

# EXTENDED TO MAY 17, 2021

Form 99

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

ax year beginning JUL 1, 2019 and ending JUN 30.

2019
Open to Public Inspection

			ending U	ON 30, 2020					
B Check applica		C Name of organization	C Name of organization						
Add chai		DITTED WAY OF CONNECTICUT, INC.							
	Name Chan	Doing business as		06-10841	94				
	] Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r				
	Final	13// CTING DEANE UTCHMAY							
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	Y and S	G Gross receipts \$	19,992,190.				
	Amer	ROCKI HILL, CT 00007		H(a) Is this a group re					
	Appli	F Name and address of principal officer: MITCH BEAUREGARD		for subordinates					
	pend	SAME AS C ABOVE		H(b) Are all subordinates in					
		empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) 0	or 527		list. (see instructions)				
		te: ► WWW.CTUNITEDWAY.ORG		H(c) Group exemptio	n number				
	orm o	forganization: X Corporation Trust Association Other Summary	L Year	of formation: 1974	M State of legal domicile; CT				
	1	Briefly describe the organization's mission or most significant activities: THE 1	MISSIO	N OF UNITED	WAY OF				
Se		CONNECTICUT IS TO HELP MEET THE NEEDS OF							
Governance	2	Check this box  if the organization discontinued its operations or dispos							
Ver	3			3	18				
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	17				
φ 0	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	255				
Activities &	6	Total number of volunteers (estimate if necessary)			1				
Cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
4	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.				
77/				Prior Year	Current Year				
0	8	Contributions and grants (Part VIII, line 1h)		18,151,190.	19,419,081.				
n n	9	Program service revenue (Part VIII, line 2g)		556,395.	519,647.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.				
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,364.	53,462.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,739,949.	19,992,190.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
= 111	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		11,899,669.	13,750,279.				
Sua		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.	6 600 046	6 004 004				
۳		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,683,346.	6,224,081.				
200		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,583,015.	19,974,360.				
		Revenue less expenses. Subtract line 18 from line 12		156,934.	17,830.				
ets or	20	Total coasts (Part V. line 16)	Be	ginning of Current Year	End of Year				
Net Asse	20	Total assets (Part X, line 16)		7,173,854.	7,582,542.				
net	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		4,702,000. 2,471,854.	5,092,858.				
	rt II	Signature Block	*******	2,4/1,004.	2,489,684.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	inter and to the heet of my	knowledge and helief it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			knowledge and beller, it is				
		NAS	ion properor		6/2020				
Sign Here		Signature of officer		Date	7-				
		MITCH BEAUREGARD, TREASURER							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid		PATRICIA MCGOWAN PATRICIA MCGOWAN	1 1	1/16/20 if self-employ	P00184514				
Prepa	arer	Firm's name COHNREZNICK LLP			22-1478099				
Use (	Only	Firm's address 350 CHURCH STREET, 12TH FLOOR							
		HARTFORD, CT 06103		Phone no.95	9-200-7000				
May	the IF	S discuss this return with the preparer shown above? (see instructions)		3914/34	X Yes No				

