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DLN: 93493320093986

OMB No 1545-0047

Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

nterna	al Rev	enue Servic	ce					Inspection
A F	or the	e 2015 ca	lendar year, or tax year beginn	ing 07-01-2015 , and ending 06-30-201	L6			
3 Che	eck if	applicable	C Name of organization United Way Inc			D Empl	oyer id	dentification number
☐ Ac	ddress	change	united way of cent & ne connectic	ut		06-0	6466	53
_		hange	Doing business as					
	itial re	eturn	United Way of CentraL AND NORTHEASTERN Connecticut					
Eturn/	nal /term။	nated	Number and street (or P O box if	mail is not delivered to street address) Room/su	ııte	E Telepi	none nu	ımber
_		d return	30 LAUREL STREET			(860) 493	-6800
Ар	plication	on pending		untry, and ZIP or foreign postal code				
			HARTFORD, CT 06106			G Gross	receipt	ts \$ 28,087,529
			F Name and address of princ	ıpal officer	H(a) I	s this a grou	n retu	rn for
			PAULA GILBERTO			ubordinates1		⊤ Yes 🗸
			30 LAUREL STREET HARTFORD,CT 06106			No		
r Ta:	x-exe	mpt status	·	1/ · · › □ 4043/ ›/4› □ □ 503		re all subord ncluded?	linate	S
		·	√ 501(c)(3) 501(c)()	(insert no) 4947(a)(1) or 527			h a lıs	t (see instructions)
J W	ebsit	:e:▶ WW	W Unitedwayinc org			Group exemp		
€ Form	n of o	rganization	✓ Corporation Trust Asso	ciation		of formation 1		M State of legal domicile C
1 1 011	11 01 0	rgariization	Corporation Trust Assor	Claudii Other P	-			, and the second
Pa	rt I	Sum	mary					
	1 E	Briefly des	scribe the organization's mission.	on or most significant activities				
	<u> </u>	O ENGA	GE PEOPLE TO IMPROVE LIV	VES AND CHANGE COMMUNITY COND	DITIONS			
မ	-							
	-							
Governance	2	Check th	is hox ▶ □ if the organization	discontinued its operations or disposed	of more th	nan 25% of it	s net	assets
ခ ဲ့	-	CHECK III	13 BOX P 11 the organization	anscontinued its operations of disposed	or more en	1411 23 70 01 10	.5 1100	433613
ن الا	3	Number	of voting members of the gover	ning body (Part VI, line 1a)			з	30
Activities &			•	of the governing body (Part VI, line 1b)			4	30
Ĕ			•	calendar year 2015 (Part V, line 2a)			5	56
5				necessary)			6	5,067
٩			•	Part VIII, column (C), line 12			7a	0
				rom Form 990-T, line 34			7a 7b	,
	D	vet umera	ated business taxable income i	10111 F01111 990-1, IIIIe 34			/ B	C
						Prior Year		Current Year
Qı	8		butions and grants (Part VIII,			23,739		22,010,597
ונפ	9	_	,	line 2g)			,515	641,375
Ravenua	10		· · · · · · · · · · · · · · · · · · ·	nn (A), lines 3, 4, and 7d)		1,105	' 	500,401
ш	11		, , , , , , , , , , , , , , , , , , , ,), lines 5, 6d, 8c, 9c, 10c, and 11e)		125	,650	156,247
	12		revenue—add lines 8 through 1	1 (must equal Part VIII, column (A), line	e	25,407	,859	23,308,620
	42	12)	and complex amounts noid (Do	rt IX, column (A), lines 1-3)		10 246	073	10.007.026
	13		, ,	, , , , , , , , , , , , , , , , , , , ,		19,246	0 / 3	18,087,938
	14		·	: IX, column (A), line 4)	·		- 0	·
8	15	5-10)		yee benefits (Part IX, column (A), lines		3,384	,393	3,878,780
Expenses	16a	•		X, column (A), line 11e)			0	(
e do	b		ndraising expenses (Part IX, column (
Ω			· ' '), lines 11a-11d, 11f-24e)		1,999	811	1,812,799
	17			ust equal Part IX, column (A), line 25)	·	24,630		23,779,517
	18 19			e 18 from line 12		· · · · · · · · · · · · · · · · · · ·		
ښے	13	Keven	ue iess expenses Subtract IIN	e 10 0 1 1 1 1 1 1	•	///	,582	-470,897
Net Assets or Fund Balances					Beginni	ing of Current	Year	End of Year
ala	20	Total	assets (Part X, line 16)			36,090	,429	35,410,500
Z B	21		liabilities (Part X, line 26)			14,827	,642	15,751,598
S E	22		ssets or fund balances Subtrac		·	21,262	_	19,658,902
			ature Block			,	,,	25,000,502
ny ki prepa Sign	nowle arer h	edge and blass any kr	belief, it is true, correct, and co nowledge	xamined this return, including accompan implete Declaration of preparer (other th				
Here	е		A GILBERTO President & CEO					
			or print name and title	I Duran and a second	\		I 5	
	Print/Type preparer's name PATRICIA MCGOWAN			Preparer's signature PATRICIA MCGOWAN	Date	Check If	PTIN POO:	l 184514
Paid		-				self-employed		
Pre	par	er ⊢	irm's name COHNREZNICK LLP irm's address 350 Church Street 12	th floor		Firm's EIN		
Icc	0	. I.	min a address F 330 Charan Street 12	ut 11001		Phone no (95) ZUU	- / 000

Hartford, CT 06103

195,994) DONOR DESIGNATIONS Through the UWCNCT Community campaign, donors can direct their gifts to any qualified organization in the United States over which UWCNCT exercises/retains no discretion as to use due to donor instruction. In order to qualify, an organization must meet the following three criteria. (1) fully tax Education - Children graduate from high school college and career ready. Our United Way helps prepare youth for academic success with an emphasis on school readiness and early childhood education, meeting appropriate grade-level reading benchmarks, and successful transitions from middle school to high school. We believe that these comprehensive approaches to addressing pre-Kindergarten through eighth grade student achievement will provide a solid foundation leading to

students completing high school on time and with the skills needed to be successful in college and beyond (Code) (Expenses \$ 2.765.500 including grants of \$ 2.765.500) (Revenue \$ Basic Needs - Individuals and families have basic supports Economic conditions challenge all of us, some more than others. In the short term, we need to stabilize families by providing people with access to food, shelter, disaster relief services, basic material needs and support for survivors of sexual assault or domestic violence. In the long term, our community will only prosper and grow if all children and youth succeed and if all families are financially capable and independent

See Additional Data

4d Other program services (Describe in Schedule O) 2,399,732) (Revenue \$ (Expenses \$ 4,132,997 including grants of \$ 445,381) Total program service expenses ▶ 19,821,203

Page 2

Yes √No

orm	990 (2015)			Page 3
Par	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕲	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	Yes	
С	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	11 c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12 a	Yes	
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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	IV Checklist of Required Schedules (contil	nued,
21	Did the organization report more than \$5,000 of grants of	roth

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pa	rt IV Checklist of Required Schedules (continued)	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part	

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," 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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

member of any of these persons? If "Yes," complete Schedule L, Part III

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Yes

Yes

23

24a

24b

24c

24d

25a

25b

26

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28a

28h

28c

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35a

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Yes

Form 990 (2015)

Yes

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Dart V	Statements	Pegarding	Other	TDS	Filings	and :	Tav	Compliance
	Julellellis	neuai uiiiu	Other	143	I IIIIIU3	anu	101	Combinance

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance			_
		Check if Schedule O contains a response or note to any line in this Part V		· · ·	
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2	6	Yes	No
		the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
С	Did th	ne organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gamın	ng (gambling) winnings to prize winners?	1 c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and Statements, filed for the calendar year ending with or within the year covered			
			6		
b		east one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
32		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ne organization have unrelated business gross income of \$1,000 or more during the year?	3a		No.
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		110
		y time during the calendar year, did the organization have an interest in, or a signature or other authority			
		a financial account in a foreign country (such as a bank account, securities account, or other financial int)?	4a		No
ь		es," enter the name of the foreign country			
		nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAF				
		the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Ye	es," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a		the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
h	_	ization solicit any contributions that were not tax deductible as charitable contributions? s," did the organization include with every solicitation an express statement that such contributions or gif			
U		not tax deductible?	6b		
7	_	nizations that may receive deductible contributions under section 170(c).			
а		ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ces provided to the payor?	7a	Yes	
b		es," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			N
А		orm 8282?	7 c		No
_		vy maiotic the name of terms of the modulating the year.			
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		No
g		organization received a contribution of qualified intellectual property, did the organization file Form 8899			
h	requir If the	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7g		
•		1098-C?	7h		
8	-	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
		g the year?	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10		on 501(c)(7) organizations. Enter			
		tion fees and capital contributions included on Part VIII, line 12 10a			
,	faciliti			1	l
11		on 501(c)(12) organizations. Enter			
		s income from members or shareholders	_		
D		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)			
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		es," enter the amount of tax-exempt interest received or accrued during the			
	year	12b	_		
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.			
а		e organization licensed to issue qualified health plans in more than one state? Note. See the instructions fo			
		onal information the organization must report on Schedule O	13a		
D		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans			
c	Enter	the amount of reserves on hand	_		
		ne organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If"Ye	es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI	Governance	, Management,	and	Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

describe the circumstances, processes, or changes in Schedule O. See instructions.

<i>C</i> ~	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		•		√
56	ction A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax				162	140
	year	1a	30			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	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 bus other officer, director, trustee, or key employee?		• •	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,		3		No
4	Did the organization make any significant changes to its governing documents since filed?		orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6	Yes	
	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken during the			
	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>	e O .		9		No
Se	ction B. Policies (This Section B requests information about policies not	requ.	ired by the Internal R	eveni		
			1		Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	Yes	
	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization.	on's e	xempt purposes?	10b	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of it the form?			11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this f					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12 a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	· .		12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done			12 c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did the organization have a written document retention and destruction policy? .			14	Yes	
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the	ne deli	beration and decision?			
	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization	•		15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
	Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year?			16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and tak organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16 b		
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed▶					
10	CT Section 6104 requires an erganization to make its Form 1023 for 1034 if applicable	2) 00	0 and 000 T (F01/a)			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you made these available.					

interest policy, and financial statements available to the public during the tax year

▶Thomas W Glynn 30 LAUREL ST Hartford, CT 061061374 (860) 493-6810

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records

Part VII

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

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

1a Complete this table for all persons required to be listed 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 更合 dotted line) Trustee See Additional Data Table

art VII	Section A. Officers,	Directors, Trustees	, Key Employees,	, and Highest Comp	ensated Employees (contir	nued)
---------	----------------------	---------------------	------------------	--------------------	---------------------------	-------

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d n is l	ne b both	oox, an d	officer	į	(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
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2,1033 MI3C)	2,2333333	related organizations
See Additional Data Table										
1b Sub-Total						•				
c Total from continuation sheet	•					. ▶[
d Total (add lines 1b and 1c) .						>		571,594	0	102,551
3 Total number of individuals (in	cluding but not l	limited t	a the		.cto	d abou	ابیدات	as reserved more th	2.0	

- \$100,000 of reportable compensation from the organization > 4
- - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee

 - 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 ındıvıdual
 - 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 I for such person . . .

