutions. Non-traditional service providers such as bank tellers, hair dressers, delivery people, and library staff are trained to identify seniors who are experiencing behavioral health difficulties and refer them to St. Luke's to receive the support needed to help them remain safely in their own homes. In their first year of operation St. Luke's assisted 19 seniors who otherwise might have needed some type of emergency care and been removed from their homes. Due to the success of this program the State of CT is replicating this program and has asked St. Luke's to provide statewide technical assistance.

**HOUSING:** Middlesex United Way has provided funding and leadership in the implementation of the Ten Year Plan to End Homelessness by bringing together community leaders, housing advocates, service providers and other concerned residents from throughout Middlesex County. Three years into the Ten Year Plan, there has been a 30% decrease in the number of individuals who are homeless in Middlesex County. The number of families who are homeless has decreased by 36%. In addition, 56 new units of supportive housing have been created, including 10 units outside of Middletown.

Prevention is a key strategy of the Ten Year Plan and therefore, the Homeless Prevention Fund helps individuals and families who are at-risk of homelessness. A total of 159 household, mostly families, from ten different Middlesex County towns have received financial assistance to keep them housed. The Fund grants are used to pay for rent, utilities, car repairs and other needs while

waiting for unemployment to begin, new job wages to start, or other benefits to be provided. The number of households includes 217 children.

HOPE Partnership in Old Saybrook in June 2011 broke ground on an 18-unit "workforce" housing development on Ferry Point Road. Four of the new unit will be for formerly homeless families and two will be for homeless Veterans. Workforce housing is another name for affordable housing; prices/rents determined by a percentage of area median income.

**WOMEN'S INITIATIVE:** The Middlesex United Way Women's Initiative (WI) works to energize and inspire women to make a difference through education, advocacy and leadership. Through fundraising efforts, the WI distributes small, one-time grants to nonprofit programs that meet one or more of the WI's focus areas: early childhood development, empowering young women, and financial stability. One recent grant was provided to the Girl Scouts of Connecticut to help establish a Girlz R.U.L.E. program at Woodrow Wilson Middle School. The program aims to build confidence and self-esteem in young women while reducing bullying among girls.

The WI hosts a bi-monthly women's networking breakfast at Middlesex Health Care Center featuring guest speakers on a variety of informative topics of interest to women. The group hosted its first free financial literacy workshop at Middlesex Community College called *Understanding Money & Credit*; there were 54 people in attendance. In conjunction with its annual fundraiser, *Power of the Purse*, the WI collected toiletries and "gently used" purses. More than 200 purses were donated and along with the toiletries, distributed to five programs working with women to help them get back on their feet.

**YOUNG LEADERS SOCIETY:** This unique and dynamic group provides community involvement, personal development, and networking for individuals or couples 40 years of age or younger who live and work in Middlesex County. The group's mission is to create opportunities for young professionals to get involved with Middlesex United Way, connect with colleagues and community leaders and give back to advance the common good. Priorities include: working with high school students through Youth Service Bureaus; connecting with small business owners under age 40 to position United Way as the charity of choice; and identifying volunteers for committees at United Way and other area non-profit organizations.

**MISCELLANEOUS:** Middlesex United Way mobilized nearly 100 volunteers from local companies and organizations to volunteer on our annual Day of Caring. Day of Caring projects focused on helping seniors by performing landscaping, minor construction and cleaning in and around their private homes and at senior centers.

0133250

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization

## (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

**2010**

Attachment Sequence No **67**

Name(s) shown on return: Middlesex United Way, Inc.

Identifying number: 06-0665170

Business or activity to which this form relates: Indirect Depreciation

## Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

| | | | |
|---|---|---|---|
| 1 | Maximum amount (see instructions) | 1 | 500,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,000,000 |
| 4 | Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |

| | | | | |
|---|---|---|---|---|
| 7 | Listed property Enter the amount from line 29 | 7 | | |
| 8 | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | | |
| 9 | Tentative deduction Enter the **smaller** of line 5 or line 8 | 9 | | |
| 10 | Carryover of disallowed deduction from line 13 of your 2009 Form 4562 | 10 | | |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | | |
| 12 | Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 | | |
| 13 | Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶ | 13 | | |

**Note:** Do not use Part II or Part III below for listed property Instead, use Part V

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

| | | | |
|---|---|---|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 6,375 |

## Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

### Section A

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2010 | 17 | 0 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐ | | |

### Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

| | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only–see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|---|
| 19a | 3-year property | | | | | | |
| b | 5-year property | | | | | | |
| c | 7-year property | | | | | | |
| d | 10-year property | | | | | | |
| e | 15-year property | | | | | | |
| f | 20-year property | | | | | | |
| g | 25-year property | | | 25 yrs | | S/L | |
| h | Residential rental property | | | 27 5 yrs | MM | S/L | |
| | | | | 27 5 yrs | MM | S/L | |
| i | Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | | MM | S/L | |

### Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 20a | Class life | | | | | S/L | |
| b | 12-year | | | 12 yrs | | S/L | |
| c | 40-year | | | 40 yrs | MM | S/L | |

## Part IV Summary (See instructions.)

| | | | |
|---|---|---|---|
| 21 | Listed property Enter amount from line 28 | 21 | |
| 22 | **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 22 | 6,375 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4562** (2010)

DAA

There are no amounts for Page 2