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION OF UNITED WAY OF CONNECTICUT (UWC) IS TO HELP MEET THE	
	NEEDS OF CONNECTICUT AND ITS RESIDENTS BY PROVIDING INFORMATION,	
	EDUCATION AND CONNECTION TO SERVICES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$8 , 571 , 468 . including grants of \$) (Revenue \$\$	
та	211, A PROGRAM OF UWC, IS A STATEWIDE 24 HOUR TELEPHONE AND INTERNET	<u>•</u> ,
	INFORMATION AND REFERRAL SERVICE THAT PROVIDES FREE HEALTH AND HUMAN	
	SERVICES AND COMMUNITY REFERRALS, AS WELL AS CRISIS INTERVENTION TO	
	ANYONE IN CONNECTICUT. FAMILIES SIMPLY DIAL 211 TO GET CONNECTED OR LOG	
	ON TO WWW.211CT.ORG. IN ADDITION, UWC OPERATES SEVERAL SPECIALIZED CALL	
	UNITS: 211 CHILD DEVELOPMENT INFOLINE, EMERGENCY MOBILE CRISIS	
	INTERVENTION SERVICES, AND 211 HOUSING. IN FY20, 211 HANDLED 313,342	
	CALLS AND REGISTERED 1,447,141 WEB VISITS FROM PEOPLE ACROSS	—
	CONNECTICUT. 211 MAINTAINS A COMPUTERIZED DATABASE OF 3,814 HEALTH AND	
	HUMAN SERVICE AGENCIES OFFERING 35,886 SERVICES AND OVER 4,000 LICENSED	
	CHILD CARE FACILITIES. 211 OPERATES 24 HOURS A DAY, 365 DAYS A YEAR,	
	WITH MULTILINGUAL CALL SPECIALISTS AND TDD ACCESS AVAILABLE.	
4b	(Code:) (Expenses \$7,620,082. including grants of \$) (Revenue \$	— <sup>)</sup>
	MODERATE INCOME WORKING FAMILIES PAY FOR CHILD CARE. UWC'S SCOPE OF	
	RESPONSIBILITY INCLUDES CALL CENTER, INTAKE, ELIGIBILITY, INVOICE	
	PROCESSING, MAILROOM, GRIEVANCE AND MEDIATION, AND PROGRAM OUTREACH.	
	23,786 CHILDREN ENROLLED IN CARE 4 KIDS RECEIVED 216,915 CALLS, AND	
	PROCESSED 66,000 INVOICES.	
	2-1-1 CHILDCARE: SERVES AS CONNECTICUT'S CHILD CARE RESOURCE AND	
	REFERRAL SYSTEM. ASSISTS PARENTS AND CHILD CARE PROVIDERS IN LOCATING	
	APPROPRIATE RESOURCES AND REFERRALS; EDUCATES PARENTS/PROVIDERS ON	
	QUALITY INDICATORS OF EARLY CHILDHOOD PROGRAMS; MAINTAINS A DATABASE OF	
	5,000 LICENSED AND LICENSE-EXEMPT PROGRAMS IN CONNECTICUT; DELIVERS PROVIDER ORIENTATION TRAINING AND MATERIALS FOR IN-HOME PROVIDERS;	
4c	(Code:) (Expenses \$1, 160, 065.	<u>•</u> )
	AND ANALYSIS THAT INFORMS LOCAL COMMUNITY AND STATE PLANNING AND DECISION MAKING. SUPPORTS 15 LOCAL UNITED WAYS IN THEIR COMMUNITY	
	IMPACT WORK.	—
	IMPACI WORK.	
		—
		—
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$\frac{\text{including grants of \$\}}{17,351,615}\$\)  Total program service expenses ►\frac{17,351,615}{17,351,615}\$\)	—
<u>4e</u>	Total program service expenses ► 17,351,615.	010

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# Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ū	, , ,	8		x
9	Schedule D, Part III	_		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	-		
10		10		x
44	or in quasi endowments? <i>If</i> "Yes," complete Schedule D, Part V	10		
11				
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
	Part VI	11a	- 21	_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
	Schedule D, Parts XI and XII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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	4 41:		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>v</sub>
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0		<sub>v</sub>
۵.	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ـ		_ v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	1	X