Section B. Independent Contractors

3

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

(A) 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 of compensation from the organization ▶ 0

Yes

Yes

3

4

No

Νo

Form 99								Page 9
Part V	* + + •	Statement o	f Revenue					
		Check If Schedu	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
v	1a	Federated camp	paigns 1a	251,558				312 311
ants	ь	Membership du	es 1b					
Gr.	c	Fundraising eve	ents 1c	120,800				
tributions, Gifts, Grants Other Similar Amounts	d	Related organiz	ations 1d					
⊒ ⊒;€	e	Government grants	s (contributions) 1e					
ons Si	f	All other contribution	ons, gifts, grants, and 1f	21,638,239				
buti the	'	sımılar amounts no	t included above					
Contributions, Gifts, Grants and Other Similar Amounts	g	g Noncash contributions included in lines 1a-1f \$		158,247				
Cont	h	Total. Add lines	s 1a-1f	· · · · •	22,010,597			
<u>+</u>				Business Code				
Program Service Revenue	2a	Administrative fees		900099	410,776	410,776		
<u>4</u>	b	COMMUNITY GRAN	ITS, INITIATIVES, AN	900099	230,599	230,599		
Š	c d							
<u>%</u>	e							
jran.	f	All other progra	ım service revenue					
Ροğ	g	Total Add lines	s 2a-2f		641,375			
	3		ome (including dividen		·			205.655
	4		ar amounts)	F	885,655			885,655
	5	Royalties		proceeds ▶				
		,	(ı) Real	(II) Personal				
	6a	Gross rents	83,192					
	ь	Less rental	0					
	С	Rental income	83,192					
	d	or (loss) Net rental incoi	L me or (loss)		83,192			83,192
			(ı) Securities	(п) O ther				
	7a	Gross amount from sales of assets other than inventory	4,260,971					
	ь	Less cost or other basis and	4,646,225					
	_	sales expenses Gain or (loss)	-385,254					
	c d	Net gain or (los			-385,254			-385,254
Other Revenue	8a	Gross income fi events (not incl \$120	rom fundraising luding ,800 reported on line 1c)					
her		1	a	205,739				
ŏ	С .		penses b loss) from fundraising	132,684 events >	73,055			73,055
			rom gaming activities	,				
	b c		penses b loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold b					
	С	_	loss) from sales of inv	entory ▶				
		Miscellaneous	Revenue	Business Code				
	11a							
	b							
	c d	All other revenu	ue					
	e	Total. Add lines		•				
	12	Total revenue.	See Instructions .					
					23,308,620	641,375	0	656,648

Part IX Statement of Functional Expenses

011 50.	r (c)(s) and so r (c)(1) organizations mast complete an columns of mother of	gai	1124	 J 1111	45 C .	COIII	pice	 o i a i i	(· · /		
	Check if Schedule O contains a response or note to any line in this Part IX											_
	_											

	Γ				
	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21	18,087,938	18,087,938		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	537,738	132,371	245,155	160,212
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,320,053	806,232	353,301	1,160,520
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	459,069	144,973	97,359	216,737
9	Other employee benefits	329,142	90,000	91,693	147,449
10	Payroll taxes				
		232,778	64,634	65,955	102,189
11	Fees for services (non-employees)				
a	Management	8,700	4,428	2,627	1,645
b	Legal	1,065		1,065	
C	Accounting	47,692	481	46,473	738
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	25.000		25.000	
f -	Investment management fees	25,000		25,000	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	240,676	38,552	38,623	163,501
12	Advertising and promotion	160,156	33,735		126,421
13	Office expenses	150,124	15,136	24,239	110,749
14	Information technology	84,301	28,901	30,323	25,077
15	Royalties				
16	Occupancy	326,231	165,628	98,636	61,967
17	Travel	21,602	8,688	1,776	11,138
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	32,022	7,322	15,383	9,317
20	Interest				
21	Payments to affiliates	249,731	69,023	70,778	109,930
22	Depreciation, depletion, and amortization	220,337	73,292	119,816	27,229
23	Insurance	100,128	21,531	70,647	7,950
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	AWARDS, SPONSORSHIPS &	62,126	5,494	47,057	9,575
b	RENTAL AND MAINTENANCE	45,580	12,722	12,854	20,004
c	dues & subscriptions	37,328	10,122	16,083	11,123
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	23,779,517	19,821,203	1,474,843	2,483,471
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

	•	2015)					Page 11				
Par	t X	Balance Sheet									
		Check if Schedule O contains a response or note to any lir	ne in th	ıs Part X							
					(A) Beginning of year		(B) End of year				
	1	Cash-non-interest-bearing			363	1	361				
	2	Savings and temporary cash investments			4,206,952	2	4,880,343				
	3	Pledges and grants receivable, net			6,835,722	3	6,423,051				
	4	Accounts receivable, net	able, net								
Assets	5	Loans and other receivables from current and former offickey employees, and highest compensated employees. Consider the compensated employees. Schedule L	, ,		5						
	6	section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of	cans and other receivables from other disqualified persons (as defined under ection $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and ontributing employers and sponsoring organizations of section $501(c)(9)$ oluntary employees' beneficiary organizations (see instructions) Complete Part of Schedule L								
\$8	7	Notes and loans receivable, net			6 7						
⋖	8	Inventories for sale or use			8						
	9	Prepaid expenses and deferred charges			143,464	9	133,184				
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	4,216,001	110,101		100,104				
	ь	Less accumulated depreciation	10b	2,851,377	1,541,275	10c	1,364,624				
	11	Investments—publicly traded securities		16,601,729	11	16,108,868					
	12	Investments—other securities See Part IV, line 11 .			6,652,562	12	6,243,951				
	13	Investments—program-related See Part IV, line 11 .				13					
	14	Intangible assets				14					
	15	Other assets See Part IV, line 11			5,150	15	4,900				
	16	Total assets.Add lines 1 through 15 (must equal line 34))		36,090,429	16	35,410,500				
	17	Accounts payable and accrued expenses			763,750	17	1,896,168				
	18	Grants payable	1,550,762	18	2,308,087						
	19	Deferred revenue				19					
	20	Tax-exempt bond liabilities		20							
	21	Escrow or custodial account liability Complete Part IV o	of Sche	dule D		21					
bilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di									
		persons Complete Part II of Schedule L				22					
Lia	23	Secured mortgages and notes payable to unrelated third	parties			23					
	24	Unsecured notes and loans payable to unrelated third pa	rties			24					
	25	Other liabilities (including federal income tax, payables tand other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relat	ed third parties,							
					12,513,130	25	11,547,343				
	26	Total liabilities.Add lines 17 through 25			14,827,642	26	15,751,598				
ces		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ►	√ and complete							
<u>lan</u>	27	Unrestricted net assets			13,225,188	27	11,905,151				
Net Assets or Fund Balance	28	Temporarily restricted net assets			143,217	28	267,980				
ם	29	Permanently restricted net assets			7,894,382	29	7,485,771				
Ξ		Organizations that do not follow SFAS 117 (ASC 958), cl	heck he	re ▶ ┌ and							
0		complete lines 30 through 34.		'							
ets	30	Capital stock or trust principal, or current funds				30					
155	31	Paid-in or capital surplus, or land, building or equipment	fund			31					
it A	32	Retained earnings, endowment, accumulated income, or				32					
ž	33	Total net assets or fund balances			21,262,787	33	19,658,902				

34

Total liabilities and net assets/fund balances .

35,410,500

36,090,429

34

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments

Other changes in net assets or fund balances (explain in Schedule O) .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Cash Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

23,779,517 -470,897 21,262,787

Page 12

23,308,620

21,262,787 -99,734

10

	Yes	Ν
2a		N
Σb	Yes	
2c	Yes	

	Yes	
		No
F	orm 99 0	(201

3a

3b

Additional Data

Software ID:

Software Version:

EIN: 06-0646653

Name: United Way Inc

united way of cent & ne connecticut

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

(Code) (Expenses \$ 1,150,500 including grants of \$ 1,150,500) (Revenue \$)

Financial Security Families are financially secure Our United Way helps families build financial security by helping people get connected to good jobs, with an emphasis on meeting employer needs for a competitive workforce by ensuring adults have the training and skills needed to get a job and advance to family-sustaining wages. We also focus on ensuring that while individuals are on the path to family-sustaining employment, they have opportunities to save and grow their money.

(Code) (Expenses \$ 955,229 Including grants of \$ 955,229) (Revenue \$)
HEALTH SERVICES UWCNCT PARTNERS WITH COMMUNITY HEALTH CHARITIES OF NEW ENGLAND ("CHC") TO CONDUCT A
JOINT COMMUNITY CAMPAIGN, WITH THE INTENTION OF PROVIDING THE DONOR COMMUNITY WITH A SINGLE CAMPAIGN
THROUGH WHICH CONTRIBUTIONS CAN BE MADE TO THE REGION'S MAJOR SOCIAL AND HEALTH SERVICE RPOVIDERS CHC'S
MEMBER NETWORK IS COMPRISED OF NATIONALLY RECOGNIZED HEALTH AGENCIES

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

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

OTHER PROGRAM SERVICES		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per week (list any hours for related organizations	m unle:	ore t ss pe	han erso cer tor/t	not one n is and trus	tee)	an	(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		
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations		
grEGORY TOCZYDLOWSKI board Chairman	1 00	X		×				0	0	0		
donalD ALLAN board treasurer	0 60	×		×				0	0	0		
Jose Aponte OUTGOING board membER	0 30	×						0	0	0		
michael AUSERE BOARD MEMBER	0 30	×						0	0	0		
greg barats BOARD MEMBER	0 30	х						0	0	0		
PEGGY BUCHANAN BOARD MEMBER	0 30	x						0	0	0		
JULIO CONCEPCION	0 20							_	_	_		

0 20

0 30

0.30

Х

Χ

Board MEMBER

ERIC DANIELS

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

WILLIAM F DOWLING

ROBERT EMMETT EARLYIII

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation Compensated Employees, and Inde					ru	stee	s, k	(ey Employed	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	nore ti ss pe	than erso icer	not one on is and		,	Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensited employee	Former		MISC)	organization and related organizations
otto eichmann board member	0 30	х						0	0	С
dr DEREK A FRANKLIN BOARD MEMBER	0 20	х						0	o	(
MICHAEL GOLDBAS BOARD MEMBER	0 50	х						0	0	(
JEFFREY L HUBBARD BOARD MEMBER	0 20	x						0	0	(
marGARET MARCHAK BOARD MEMBER	0 30	x						0	0	(
shawn J MAYNARD BOARD MEMBER	0 40	х						0	0	(

0 20

0 20

0 40

0 20

Х

Χ

colleen mcguire BOARD MEMBER

patricia meiser

BOARD MEMBER

Board MembER

BRIAN O'CONNELL

OUTGOING board membER

NATALIE B MORRIS

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

(A) Name and Title	(B) Average hours per week (list any hours for related	unles	ore ti ss pe	han ersoi icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
JAMES O'MEARA BOARD MEMBER	0 40	x						0	0	0
DR WAYNE S RAWLINS BOARD MEMBER	0 50	х						0	0	0
CYNTHIA RYAN Board Member	0 40	×						0	0	0
LYNN RYAN BOARD MEMBER	0 40	×						0	0	0
LYN gammill WALKER Board MemBER	0 50	×						0	0	0
JENNIFER WHITE Board memBER	0 50	x						0	0	0

0 30

0 20

0.30

0 20

Х

MARIO CONJURA BOARD MEMBER

PAUL A DUFF

BOARD MEMBER

NOREEN RANDAZZO BOARD MEMBER

TIMOTHY RESTALL JR BOARD MEMBER

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

(A) (B) (C) (D) (E)

(F)

33,471

(~)	(5)			, -				(-)	(-)	١ ،,,
Name and Title	A verage hours per week (list any hours	m	ore t ss pe	han ers o	one	chec box, both		Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation
	for related	(direct					(W- 2/1099-	(W- 2/1099-	from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
ASHLEY M SANYAL	0 50									
BOARD MEMBER		X						0	0	0
SUSAN TULLY BOARD MEMBER	0 20	x						0	0	0
SUSAN B DUNN OUTGOING PRESIDENT/CEO/SECRETARY	52 00			×				194,520	0	30,665
THOMAS W GLYNN CFO	52 00			×				134,343	0	14,365
PAULA S GILBERTO PRESIDENT/CEO/SECRETARY	52 00			х				140,113	0	24,050

102,618

52 00

.

ANITA FORD SAUNDERS

marketing director

DLN: 93493320093986

Employer identification number

06-0646653

Public Charity Status and Public Support

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

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

ritable trust. orm 990-EZ. 2015
Open to Public Inspection

Department of the Treasury Internal Revenue Service

United Way Inc

Part I

1

2

3

990EZ)

(Form 990 or

Name of the organization

united way of cent & ne connecticut

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

Attach to Form 990 or Form 990-EZ.
 Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 24,054,841 26,182,507 24,916,056 23,739,532 22,010,597 120,903,533 membership fees received (Do not include any unusual grants) 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 Total. Add lines 1 through 3 26,182,507 24,916,056 24,054,841 23,739,532 22,010,597 120,903,533 The portion of total contributions by each person (other than a 1

	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,353,417
6	Public support. Subtract line 5 from line 4						114,550,116
S	ection B. Total Support					,	
(or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	A mounts from line 4	26,182,507	24,916,056	24,054,841	23,739,532	22,010,597	120,903,533
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	923,562	1,014,500	977,020	1,028,952	968,847	4,912,881
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 VI)		111,524	137,610	166,875	205,739	621,748
11	Total support. Add lines 7 through 10						126,438,162
12	Gross receipts from related activi	ties, etc (see ins	tructions)	l	l	12	4,216,291
13	First five years.If the Form 990 is	for the organizat	ion's first, second	l, third, fourth, or	fifth tax year as a	section 501(c)(3) organization,
	check this box and stop here					▶ <u> </u>	

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	90 600 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	91 810 %

16a 33 1/3% support test-2015. 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-2014. 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 - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶□

b 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly supported organization

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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
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						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
9	A mounts 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 Add lines 10a and 10b						
C	Net income from unrelated						
11	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						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

Part IV Supporting Organizations

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

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)						
Section D - Distributions			Current Year						
1 Amounts paid to supported organizations to accomp									
2 Amounts paid to perform activity that directly furthe excess of income from activity									
3 Administrative expenses paid to accomplish exemp									
4 Amounts paid to acquire exempt-use assets									
5 Qualified set-aside amounts (prior IRS approval rec	uured)								
6 Other distributions (describe in Part VI) See instru									
·	ic tions								
7 Total annual distributions. Add lines 1 through 6									
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide							
9 Distributable amount for 2015 from Section C, line	6								
10 Line 8 amount divided by Line 9 amount									
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015						
1 Distributable amount for 2015 from Section C, line 6									
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)									
3 Excess distributions carryover, if any, to 2015									
a .									
b c									
d From 2013									
e From 2014									
f Total of lines 3a through e									
g Applied to underdistributions of prior years									
h Applied to 2015 distributable amount									
i Carryover from 2010 not applied (see instructions)									
j Remainder Subtract lines 3g, 3h, and 3i from 3f									
4 Distributions for 2015 from Section D, line 7 \$									
a Applied to underdistributions of prior years			-						
b Applied to 2015 distributable amount									
c Remainder Subtract lines 4a and 4b from 4									
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)									
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)									
7 Excess distributions carryover to 2016. Add lines 31 and 4c									
8 Breakdown of line 7									
a									
b									
c Excess from 2013									
d From 2014									
e From 2015									
		Schodulo A	/Form 990 or 990-F7) /2015						

Facts And Circumstances Test

Return Reference	Explanation
Schedule A Part II Line 10	fundraising events - 2012 Amount \$ 111 524 2013 Amount \$ 137 610 2014 Amount \$

Explanation of Other Income 166,875 2015 Amount \$ 205,739 efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

2015

DLN: 93493320093986

Open to Public Inspection

	me of the organization ed Way Inc			Emple	oyer identification number	•
	ed way of cent & ne connecticut			06-0	646653	
Pa	rt I Organizations Maintaining Dono Complete if the organization answer			nds o	or Accounts.	
		(a) Donor advised funds		(b)	Funds and other accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to			r advıs	ed Tes	┌ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor	advisor, or for an	y other	Yes	□ No
Pa	rt III Conservation Easements. Compl	ete if the organization an	swered "Yes" or	n Form	n 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by t	he organization (check all tha	at apply)			
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $		Preservation of an	hıstorı	cally important land area	
	Protection of natural habitat	Γ	Preservation of a d	ertifie	d historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation	n contribution in th	ne form	of a conservation	
			-		Held at the End of the	Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easem			2b		
C	Number of conservation easements on a certifie		` ´	2 c		
d	Number of conservation easements included in (historic structure listed in the National Register		nd not on a	2d		
3	Number of conservation easements modified, tra	insferred, released, extinguis	hed, or terminated	by the	e organization during the	
	tax year ▶					
4	Number of states where property subject to cons	servation easement is locate	d ▶	_		
5	Does the organization have a written policy rega violations, and enforcement of the conservation		, inspection, hand	ling of	┌ Yes	,
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of viola	tions, and enforcir	ig cons	ervation easements during	g the
	>					
7	A mount of expenses incurred in monitoring, insp * \$	ecting, handling of violations	, and enforcing co	nserva	tion easements during the	year
В	Does each conservation easement reported on I (B)(I) and section $170(h)(4)(B)(II)$?	ine 2(d) above satisfy the red	quirements of sect	ion 17	0(h)(4) Yes No	,
9	In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	t of the footnote to the organ			•	
ar	Organizations Maintaining Colle Complete if the organization answer			r Oth	er Similar Assets.	
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide, in Part XIII, the text of the fool	FAS 116 (ASC 958), not to r assets held for public exhib	report in its reven oition, education, o	r resea	irch in furtherance of publi	c
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to repo	ort in its revenue s	tateme	ent and balance sheet	

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

\$\Bigsim \text{\square}\$

works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2015

▶ \$ __

SCIIE	dule D	(FOIIII 990) 2015						Page ∠
Par	t III	Organizations Maintaining (continued)	Collections of	Art, Historical	Treasu	res, or	Other Similar A	ssets
3		the organization's acquisition, acc ction items (check all that apply)	cession, and other re	cords, check any	of the follo	wing that	are a significant us	e of its
а		Public exhibition		d Γ Lo	oan or exc	hange pro	grams	
b	Scholarly research e Other							
c		Preservation for future generations						
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in							
	Part >			,		3		
5		g the year, did the organization sol s to be sold to raise funds rather tl						s No
Pai	rt IV	Escrow and Custodial Arra	angements.				1.5	•
		Complete if the organization Part X, line 21.	answered "Yes" o	n Form 990, Pai	rt IV, line	9, or re	ported an amour	nt on Form 990,
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	istodian or other inte	rmediary for contr	abutions o	r other as	sets not	s No
b	Tf"	'Yes," explain the arrangement in F	Part VIII and comple	ate the following ta	hla		Δm	nount
C		ginning balance	art XIII and Comple	te the following ta	DIE	10		iount.
d		ditions during the year				10		
e		stributions during the year				16	2	
f		ding balance				11	:	
2 a	Did th	ne organization include an amount o	on Form 990, Part X,	, lıne 21, for escro	w or custo	dial acco	unt liability? Ye	s No
b	If"Ye	es," explain the arrangement in Par	t XIII Check here ıf	the explanation h	as been pi	ovided in	Part XIII	🗆
Pa	rt V	Endowment Funds. Comple	ete if the organiza	tion answered "	'Yes" to F	orm 990	, Part IV, line 10	
			(a)Current year	(b)Pnor year	b (c)Two		(d)Three years back	(e)Four years back
1a	_	ining of year balance	16,601,728	16,915,567	:	15,483,278	14,327,005	15,061,199
b	Contr	ributions						
c	Net ir Iosse	nvestment earnings, gains, and s	-42,863	186,161		1,832,289	1,456,273	-634,114
d	Grant	s or scholarships						
е		r expenditures for facilities rograms	450,000	500,000		400,000	300,000	100,000
f	A dmı	nistrative expenses						
g	End o	f year balance	16,108,865	16,601,728	:	16,915,567	15,483,278	14,327,005
2	Provi	· · · · · · de the estimated percentage of the	current year end ba	lance (line 1g, col	umn (a)) h	eld as		
а	Board	I designated or quasi-endowment ▶	92 500 %					
b	Perm	anent endowment ► 7 500 %						
c	Temp	orarily restricted endowment >	0 %					
	The percentages on lines 2a, 2b, and 2c should equal 100%							
3а	A re there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No							
	٠,	5						a(i) No
b		elated organizations es" on 3a(ii), are the related organi		 uired on Schedule	R?			n(ii) No 3b
4		ribe in Part XIII the intended uses						
Par	rt VI	Land, Buildings, and Equip						
		Complete if the organization Description of property	answered 'Yes' to	Form 990, Part	: IV, line	11a.See (b)	Form 990, Part >	(d)Book value
		Description of property		Cost or other (Investme		t or other ba (other)		(a)book value
	Land			· ·			323	3,323
	Buildin	-		· ·		3,191,		
		nold improvements		•		168,8	- 	<u> </u>
a	⊏quip n	nent				852,0	080 772,1	43 79,937

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

. . . ▶

1,364,624

	(a) Description of security or category			
	(including name of security)		(b) Book value	(c) Method of valuation Cost or end-of-year market val
LAR INSELV-	Il derivatives -held equity interests			
(3) 0 ther			6 242 051	C
A) Investii	nents held in trust by others		6,243,951	С
	nn (b) must equal Form 990, Part X, col (B) line 12)	•	6,243,951	
art VIII	Investments—Program Related. Complete if the organization answered '	Yes' on Form 990), Part IV, line 11c. _{See}	Form 990. Part X. line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation
				Cost or end-of-year market valu
	(a) Descrip		Form 990, Part IV, line 1:	(b) Book value
			Form 990, Part IV, line 1:	
Partix			Form 990, Part IV, line 1:	
			Form 990, Part IV, line 1:	
			Form 990, Part IV, line 1:	
			Form 990, Part IV, line 1:	
		otion	Form 990, Part IV, line 1:	(b) Book value
	(a) Descrip (a) Descrip (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organ	otion		(b) Book value
Total. (Colu	(a) Descrip	otion		(b) Book value
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability) nization answered		(b) Book value
Fotal. (Column Part X L. CAMPAIGN	mn (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability ome taxes	(b) Book value		(b) Book value
Federal Inco	mn (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability ome taxes I SUPPORT DUE TO COMMUNITY HEALTH S) nization answered (b) Book value		(b) Book value
Federal Inco	mn (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability ome taxes	(b) Book value		(b) Book value
Federal Inco	mn (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability ome taxes I SUPPORT DUE TO COMMUNITY HEALTH S) nization answered (b) Book value		(b) Book value
Federal Inco	mn (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability ome taxes I SUPPORT DUE TO COMMUNITY HEALTH S	(b) Book value		(b) Book value
Federal Inco	mn (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability ome taxes I SUPPORT DUE TO COMMUNITY HEALTH S	(b) Book value		(b) Book value
Part X 1. Federal Inco CAMPAIGN CHARITIES agency prog	mn (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability ome taxes I SUPPORT DUE TO COMMUNITY HEALTH S	(b) Book value		(b) Book value
Total. (Column Part X) 1. Federal Incommendation of the Character of th	mn (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability ome taxes I SUPPORT DUE TO COMMUNITY HEALTH S	(b) Book value		(b) Book value
Total. (Column Part X 1. Federal Incommendation of the RITIES agency program of the RITIES agency prog	mn (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability ome taxes I SUPPORT DUE TO COMMUNITY HEALTH S	(b) Book value		(b) Book value
Total. (Column Part X 1. Federal Incommendation of the RITIES agency program of the RITIES agency prog	mn (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability ome taxes I SUPPORT DUE TO COMMUNITY HEALTH S	(b) Book value		(b) Book value
Total. (Column Part X 1. Federal Incommendation of the program of	mn (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability ome taxes I SUPPORT DUE TO COMMUNITY HEALTH S	(b) Book value		(b) Book value
Total. (Column Part X 1. Federal Incommendation of the program of	mn (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability ome taxes I SUPPORT DUE TO COMMUNITY HEALTH S	(b) Book value		(b) Book value

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities .

Recoveries of prior year grants .

Other (Describe in Part XIII)

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Schedule D (Form 990) 2015

1

2

c

d

3

information

Part V, Line 4

Return Reference

12,176,540

-1,063,145

13,239,685

				e 12, but not on line 1	A mounts included on Form 990, Part VIII,	4
		25,000	4a	00, Part VIII, line 7b .	Investment expenses not included on Form	а
		10,043,935	4b		Other (Describe in Part XIII)	b
10,068,935	4c				Add lines 4a and 4b	c
23,308,620	5	[12)	qual Form 990, Part I, I	Total revenue Add lines 3 and 4c.(This mus	5
leturn.	s per				Reconciliation of Expenses p Complete if the organization ans	Part
13,780,425	1			alstatements	Total expenses and losses per audited fina	1
				90, Part IX, line 25	Amounts included on line 1 but not on Form	2
		69,843	2a		Donated services and use of facilities .	а
			2b		Prior year adjustments	b
			2 c		Otherlosses	c
			2d		Other (Describe in Part XIII)	d
69,843	2e				Add lines 2a through 2d	e
13,710,582	3				Subtract line 2e from line 1	3
				25, but not on line 1:	Amounts included on Form 990, Part IX, lir	4
		25,000	4a	0, Part VIII, line 7b	Investment expenses not included on Form	а
		10,043,935	4b		Other (Describe in Part XIII)	b
10,068,935	4c		·		Add lines 4a and 4b	c
23,779,517	5		ne 18)	t equal Form 990, Part I	Total expenses Add lines 3 and 4c. (This n	5

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

time while providing a modest level of income for current operating needs

The endowment is designed to preserve the real value of the unrestricted investment reserves over

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

2a

2b

2c

2d

-99,734

69,843

2e

3

-1,033,254

Adjustments CHANGE IN INVESTMENTS HELD IN TRUST BY OTHERS -408,611 Part XI, Line 4b - Other COMMUNITY HEALTH CHARITIES SHARE OF DIRECT PUBLIC SUPPORT 955,229 Amounts designated by donors 9,088,706 Part XII, Line 4b - Other Amounts designated by donors 9,088,706 COMMUNITY HEALTH CHARITIES SHARE OF DIRECT	3chedule D (Fo	orm 990) 2015	Page 5
Part XI, Line 2d - Other Adjustments Pension Related Changes other Than Net Periodic Pension Cost -624,643 Change in Investments Held in Trust by Others -408,611 Community Health Charities Share of Direct Public Support 955,229 Amounts designated by donors 9,088,706 Part XII, Line 4b - Other Amounts designated by donors 9,088,706 Community Health Charities Share of Direct	Part XIII	Supplemental In	nformation (continued)
Adjustments CHANGE IN INVESTMENTS HELD IN TRUST BY OTHERS -408,611 Part XI, Line 4b - Other COMMUNITY HEALTH CHARITIES SHARE OF DIRECT PUBLIC SUPPORT 955,229 Amounts designated by donors 9,088,706 Part XII, Line 4b - Other Amounts designated by donors 9,088,706 COMMUNITY HEALTH CHARITIES SHARE OF DIRECT	Reti	urn Reference	Explanation
Adjustments designated by donors 9,088,706 Part XII, Line 4b - Other Amounts designated by donors 9,088,706 COMMUNITY HEALTH CHARITIES SHARE OF DIRECT	Part XI, Line 20 Adjustments	d - Other	
		b - Other	· · · · · · · · · · · · · · · · · · ·
	•	4b - Other	Amounts designated by donors 9,088,706 COMMUNITY HEALTH CHARITIES SHARE OF DIRECT PUBLIC SUPPORT 955,229

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320093986

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

ame of the organization nited Way Inc						Employer ide	ntification number
nited way of cent & ne connec	tıcut					06-0646653	3
Part I Fundraising Ac Form 990-EZ file	· ·		_	ation answered "Yes" his part.	on Form	n 990, Part IV	, line 17.
Indicate whether the orga	ınızatıon raised fund	ds throug	n any of th	ne following activities C	heck all tl	hat apply	
a Mail solicitations				e Solicitation of n	on-goverr	nment grants	
b Internet and email so	licitations			f Solicitation of g	overnmen	t grants	
c Phone solicitations				g Special fundrais	ing event	S	
d	าร						
Did the organization have or key employees listed is services? b If "Yes," list the ten high	n Form 990, Part V	II) or ent	ty in coni	nection with professiona	l fundraisi	ing Y	es No
to be compensated at lea				mooro, paroaame to agree	sirie ires ari	adi milan ma	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont contrib	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(or re fundrai	nount paid to etained by) ser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No				
1							
2							
3							
4							
5							
6							
7							
8							
9							
0							
otal	1	1	•				
List all states in which the cregistration or licensing	organization is regi	stered or	licensed t	to solicit contributions o	or has bee	n notified it is e	exempt from

Part II	Fundraising	Events

Fundraising Events.

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

	receipts greater than \$5,000.		011101111 990-L2, IIIIe	s I and ob. List ever	To with gross	
		(a)Event #1	(b) Event #2	(c)O ther events	(d) Total events	
		(event type)	(event type)	(total number)	(add col (a) through col (c))	
		(event type)	(event type)	(total humber)	(6)	
KI e						
Reverne	1 Gross receipts	326,539			326,539	
<u>~</u>	2 Less Contributions	120,800			120,800	
	3 Gross income (line 1 minus line 2)	205,739			205,739	
	4 Cash prizes	·			,	
	5 Noncash prizes					
	6 Rent/facility costs	11,389			11,389	
JSes	7 Food and beverages	40,922			40,922	
ದ Expenses	8 Entertainment	·				
	9 Other direct expenses	80,373			80,373	
Disect Disect	10 Direct expense summary Add lines 4	through 9 in column (d)		132,684	
	11 Net income summary Subtract line 10	O from line 3, column (d)		73,055	
Par	Complete If the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on	
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))	
& 	1 Gross revenue					
ပ္	2 Cash prizes					
Expenses	2 cush prizes					
М Д	3 Noncash prizes					
Direct	4 Rent/facility costs					
_	5 Other direct expenses					
		Y es%	┌ Yes%	Yes %		
	6 Volunteer labor	☐ No	├ No	No		
	7 Direct expense summary Add lines 2					
	8 Net gaming income summary Subtrac	ct line 7 from line 1, col	umn (d)			
9	Enter the state(s) in which the organizat	uon conducte gaming ac	tuutios		•	
a		Yes No				
b	If "No," explain					
L0a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No					
b	If "Yes," explain					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493320093986 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number United Way Inc 06-0646653 united way of cent & ne connecticut **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section (d) A mount of cash **(b)** EIN (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

Part III can be duplicated if additional space is needed

(a) Type of graffic of assistar	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	(1)Description of non-cash assistance					
Part IV Supplemental :	Information. Provide the inf	ormation required in P	art I, line 2, Part III,	column (b), and any other a	additional information.					
Return Reference	Explanation									
FORM 990, PART IV	Through the UWCNCT Community Campaign, donors can direct their gifts to any qualified organization in the United State over which UWCNCT exercises/retains no discretion as to use due to donor instruction. In order to qualify, an organization must meet the following three criteria. (1) fully tax									

exempt, (2) donations are 100% tax deductible, (3) in full compliance with federal patriot act law As a member of United Way Worldwide (UWW), UWCNCT adheres to all membership criteria including the requirements for deducting expenses from donor-directed pledges (UWW publication titled

Schedule I (Form 990) 2015

"Cost Deduction Standards for Membership Requirement M")

Part II, Line 1h Organizations listed in Schedule I, Part II that have a purpose description of "Allocation Funding & Designated Gifts" represent agencies that have met United Way of Central and Northeastern Connecticut's standards for management, governance and fiscal accountability. They receive United Way Community Investment support for their work in the areas of children succeeding in school, financial security, and basic needs. They also receive donor

Additional Data

ADVENT UNITED METHODIST CHURCH

2258 WOODRUFF ROAD SIMPSONVILLE, SC 29681 Software ID: Software Version:

501c3

57-0895177

EIN: 06-0646653

Name: United Way Inc

united way of cent & ne connecticut

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant ıf applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance or government assistance other) Academy of Our Lady of 06-0653077 501c3 9,900 Donor Designated Gifts Mercy 200 High Street Milford, CT 064603249 ACCESS COMMUNITY 06-0801861 501c3 25,000 DONOR DESIGNATED ACTION AGENCY GIFTS 1315 MAIN STREET SUITE WILLIMantic, CT 06226

10,000

DONOR DESIGNATED

GIFTS

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) 53-0196605 501c3 235,328 Allocation Funding & American Red Cross 1501 South Brand Boulevard Designated Gifts Designated Gifts

Glendale, CA 91204					
Andover Hebron Marlborough	22-2595584	501c3	5,811		Donor De
Youth Services					
25 Pendelton Drive					

501c3

Hebron, CT 062481525 Archbishop's Annual Appeal

134 Farmington Avenue Hartford, CT 06105

06-0646669

10,275

Donor Designated Gifts

(a) Name and address of **(b)** EIN (c) IRC section (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 501c3 10,883 Archdiocese of Hartford 53-0196617 Donor Designated Gifts 134 Farmington Avenue Designated Gifts

Donor Designated Gifts

Hartford,CT061053723					<u> </u>
Autism Speaks - Boston	20-2329938	501c3	5,225		Donor De
85 Devonshire Street 9th FL					
Boston, MA 02109					l

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

501c3

Avon Old Farms School

500 Old Farms Road Avon, CT 06001

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) Birthright of Greater Hartford 23-7378225 501c3 7,253 Donor Designated Gifts Inc 014 Main Chroat Boom 216

East Hartford, CT 06108					
Boy Scouts of America Pine Tree Council 146 Plains Road	01-0211490	501c3	5,172		Donor D

New Britain, CT 060511828

Designated Gifts KAYMUND, ME 040/1 06-0660406

501c3 112,412 Boys & Girls Club of New Allocation Funding & Designated Gifts Britain Inc. 150 Washington Street

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 06-6026005 501c3 172,226 Boys & Girls Clubs of Hartford Allocation Funding & 170 Sigourney Street Designated Gifts Donor Designated Gifts

Donor Designated Gifts

23,879

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

501c3

Hartford, CT 06105			
Bread for Life Inc 133 Main Street 3rd Floor SOUThington, CT	06-1232902	501c3	5,570

06-0662112

064892574

Performing Arts 166 Capitol Avenue Hartford, CT 06106

Bushnell Center for the

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) Calvary Baptist Church 06-0870368 501c3 5,250 Donor Designated Gifts 470 Flm Street WINDSOR LOCKS CT

06096					
Capitol Squash Inc One State Street Hartford,CT 061033110	27-2791355	501c3	5,054		Donor D

331 Main Street Norwich, CT 06360

Designated Gifts 36,122 Allocation Funding & Catholic Charities Diocese of 06-0646609 501c3 Norwich Designated Gifts

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 06-0667607 501c3 533,760 Catholic Charities Inc. Allocation Funding & Archdocese of Hartford Designated Gifts 0.20 A autum Avanua 0.41

Hartford, CT 061052801					<u> </u>
CBIA Education Foundation Inc	22-2474078	501c3	29,179		Donor De
350 Church Street					1

501c3

CCARC Inc

950 Slater Road

New Britain, CT 060531658

06-6011543

CBIA Education Foundation	22-2474078	501c3	29,179		Donor Designated Gifts
Inc					
350 Church Street					
Hartford, CT 061031136					

13,211

Allocation Funding &

Designated Gifts

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) Children's Law Center 06-1381700 501c3 41,289 Allocation Funding & Designated Gifts 30 Arbor Street North Building Hartford, CT 061061215 Chinese Cultural Center 06-1043595 501c3 5,581 Donor Designated Gifts

PO Box 380825 East Hartford, CT

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

Wallingford, CT 064923818

061380825

06-0910420 501c3 7,524

Choate Rosemary Hall Donor Designated Gifts Foundation Inc. 333 Christian Street

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 06-0962262 501c3 25,000 Donor Designated Gifts Christian Heritage School Inc 575 White Plains Road Trumbull, CT 06611 Church of Jesus Christ of 23-7300405 501c3 15,000 Donor Designated Gifts Latter Day Saints

Donor Designated Gifts

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

501c3

50 East North Temple Room

14-1372649

Salt Lake City, UT 84150

163 Columbia Turnpike Rensselaer, NY 121443521

Church of St Mary at Clinton

1521

Heights

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) Citadel of Love The 06-1441758 501c3 7,317 Donor Designated Gifts Tabernacle of Celebration

Praise PO Box 1932 Hartford,CT 06144					
College of the Holy Cross	04-2103558	501c3	11,848		Donor Designated Gifts

Donor Designated Gifts

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

501c3

Trustees 1 College Street

PO Box 783 Biddeford, ME 04005

Worcester, MA 016102322 Community Bicycle Center

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) Community Child Guidance 06-0735879 501c3 22,273 Allocation Funding & Clinic Inc Designated Gifts 317 North Main Street ng &

Manchester, CT 06040					
Community Foundation of Eastern Connecticut PO Box 769 New London, CT 063200769	06-1080097	501c3	69,690		Allocation Funding Designated Gifts
					l

Allocation Funding &

Designated Gifts

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

501c3

Community Foundation of

Greater New Britain

74A Vine Street NEW BRitain, CT 06052

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 06-6079596 501c3 69,706 Donor Designated Gifts Community Health Charities of New England 1240 North Pitt Street Suite

Affiliates Inc.

270 John Downey Drive New Britain, CT 060512906

300 Alexandria, VA 223145601					
Community Health Resources 995 Day Hill Road Windsor, CT 060951722	06-6082527	501c3	7,785		Allocation Funding & Designated Gifts
Community Mental Health	06-0934544	501c3	97,995		Allocation Funding &

Designated Gifts

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 31-1768549 501c3 245,320 COMPASS Youth Allocation Funding & Collaborative Designated Gifts 55 Airport Road Suite 201 Hartford, CT 06114 esignated Gifts

Translata, at a dall t					
Connecticut Children's Medical Center 282 Washington Street Hartford, CT 061063322	06-0646755	501c3	27,914		Donor Des
Haltiold, CT 001003322					

Donor Designated Gifts

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

501c3

Connecticut Community Care

43 Enterprise Drive Bristol, CT 06010

Inc

(a) Name and address of (b) EIN (c) IRC section (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 06-1343149 501c3 12,100 Connecticut Forum Inc Donor Designated Gifts 750 Main Street HArtford CT 06103 1c3 5,229 Donor Designated Gifts

Donor Designated Gifts

28.408

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

501c3

Connecticut Golf Foundation	06-4161539	501
55 Golf Club Road		
CROMWELL CT 06416		

06-0667605

Connecticut Humane Society

Newington, CT 061111593

701 Russell Road

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance arant or government assistance other) Connecticut Legal Services 06-0955461 501c3 56,061 Allocation Funding & 62 Washington Street Designated Gifts Middletown, CT 06457 Designated Gifts

Donor Designated Gifts

Connecticut Pre Engineering	22-2966927	501c3	6,672		Donor De
Program Inc			·		
PO Box 2665					1
Middletown, CT 064570040					

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

501c3

Connecticut Public

Broadcasting Inc 1049 Asylum Avenue Hartford, CT 061052432

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Connecticut Rivers Council 06-0662110 501c3 151,082 Allocation Funding & Boy Scouts of America Designated Gifts 60 Darlın Street East Hartford CT Designated Gifts

061083256					
Connecticut Science Center 250 Columbus Blvd Hartford,CT 06103	06-1538101	501c3	12,936		Donor Designated Gifts
Connecticut Women's	06-0913214	501c3	9,950		Donor Designated Gifts

Education & Legal Fund Inc 1 Hartford Square West Suite

Hartford, CT 06106

300

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or government assistance other) 06-1035985 501c3 46,556 Allocation Funding & Connectikids 814 Asvlum Avenue Designated Gifts Hartford, CT 061052805 06-0653162 501c3 6.137 Donor Designated Gifts Corpus Christi School 581 Silas Deane Highway

Wethersfield, CT 06109 Cove Center for Grievina 06-1546563 501c3 6.074 Children Inc.

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

Meriden, CT 06450

Donor Designated Gifts 250 Pomeroy Avenue Suite 107

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 74-3238578 501c3 13,105 Covenant Preparatory School Donor Designated Gifts 135 Broad Street Hartford, CT 06105 esignated Gifts

Donor Designated Gifts

CWEALF	06-0913214	501c3	96,580		Donor Des
Hartford Square West Suite 1-					
300					
Hartford CT 06106					

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

501c3

Harttora, CT U6106

Inc

Dana Farber Cancer Institute

450 Brookline Avenue BP418 Boston, MA 022155418

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 06-0768663 501c3 28,903 East Catholic High School Donor Designated Gifts 115 New State Road Funding & d Gifts

Manchester, CT 06042					
Educational Resources for Children Inc 119B Post Road	03-0399205	501c3	62,634		Allocation F Designated

Donor Designated Gifts

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

501c3

ENFIEld, CT 06082

Emergency Aid Association

450 South Street Suffield, CT 060782210

Inc

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) **Engineers Without Borders** 84-1589324 501c3 7,400 Donor Designated Gifts IIC A

Donor Designated Gifts

1031 33rd Street Suite 210 Denver, CO 80205					
Ethel Walker School	06-0689699	501c3	7,954		Donor Designated Gifts

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

501c3

06-0646623

230 Bushy Hill Road Simsbury, CT 060702637 Fairfield University

1073 North Benson Road FAIRFIELD, CT 06824

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) Family Institute of 06-1282690 501c3 5,263 Donor Designated Gifts Connecticut

Designated Gifts

77 Buckingham Street HARtford, CT 06106					
Farmington Valley Academy Montessori 150 Fisher Ave avon.CT 06001	20-1571082	501c3	9,378		Donor De

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

Nurse Association

8 Old Mill Lane SIMSBURY,CT 06070

Designated Gifts avon, ci occor Farmington Valley Visiting 06-0646899 501c3 81,478 Allocation Funding &

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) Fidelco Guide Dog Foundation 06-6060478 501c3 8,954 Donor Designated Gifts Inc Designated Gifts

Donor Designated Gifts

103 Vision Way Bloomfield, CT 060025322					
First Church of Christ Congregation 75 Main Street	06-0669113	501c3	5,680		Donor De

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501c3

Farmington, CT 06032

First Church of Christ in

689 Hopmeadow Street Simsbury, CT 06070

Simsbury Inc

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) First Congregational Church 06 0727626 E0163 22 000 Danar Dagianatad Cifta

Designated Gifts

Donor Designated Gifts

in Bloomfield 10 Wintonbury Avenue	06-0/2/636	50163	23,000		Donor Designated Gilts
bloomfield,CT 060021342					
Foodshare Inc	22-2474771	501c3	236,247		Allocation Funding &

7,731

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

501c3

36-2195467

450 Woodland Avenue

Bloomfield, CT 060021342 Fox Valley United Way

44 East Galena Boulevard aurora, IL 60505

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) Gifts of Love Inc 06-1309318 501c3 18,870 Donor Designated Gifts 35 East Main Street ion Funding & ated Gifts

Donor Designated Gifts

Avon,CT 060010463					l
Girl Scouts of Connecticut 340 Washington Street	06-0646759	501c3	206,405		A llocation Designate
Hartford, CT 061063317					Designati

13,808

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

501c3

Grace Academy Inc

277 Main Street Hartford, CT 06106

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Granby Community Fund 501c3 13,027 Donor Designated Gifts 06-6037713 PO Box 94

Granby, CT 060350094					
Grayson County Crisis Pregnancy Center 105 West Pecan Street	75-2387198	501c3	5,000		Donor Do

Sherman, TX 75090

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

501c3

Greater Hartford Arts Council

PO Box 231436 Hartford, CT 061231436 23-7111486

Designated Gifts

89,164

Donor Designated Gifts

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) Greater Hartford Church of 06-1414914 501c3 7,680 Donor Designated Gifts Christ PO Box 1081 Fundina &

Donor Designated Gifts

Argyle,TX 762261081				
Greater Hartford Legal Aid Inc 999 Asylum Avenue 3rd Floor Hartford.CT 061052465	501c3	223,972		A llocation Funding Designated Gifts

70,230

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

501c3

Guide Dogs of America CT RI

& Western MA Chapters 300 Saybrook Road Higganum, CT 06441

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) HARC Inc 06-0710289 501c3 168.368 Allocation Funding & 900 Asylum Avenue Designated Gifts Hartford, CT 061051985 Designated Gifts

Hartford Area Habitat for	06-1253049	501c3	7,608		Donor Designated Gifts
Humanity					
780 Windsor Street					
Hartford,CT 061441933					
Hartford Foundation for Public Giving	06-0699252	501c3	176,382		Allocation Funding & Designated Gifts

Giving 10 Columbus Boulevard 8th

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

Floor

Hartford, CT 06106

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 06-0646938 501c3 440,473 Hartford Healthcare at Home Allocation Funding & Designated Gifts Inc 1290 Silas Deane Highway Designated Gifts

Donor Designated Gifts

Ste 4B Wethersfield, CT 061094337					
Hartford Hospital 80 Seymour Street	06-0646668	501c3	11,561		Donor D

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

501c3

Hartford, CT 06105

50 Church Street Hartford, CT 06103

Hartford Stage Company

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) Hartford's Camp Courant 06-1018155 501c3 5,484 Donor Designated Gifts 285 Broad Street Hartford CT 061153785 Designated Gifts

Hardora, CT 001133703					
Heart of Florida United Way 1940 Traylor Boulevard orlando,FL 32804	59-0808854	501c3	15,058		Donor Designated Gifts
HelpHOPELive	52-1322317	501c3	29,125		Donor Designated Gifts

2 Radnor Corporate Center Suite 100 100

Radnor, PA 19087

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501c3 13,713 Donor Designated Gifts High Hopes Therapeutic 06-0987749 Riding Inc (Old Lyme) 3 C T 144 - 4 - D . - 4 tion Funding &

Designated Gifts

Old Lyme, CT 063711142						
Hispanic Health Council 175 Main Street Hartford,CT 061061818	06-1018979	501c3	86,033		l .	Allocation Funding & Designated Gifts
Hockanum Valley Community	06-0864311	501c3	18,070			Allocation Funding &

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

29 Naek Road Suite 5A Vernon, CT 060663942

Council Inc

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or government assistance other) 06-1157655 501c3 6.488 Hole in the Wall Gang Fund Donor Designated Gifts Inc 555 Long Wharf Drive new haven, CT 06511 alth 06-0646620 501c3 7.194 Allocation Funding &

Designated Gifts

Donor Designated Gifts

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

501c3

Home & Community He	2 6
Services Inc	
101 Phoenix Avenue	

Enfield, CT 060831199
Hopewell Baptist Church

280 Windsor Avenue Windsor, CT 06095

(a) Name and address of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) House of Bread 06-1073478 501c3 7,477 Donor Designated Gifts 1453 Main Street

(e) Amount of non- (f) Method of valuation

(a) Description of

Donor Designated Gifts

Hartford, CT 06120					
Human Resources Agency of New Britain	06-0954802	501c3	250,799		Allocation Funding & Designated Gifts
180 Clinton Street					Designated Gifts
Nam Britain CT 000E33E13					1

9,102

(d) A mount of cash

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

501c3

(c) IRC section

(b) EIN

06-1353635

New Britain, CT 060533512

immaculate high school

73 Southern Boulevard danbury, CT 068106550

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Interval House 06-0960005 501c3 155,695 Allocation Funding & PO Box 340207 Designated Gifts

Hartford, CT 061340207					
Jewish Community Foundation of Greater Hartford 333 Bloomfield Ave Suite D West Hartford, CT 06117	06-1372107	501c3	20,593		Donor Designated Gifts
Jewish Family Service of Greater Hartford 333 Bloomfield Avenue Suite	06-0653062	501c3	125,546		Allocation Funding & Designated Gifts

West Hartford, CT 061171500

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 13-1635270 501c3 9,548 Tunior Achievement Inc. Donor Designated Gifts One Education Way esignated Gifts

_ colorado Springs,CO 80906					
Junior A chievement of Southwest New England	06-0665972	501c3	28,502		Donor Desi
70 Farmington Avenue					
Hartford, CT 061053704					

Donor Designated Gifts

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

501c3

Kingswood Oxford School Inc

170 Kingswood Road West Hartford, CT 061191430

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 06-1167174 501c3 22,055 Leadership Greater Hartford Donor Designated Gifts 30 Laurel Street Hartford, CT 06106 Designated Gifts

Legacy Bible Church 4818 FM 691 Denison,TX 750208206	75-2874919	501c3	15,200		Donor D
LISC Fiduciary for Hartford Neighborhood	13-3030229	501c3	192,000		A llocation Designa

Hartford, CT 06106

ition Fundina & nated Gifts 75 Charter Oak Avenue Suite 2-250

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) Literacy Volunteers of Central 22-2527030 501c3 45,737 Allocation Funding & Designated Gifts Connecticut 20 High Street New Britain, CT 06051 ion Funding & ted Gifts

Literacy Volunteers of Greater	23-7237570	501c3	50,534		Allocation
Hartford					Designate
30 Arbor Street South					
Building					
Hartford, CT 06106					

IncGlastonbury Little Lea 1579 Manchester Road glastonbury, CT 06033

Little League Baseball 06-1306901 501c3 5,000 Donor Designated Gifts

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Loyola College in Maryland 52-0591623 501c3 10.000 Donor Designated Gifts 4501 North Charles Street fts

baltımore, MD 21210					
Madina Academy 519 Palisado Avenue Windsor, CT 060950564	06-1589428	501c3	7,726		Donor Designated Gifts
					The state of the s

Donor Designated Gifts

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

501c3

20-3562371

Malta House of Care

19 Woodland Street Suite 21 Hartford, CT 061052535

Foundation

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Manchester Area Conference 23-7354956 501c3 29,459 Donor Designated Gifts of Churches

Donor Designated Gifts

466 Main Street Manchester, CT 060453804					
MARC Inc of Manchester 151 Sheldon Road	06-0712057	501c3	14,958		Allocation Funding & Designated Gifts

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

501c3

Mark Twain House

351 Farmington Avenue hartford, CT 06105

Manchester, CT 060422318

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Masonicare Partners Home 26-0758992 501c3 35,800 Allocation Funding & Health & Hospice Designated Gifts 104 South Turnpike Road

Wallingford, CT 064924320					
Masters School Inc 36 Westledge Road West Simsbury, CT 060922319	23-7016084	501c3	12,962		Donor Designated Gifts
Mıddlesex Hospital Homecare-VNA	06-0646718	501c3	5,600		Donor Designated Gifts

770 Saybrook Road - Bldig B Lower Level middletown, CT 06457

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 06-0665170 501c3 149,670 Donor Designated Gifts Middlesex United Way 100 Riverview Center Suite 230 Designated Gifts

Donor Designated Gifts

Middletown,CT 064572862					
My Sisters Place Inc 237 Hamilton Street Suite 203 Hartford CT 061062977	06-1079879	501c3	21,277		Donor Do

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

501c3

06-1480300

Mystic Aquarium & Institute

for Exploration 55 Coogan Boulevard mystic,CT 06355

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) National Conference for 13-1809982 501c3 14,866 Donor Designated Gifts Community & Justice Inc (NCCJ) esignated Gifts

820 Prospect Hill Road Suite A Windsor, CT 060951559					
Natural Resources Defense Council 40 West 20th Street	13-2654926	501c3	5,601		Donor Des

Donor Designated Gifts

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

501c3

new york, NY 10011 New Britain Museum of

American Art Inc 56 Lexington Street New Britain, CT 06052

(a) Name and address of (b) EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 501c3 32,388 New Britain-Berlin YMCA 22-2680676 Allocation Funding & Designated Gifts 50 High Street New Britain, CT 06051 North Texas Area United Way 75-0950126 501c3 20,812 Donor Designated Gifts

Donor Designated Gifts

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

501c3

PO Box 660

99 Union Street middletown, CT 06457

wichita falls,TX 76307

Northern Middlesex YMCA

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) Northside Church of Christ 51-0205042 501c3 7,360 Donor Designated Gifts 187 Tower Avenue Hartford, CT 06120 esignated Gifts

Northwest Catholic High	06-0768002	501c3	20,129		Donor De
School Foundation					
29 Wampanoag Drive					
West Hartford, CT					
061171299					

30 Laurel Street 3rd Floor Hartford, CT 06106

Nutmeg Big Brothers Big 06-0850379 501c3 160,936 Allocation Funding & Sisters Designated Gifts

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Old Saybrook Youth & Family 74-3129840 501c3 10,119 Donor Designated Gifts Services 322 Main Street

Spiritual Center

A101

749 Old Say Brook Road-Unit

Middletown, CT 06457

old saybrook,CT 06475					
Old Sturbridge Village Inc 1 Old Sturbridge Village Road Sturbridge,MA 015661138	04-2104809	501c3	5,135		Donor Designated Gifts
OM Foundation Sri Sai	26-3534277	501c3	6,116		Donor Designated Gifts

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 06-0876897 501c3 22,875 Opportunities Allocation Funding & Industrialization Center of Designated Gifts New Brit Designated Gifts

114 North Street New Britain, CT 060511918					
Our Companions Domestic Animal Sanctuary Inc PO Box 956	41-2047734	501c3	20,086		Donor De

Allocation Funding &

Designated Gifts

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

501c3

Manchester, CT 060450956 Our Piece of the Pie - OPP

20-28 Sargeant Street

Hartford, CT 06105

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) PKD Foundation 43-1266906 50163 5 215 Donor Designated Gifts

1001 E 101st Terrace Suite	43 1200300	30103	3,213		Donor Designated Onts
220					
Kansas City, MO 64131					
protectors of annimals inc	06-0959891	501c3	5,548		Donor Designated Gifts

Donor Designated Gifts

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

501c3

144 Main Street Unit O east Hartford, CT 06118 Providence College

1 Cunningham Square Providence, RI 02918

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Prudence Crandall Center 06-0968557 501c3 34,979 Allocation Funding &

501c3

Richard M Keane Foundation

Wethersfield, CT 061093105

126 Broad Street

Inc

06-1635181

594 Burritt Street New Britain, CT 06053					Designated Gifts
Quincy University 1800 College Avenue guincy.TL 62301	37-0661231	501c3	10,000		Donor Designated Gifts

6,412

Donor Designated Gifts

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 58-1276063 501c3 9,000 Roswell United Methodist Donor Designated Gifts Church esignated Gifts

Donor Designated Gifts

814 Mimosa Boulevard roswell,GA 30075					
Sacred Heart Church 446 Mountain Road	06-0653168	501c3	11,802		Donor De

15,775

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

501c3

suffield, CT 060782210 Saint Francis Hospital &

Medical Center Foundation 95 Woodland Street Hartford, CT 061051208

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance saint john's church 06-0653123 501c3 12,808 Donor Designated Gifts 670 Formington Avanua

Donor Designated Gifts

Allocation Funding &

Designated Gifts

west Hartford, CT 06119					
Saint Matthew Lutheran Church	06-1019980	501c3	5,209		

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

501c3

224 Lovely Street avon, CT 06001

Salvation Army 855 Asylum Avenue

hartford, CT 06142

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 06-0860153 501c3 42,613 Services for the Elderly of Allocation Funding & Designated Gifts Farmington 321 New Britain Avenue tion Funding & ated Gifts

Donor Designated Gifts

Unionville,C1_U6U851U41					
Sexual Assault Crisis Center of Eastern CT PO Box 24 Willimantic, CT 062260024	06-1033609	501c3	16,764		A llocatio Designat

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

501c3

Shriners Hospitals for

516 Carew Street Springfield, MA 01104

Children

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 22-2487294 501c3 6,611 Donor Designated Gifts Simsbury United Methodist Church 799 Hopemeadow Street Cimchury CT 060701021 ition Funding &

Donor Designated Gifts

South Park Inn Emergency Shelter 75 Main Street Hartford, CT 06106	06-1083735	501c3	84,930		Allocation Funding Designated Gifts

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

501c3

Special Olympics Connecticut

2666 State Street Suite 1 hamden, CT 06517

Inc

(a) Name and address of (b) EIN (c) IRC section (e) Amount of non- (f) Method of valuation (a) Description of (d) A mount of cash (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 501c3 13,000 St John's High School (MA) 04-2178393 Donor Designated Gifts 378 Main Street Designated Gifts

Donor Designated Gifts

29,978

shrewsbury,MA 01545					
St Thomas the Apostle School 25 Dover Road	06-0653046	501c3	5,689		Donor D

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

501c3

West Hartford, CT 06119 St Ann's Church of Avon

289 Arch Road Avon, CT 060014209

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) St Christopher School 22-2547126 501c3 9,618 Donor Designated Gifts signated Gifts

570 Brewer Street East Hartford, CT 06118					
St Dunstan Church-Rectory 1345 Manchester Road Glastonbury CT 06033	06-0913943	501c3	6,046		Donor Desig

Donor Designated Gifts

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

501c3

St George Greek Orthodox

433 Fairfield Avenue Hartford, CT 06114

Cathedral

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) St James Episcopal Church 06-0773790 501c3 9,853 Donor Designated Gifts

Donor Designated Gifts

3 Mountain Road Farmington, CT 060322339					
St Jude Children's Research Hospital	62-0646012	501c3	5,030		Donor Designated Gifts

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

501c3

262 Danny Thomas Place Memphis, TN 381051942

06-0676857

St Mary's Church

51 Freestone Avenue Portland, CT 06480

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) St Timothy Middle School 501c3 5.306 06-0760540 Donor Designated Gifts 225 King Phillip Drive West Hartford, CT 06117 501c3 5,638 06-1001527 Donor Designated Gifts

Donor Designated Gifts

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

501c3

St Vincent DeP	aul Place					
617 Main Street						
Middletown, CT	064572762					

Tampa Underground

1925 East 2nd Avenue Tampa, FL 33605

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or government assistance other) 05-0540805 501c3 5,918 Temple Beth Sholom Donor Designated Gifts Endowment Foundation Inc. 400 East Middle Turnpike manchester, CT 06040 Valley 06-6011136 501c3 35,593 Allocation Funding &

Designated Gifts

Donor Designated Gifts

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

501c3

The Arc of Farmington	١
(Favarh)	
225 Commerce Drive	

One Copenhill atlanta, GA 30307

The Carter Center Inc

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) 59-1340099 501c3 7.333 Donor Designated Gifts The Fletcher School 8500 Sardis Road ion Fundina &

Charlotte, NC 28270					
The Village for Families & Children	06-0668594	501c3	727,178		Allocation Funding Designated Gifts

Donor Designated Gifts

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

501c3

06-6051129

1680 Albany Avenue

11 Church Street tariffville, CT 06081

Hartford, CT 061051099 Trinity Episcopal Church

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Tri-Town Shelter Services Inc 06-1167566 501c3 5,246 Donor Designated Gifts PO Box 28 andıng &

Vernon,CT 06066					
True Colors Inc 30 Arbor Street Suite 201A Hartford,CT 061061215	06-1537001	501c3	26,385		Allocation Funding & Designated Gifts
Trustees of Columbia	13-5598093	501c3	15,750		Donor Designated Gifts

University 622 West 113th Street MC 4524

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

New York, NY 10025

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) United Labor Agency (John J 06-0987695 501c3 65.396 Allocation Funding & Driscoll ULA) Designated Gifts 56 Town Line Road . II.II CT 000074044 esignated Gifts

Donor Designated Gifts

ROCKY HIII, CT 0606/1241					
United States Olympic	13-1548339	501c3	12,236		Donor Des
Committee					
One Olympic Plaza					
Colorado Springs, CO					

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

501c3

809095724

Region

United Way California Capital

10389 Old Placerville Road sacramento, CA 95827

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) United Way Greater Capital 14-1364505 501c3 15,649 Donor Designated Gifts Region Inc PO Box 13865

501c3

United Way Meriden &

35 Pleasant Street Suite 1E Meriden, CT 064505786

Wallingford

06-0646714

United Way Greater Twin Cities PO Box 2949 Minneapolis, MN 55402 Donor Designated Gift	albany,NY 12212					
	Cities PO Box 2949	41-1973442	501c3	15,169		Donor Designated Gifts

Donor Designated Gifts

39,636

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) United Way of Central 501c3 23,150 Donor Designated Gifts 56-0529948

Carolinas Inc PO Box 890685 charlotte,NC 28289					
United Way of Central Indiana	35-1007590	501c3	22,312		Donor Designated Gifts

Donor Designated Gifts

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

501c3

15-0532073

Indianapolis, IN 46208 United Way of Central New

518 James Street Syracuse, NY 132202129

York

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) United Way of Central 73-0589829 501c3 19,453 Donor Designated Gifts Oklahoma

1444 Northwest 28th Street Oklahoma City, OK 73106					
United Way of Connecticut	06-1084194	501c3	283,826		Allocatio

501c3

Rocky Hill, CT 060671342 United Way of Greater Atlanta

100 Edgewood Avenue NE Atlanta, GA 30303

58-0566194

tion Funding & Designated Gifts Silas Deane Highway

15,290

Donor Designated Gifts

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) United Way of Greater Kansas 44-0545812 501c3 5,246 Donor Designated Gifts City 801 West 47th Street Suite

501c3

United Way of Greater

100 North Elm Street 2nd

Waterbury, CT 067021512

Waterbury

Floor

06-0646634

500 Kansas City, MO 64187					
United Way of Greater New Haven 370 James Street Suite 403 new haven, CT 06513	06-0646761	501c3	16,885		Donor Designated Gifts

49,214

Donor Designated Gifts

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) United Way of Harrison 55-0421431 501c3 8,350 Donor Designated Gifts County 301 West Main Street Room Designated Gifts

Donor Designated Gifts

608 Clarksburg, WV 263022452					
United Way of Indian River County Inc	59-1087090	501c3	10,045		Donor D

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

501c3

PO Box 1960

59-1051699

vero beach, FL 32961 United Way of Martin County

Stuart, FL 349950362

Inc PO Box 362

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant other) or government assistance United Way of Massachusetts 04-2382233 501c3 11,294 Donor Designated Gifts Bay and Merrimack County

501c3

United Way of Northwest CT

Torrington, CT 067903060

333 Kennedy Drive Suite

R101

06-6009309

PO Box 51381 boston, MA 02205					
United Way of New York City 205 East 42nd Street 12th Floor New York, NY 10017	13-2617681	501c3	5,565		Donor Designated Gifts

9,735

Donor Designated Gifts

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) United Way of Palm Beach 59-0683258 501c3 66,396 Donor Designated Gifts County Inc 477 Couth December Avenue

Suite 230 west palm beach, FL 33401					
United Way of Pioneer Valley 1441 Main Street Suite 147 Springfield MA 011031447	04-2152680	501c3	142,161		Donor Designated Gifts

Donor Designated Gifts

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

501c3

United Way of San Antonio &

700 South Alamo Street san antonio, TX 78205

Bexar County

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 95-2213995 501c3 39,215 United Way of San Diego Donor Designated Gifts 4699 Murphy Canyon Road

San Diego, CA 921234320					
United Way of Southeastern	06-0771393	501c3	34,963		Donor Designated Gifts
CT					
283 Stoddards Wharf Road					
Gales Ferry, CT 063350375					

Donor Designated Gifts

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

501c3

United Way of Southington

201

37 West Center Street Suite

Southington, CT 064892574

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) United Way of the Bay Area 94-1312348 501c3 6,889 Donor Designated Gifts 550 Kearny Street Suite 1000 San Francisco, CA 941082524 58-0572434 501c3 67,077 Donor Designated Gifts United Way of the

Chattahoochee Valley Inc 1100 5th Avenue

Columbus, GA 31901

Portsmouth, NH 038016890

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

United Way of the Greater 02-0271825 501c3 13,942

Donor Designated Gifts

Seacoast 112 Corporate Drive Unit 3

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) United Way of the Lakeshore 38-1426895 501c3 10,333 Donor Designated Gifts 31 East Clay Avenue Muckegon MT 40442 Designated Gifts

Muskeyon, MI 43442					
United Way of West Central	06-0653262	501c3	18,097		Donor De
200 Main Street					
Bristol, CT 06010					

Donor Designated Gifts

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

501c3

06-0879004

United Way of Western CT

Danbury, CT 068106550

(Stamford) 85 West Street

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) United Way of York County 01-0276862 501c3 138,148 Donor Designated Gifts (ME) Designated Gifts

Donor Designated Gifts

PO Box /2/ Kennebunk,ME 040430727					
United Way Worldwide PO Box 418607 Boston MA 022418607	23-7424837	501c3	259,368		Donor De

26,709

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

501c3

University of Connecticut

Foundation Inc. 2390 Alumni Drive storrs, CT 06269

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) University of CT Foundation 06-6070722 501c3 78.764 Donor Designated Gifts Inc 2390 Alumni Drive Unit 3206 esignated Gifts

Allocation Funding &

Designated Gifts

Storrs,CT 06269					
University of Saint Joseph 1678 Asylum Avenue West Hartford, CT 061172764	06-0646829	501c3	6,637		Donor De:

248,279

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

501c3

Urban League of Greater

140 Woodland Street Hartford, CT 061051210

Hartford

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) UWGPSNJ 23-1556045 501c3 30,954 Donor Designated Gifts 1709 Benjamin Franklin Parkway ed Gifts

Philadelphia, PA 191031294					
Valley Community Baptist Church 590 West Avon Road Avon, CT 06001	06-0948931	501c3	20,930		Donor Designated

Valley of the Sun United Way 86-0104419 501c3 16,469 Donor Designated Gifts

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

3200 F Camelback Rd Suite

Phoenix, AZ 850182328

375

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 15-0532074 501c3 30,643 valley united Way Donor Designated Gifts 201 Lafavette Street Suite 201 Designated Gifts

Designated Gifts

utica,NY 13502					
Valley United Way 54 Grove Street Shelton, CT 064844106	06-0847098	501c3	8,987		Donor Designated Gifts
Visiting Nurse & Health	06-0646795	501c3	36,955		A llocation Funding &

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

Visiting Nurse & Health

Services of CT Inc.

8 Keynote Drive Vernon, CT 060665040

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) 06-0653111 501c3 22,580 Donor Designated Gifts Wadsworth Atheneum Museum of Art 600 Main Street

Donor Designated Gifts

Donor Designated Gifts

5,426

11,168

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

501c3

501c3

Hartford, CT	06103
Watkınson S	chool
180 Bloomfie	eld Avenue

Westminster School Inc

995 Hopmeadow Street Simsbury, CT 06070 06-0655136

06-0646960

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Wethersfield Evangelical Free 06-0886824 501c3 9,493 Donor Designated Gifts Church

511 Maple Street wethersfield, CT 06109					
Windham Area Interfaith Ministry (WAIM) 866 Main Street	06-1122323	501c3	22,315		Allocation Designated

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

Stamford, CT 06901

on Funding & ted Gifts

Willimantic, CT 06226					
Women's Business Development Council 184 Bedford Street Suite 201	06-1493737	501c3	75,000		Donor Designated Gifts

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501c3 9,791 Women's League Inc 06-0646969 Donor Designated Gifts 1695 Main Street

Hartford, CT 06120					
Women's League Inc Child Development Center 1695 Main Street Hartford, CT 06120	06-0646969	501c3	572,589		Allocation Funding & Designated Gifts

6,589

Donor Designated Gifts

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

501c3

Worcester Polytechnic

100 Institute Road Worcester, MA 01609

Institute

04-2121303

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) 06-0771570 501c3 7,050 World Affairs Council Inc Donor Designated Gifts 1049 Asylum Avenue

Hartford, CT 061052432					
Wounded Warrior Project 4899 Belfort Road Suite 300	20-2370934	501c3	19,161		Donor D

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

501c3

Wounded Warrior Project

PO Box 758517 Topeka, KS 66675 20-2370934

Wounded Warrior Project	20-2370934	501c3	19,161		Donor Designated Gifts
4899 Belfort Road Suite 300					
Jacksonville, FL 322566033					

Donor Designated Gifts

8,621

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) 06-0881325 501c3 257,201 Allocation Funding & YMCA of Greater Hartford 50 State House Square 2nd Designated Gifts Floor

Allocation Funding &

Designated Gifts

Hartford, CT 061033902					
Youth United for Survivial Inc POBox 261140	22-2983677	501c3	5,931		Allocation Funding & Designated Gifts

109,331

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

501c3

Hartford, CT 061261140

06-0646993

YWCA Hartford Region

135 Broad Street

Hartford, CT 06105

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant **(b)** EIN (c) IRC section (d) A mount of cash organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) Allocation Funding &

Designated Gifts

501c3 180.551 YWCA of New Britain 06-0598620

19 Franklın Square

New Britain, CT 060512604

Compensation Information

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

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

its instructions is at www.irs.gov/form990.

DLN: 93493320093986 OMB No 1545-0047

2015

Open to Public **Inspection**

	▶ Attach to
Department of the Treasury	▶ Information about Schedule J (Form 990) and

Schedule J (Form 990)

Intern	nal Revenue Service	HIE	CCCIC	
	me of the organization Employer identification	tion nu	mber	
	ted Way Inc red way of cent & ne connecticut 06-0646653			
Pa	rt I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	_			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	-		
	Tax idemnification and gross-up payments Health or social club dues or initiation fees	-		ł
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	l I	 	
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	✓ Compensation committee			
	Independent compensation consultant Compensation survey or study	ļ		ļ
	Form 990 of other organizations A pproval by the board or compensation committee			ļ
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization	n		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a	<u> </u>	No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			

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

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

compensation contingent on the net earnings of

If "Yes," on line 6a or 6b, describe in Part III

The organization?

Any related organization?

6a

6b

7

8

Νo

Νo

Νo

Νo

Page 2

Schedule J (Form 990) 2015

2 PAULA S GILBERTO

PRESIDENT/CEO/SECRETARY

138,830

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
		Base (1) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 SUSAN B DUNN OUTGOING	(i)	192,980	0	1,540	22,107	8,558	225,185	0

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-M13C compensation			(C) Retirement and	(D) Nontaxable	(E) I Otal Ol	(F) Compensation in		
		Base (1) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred on prior Form 990		
1 SUSAN B DUNN OUTGOING	(i)	192,980	0	1,540	22,107	8,558	225,185	0		
PRESIDENT/CEO/SECRETARY	(ii)	0	0	0	0	0	0	0		

1.283

14,049

10,001

164,163

Schedule J (Form 990) 2015

Return Reference	Explanation		
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information		
Part IIII Supplemental Inform	nation		
Schedule J (Form 990) 2015			

Schedule J (Form 990) 2015

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE M**

DLN: 93493320093986

2015

OMB No 1545-0047

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

(Form 990)

Department of the Treasury

Internal Revenue Service

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

	ne of the organization				Employer identification	on num	ber	
Inited Way Inc inited way of cent & ne connecticut					06-0646653			
Р	art I Types of Property			<u>'</u>				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	termını		is
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	18	158,247	FAIR VALUE			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens				 			
	Archeological artifacts							
	Other ► ()							
	Other ▶ ()							
	Other ▶ ()							
	Other ▶ ()				<u> </u>			
29	Number of Forms 8283 received for which the organization comple				29			
30	a During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1 through 28, that	\	Yes	No
	it must hold for at least three ye	ars from th	e date of the initial contribu	tion, and which is not requi	red to be used			
	for exempt purposes for the enti	re holding p	period?			30a)	Νo
	b If "Yes," describe the arrangeme				<u> </u>			
	Does the organization have a gif			eview of any non-standard	contributions?	31	Yes	

contributions? . . .

b If "Yes," describe in Part II

describe in Part II

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

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

32a

Yes

Page 2

Schedule M (Form 990) (2015)

Community Campaign The date of the gift/payment is the day the stock passes from the donors control to UWCNCT UWCNCT advises its broker, a third party, to sell all such stock transfers immediately upon receipt

2015

Open to Public Inspection

DLN: 93493320093986 OMB No 1545-0047

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

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

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

990-EZ)

Treasurv

Service

Department of the

Internal Revenue

Employer identification number 06-0646653

990 Schedule O, Supplemental Information

Return Reference Explanation Form 990, Part VI, By Laws, Article VI "Members" 1 - The corporation shall have one class of members consisting of each individual Section A, line 6 and corporate contributor to the United Way's annual campaign in the preceding calendar year Form 990, Part VI, By Laws, Article VI "Members" 2 - An annual meeting of the members of the United Way shall Section A, line 7a I be held each year on such date and at such time and place as the Board Chair shall fix, for the purpose of electing Directors and other business as may properly come before the m eeting

990 Schedule O, Supplemental Information

· ·	UWCNCT's Audit Committee reviews and accepts the 990. Then it is reviewed and accepted by the Finance Committee. It is then provided in electronic form to each member of the Board several days prior to the November Board meeting at which time it is presented for acceptance by the full Board.
Form 990, Part VI,	ANNUALLY EACH MEMBER OF THE BOARD IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT

ST STATEMENTS ARE COMPLETED BY ALL STAFF AND REVIEWED BY THE PRESIDENT & CEO.

EACH BOARD MEMBER STATEMENT IS REVIEWED BY THE AUDIT COMMITTEE CHAIR CONFLICT OF INTERE

Explanation

Return Reference

Section B. line 12c

990 Sc on Reti Refer Form 9

line 15

90 Schedule O, Supplemental Information				
Return Reference				
Form 990,	SENIOR EXECUTIVE COMPENSATION PO			
Part VI,	BOARD MEMBER AND WILL HAVE AT L			
Section B.	ORGANIZATION STAFF (EXCLUDING TH			

OLICY THE BENEFITS AND COMPENSATION COMMITTEE WILL - BE CHAIRED BY A

Explanation

LEAST THREE OTHER MEMBERS FROM THE BOARD. THE COMMUNITY AND/OR 'HE CEO) WHO POSSESS EXPERIENCE AND EXPERTISE IN HUMAN RESOURCES AND BENEFITS - PARTICIPATE IN THE REVIEW OF THE SENIOR EXECUTIVE COMPENSATION ANNUALLY (DEFINED AS ANY POSITION

VICE PRESIDENT AND ABOVE) AND DOCUMENT VIA THE MINUTES AND VOTE THEIR REVIEW AND OVERSIGHT OF THE COMPENSATION PROCESS AND DATA - DEVELOP A REPORT THAT WILL INCLUDE MEETING MINUTES AND SUPPORTING

MATERIALS THAT DOCUMENT EXECUTIVE COMPENSATION DECISIONS APPROVED BY THE EXECUTIVE COMMITTEE OR THE BOARD THE BENEFITS AND COMPENSATION COMMITTEE CHAIRPERSON WILL - REPORT AND RECOMMEND EXECUTIVE

COMPENSATION AND BENEFITS TO THE EXECUTIVE COMMITTEE AND THE BOARD - IN CONJUNCTION WITH HUMAN RESOURCES, REPORT SPECIFICALLY THE PRESIDENT AND CEO COMPENSATION INFORMATION TO THE UNITED WAY WORLDWIDE MEMBERSHIP ACCOUNTABILITY COMMITTEE (MAC) ALONG WITH THE BENEFITS AND COMPENSATION COMMITTEE POLICY ON COMPENSATION COMPENSATION REVIEW THE BENEFITS AND COMPENSATION COMMITTEE WILL

REVIEW AND RECOMMEND SENIOR EXECUTIVE COMPENSATION AND BENEFITS TO THE EXECUTIVE COMMITTEE ON AN

ANNUAL BASIS, TYPICALLY PRIOR TO THE NOVEMBER BOARD MEETING CONSIDERATION WILL INCLUDE COMPARABLE

MARKET DATA, FINANCIAL CIRCUMSTANCE OF THE ORGANIZATION AND PERFORMANCE OF THE INDIVIDUAL ALL SENIOR EXECUTIVES' COMPENSATION AND BENEFITS (DEFINED AS ANY POSITION VICE PRESIDENT AND ABOVE) WILL BE REVIEWED

ANNUALLY BY HR UTILIZING COMPENSATION BEST PRACTICES NO SENIOR EXECUTIVE MAY PARTICIPATE IN THE DELIBERATION OR THE RECOMMENDATION OF THE BENEFITS AND COMPENSATION COMMITTEE OR THE EXECUTIVE COMMITTEE WITH RESPECT TO SUCH SENIOR EXECUTIVE'S COMPENSATION OR BENEFITS TYPICALLY AT THE NOVEMBER

BOARD MEETING, THE RECOMMENDATIONS WILL BE REVIEWED AND APPROVED BY THE BOARD IN ORDER TO REMAIN

RELATIVELY COMPETITIVE FOR STAFFING PURPOSES, IT IS OUR GOAL TO MAINTAIN SALARIES WITHIN 10% - 15% OF THE POSITION MEDIAN AS REFLECTED BY THE MARKET MARKET IS GENERALLY DEFINED AS COMPARABLY-SIZED CHARITABLE.

ORGANIZATIONS WITH SIMILAR MISSION STATEMENTS, LOCATED IN THE NORTHEAST. MARKET DATA MAY INCLUDE FOR-PROFIT ORGANIZATIONS, TO THE EXTENT REQUIRED BY THE LOCAL MARKET FOR TALENT. IF A POSITION FALLS BENEATH

THE 15% RANGE. IT IS REVIEWED AND A SALARY ADJUSTMENT MAY OR MAY NOT BE RECOMMENDED. THIS RANGE IS OFFERED AS A GUIDELINE NOT AN EXACT MEASURE AND CONSIDERATION IS GIVEN TO AN INDIVIDUAL'S PERFORMANCE,

CONTRIBUTION, EXPERIENCE, ETC. AS PART OF THE COMPENSATION. UNITED WAY WORLDWIDE (UWW) DATA IS A PRIMARY SOURCE FOR ALL STAFF COMPENSATION ANALYSES WHICH IS COMPRISED OF DATA SOLICITED PERIODICALLY FROM

UNITED WAYS ACROSS THE COUNTRY UWW DATA IS THEN NARROWED BY REGION AND REVENUE LEVELS TO ENSURE

APPLICABILITY SPECIFIC COMPENSATION SURVEYS ARE ALSO ORDERED TO PROVIDE ADDITIONAL DATA SOURCES AS

WELL ALONG WITH ANY FREE ONLINE TOOLS THAT PROVIDE COMPENSATION DATA FOR SENIOR EXECUTIVES, DATA FOR

LOCAL NON PROFITS OF COMPARABLE SIZE ARE ALSO UTILIZED VIA INFORMATION ON THE IRS FORM 990 WE STRIVE TO

FIND MULTIPLE DATA SOURCES TO ENSURE THAT WE HAVE A THOROUGH COMPARISON FOR EACH POSITION MERIT BASED

COMPENSATION PERFORMANCE WILL BE REVIEWED ANNUALLY TYPICALLY ON OR ABOUT JULY 1ST, THE BEGINNING OF THE FISCAL YEAR UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT WILL RECOGNIZE PERFORMANCE WITH

INCREASES TO BASE SALARY FOR ELIGIBLE EMPLOYEES SALARY INCREASES ARE NOT AUTOMATIC EACH YEAR, BUT ARE BASED ON PERFORMANCE, FINANCIAL CIRCUMSTANCES OF THE ORGANIZATION AND THE DISCRETION OF MANAGEMENT

AND THE BOARD SALARY RANGES FOR POSITIONS WILL BE ESTABLISHED AND REVIEWED PERIODICALLY TO ENSURE SUCH RANGES REFLECT THE MARKET MANAGEMENT RETAINS DISCRETION TO PROVIDE A LUMP SUM PAYMENT IN LIEU OF A

SALARY INCREASE IN THE EVENT AN INDIVIDUAL'S SALARY IS NEAR OR ABOVE THE MARKET RANGE FOR THE POSITION PRESIDENT AND CEO EXPENSE REVIEW PROCESS. A STAFF PERSON OF FINANCE (INDIVIDUAL RESPONSIBLE FOR ACCOUNTS)

PAYABLE) OR DESIGNEE IS RESPONSIBLE FOR GATHERING AND COMPILING THE DETAILS OF THE PRESIDENT AND CEO'S

EXPENSES INCLUDING CREDIT CARD EXPENSES THESE ARE THEN PROVIDED TO THE CHAIRMAN OF THE BOARD OF

DIRECTORS BY THE CHIEF FINANCIAL OFFICER FOR REVIEW AND APPROVAL ON A QUARTERLY BASIS

Form 990. The Organization uses Guidestar ORG and their own website to make the governing documents. Part VI. conflict of interest policy, and financial statements available to the public

Section C. line 19

990 Schedule O, Supplemental Information

Return Reference Explanation

THE TAX YEAR

, ,	pension related changes other than net periodic pension cost -624,643 CHANGE IN INVESTMENTS HELD IN TRUST BY OTHERS -408,611
EODM GOD DA DT VILLINE	THERE HAVE BEEN NO CHANGES MADE TO THE ORGANIZATION'S OVERSIGHT OR SELECTION DROCESS DI IDINIG