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Form 990 (2019) UNITED WAY OF CONN
Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 2 Did the organization answer "Yes" to Part VIII, Section A, line 34, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. Schedule J. Schedule J. Schedule J. Schedule V. Part VIII Section A, line 34, 4, or 5 about compensation of the organization is according to the very first was sessed after December 31, 2002? If "Yes," answer times 24th through 24d and complete Schedule K. If "No." go to line 25e Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Q4d DID the organization and the person during the year? If "Yes," complete Schedule L. Part I Schedule K. If "No." go to line 25e Did the organization and t		i (continued)		Yes	No
Part X, column (A), line 27 (** Yes, ** complete Schedule I, Parts I and III 20 Did the organization assert** yet* to Part VI), Sciol on A, line 3.4, or 5 about compensation of the organization sourcert and former officers, directors, trustees, key employees, and highest compensated employees? ** If Yes, ** complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? ** If Yes, ** answer lines 240 through 244 and complete Schedule J** If Yes, ** organization research are accord account of the than a returning serrow at any time during the year to defease any tax-exempt bonds? ** Old the organization marks an exerce account of the than a returning serrow at any time during the year? ** 24d ** Old the organization are acrow account of the than a returning serrow at any time during the year? ** 24d ** Old the organization are acrow account of the than a returning serrow at any time during the year? ** 24d ** Old the organization are as an ** on behalf of issuer for bonds outstanding at any time during the year? ** 24d ** Old the organization are acrow account of the year if Yes, ** complete Schedule I, Part I ** 25a ** 1.5 **	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
20 Did the organization answer "Yes" to Part VII, Section A, line 3,4 or 5 about compensation of the organization current and former offices, directors, truteles, key employees, and highest compensated employees? ""Yes," complete Schedule J. A 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? ""Yes," answer lines 24b through 24d and complete Schedule K. ""No," go to line 25a.  b Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary period exception" 24b.  c Did the organization manitaria an escrive account other than a refunding escrive at any time during the year? 24d.  c Did the organization manitaria an escrive account other than a refunding escrive at any time during the year? 24d.  d Did the organization manitaria an escrive account other than a refunding escrive at any time during the year? 24d.  d Did the organization manitaria in escrive account other than a refunding escrive at any time during the year? 24d.  d Did the organization manitaria in escrive account of the than a refunding escrive at any time during the year? 24d.  d Did the organization avaire that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a.  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior forms 990 or 990-E27" "Yes," complete Schedule L, Part II 25b.  b Is the organization aware that it engaged in an excess benefit transaction with any organization avaire at the engage and an exception prior and that the transaction in sport any organization avaire at the engage at any organization avaire at the engage at any exception organization avaire at a series of the organization and exception organization prior organization avaire at a series organization a			22		Х
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II lead by of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24th and complete Schedule K. If "No." to be time 25e.  Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  24c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  24d Did the organization invest any account other than a returnding secrow at any time during the year to defease any tax-exempt bonds?  24d Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization available person during the year?  24d Did the organization available person during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organizations prior Forms 990 or 900-E27. If "Yes," complete Schedule L, Part II  25b Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 39% or complete Schedule L, Part II  26b Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part III  27c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part	23				
Schedule J.  20 A 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?   31 A Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  22 B Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  23 B Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  24 C Did the organization are act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24 C Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25 S Section 501(5)(3, 501(4)4) and 501(6)(29) organizations. Did the organization angain in acxesses benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I  25 Section 501(5)(3, 501(4)4) it legaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part II  26 Did the organization aware that legaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L. Part II  27 Did the organization provide a grant or other assistance to any current or forms officer, director, trustee, key employee, creator or founder, substantial contributor, or 39% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part IV instructions, for applicable filing thresholds, conditions, and exceptions;  3 A current or forms officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part IV instructions, for applicable filing thresholds, conditions, and exceptions;  3 A Current or forms officer, director, trustee, key employee, creator f					
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was sixed after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a.  24b Did the organization maintain an escrow account other than a retruding escrow at any time during the year to defease any tax exempt bonds?  24c Did the organization maintain an escrow account other than a retruding escrow at any time during the year to defease any tax exempt bonds?  24d Did the organization avairation and secrow account other than a retruding escrow at any time during the year? Of the properties of the properties of the organization engage in an excess benefit transaction with a disqualified person of the properties of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was the tengaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was the engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction share any of the organizations prior Forms 990 or 990-E27 If "Yes," complete Schedule L. Part II  25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creater or founder, substantial contributor, or 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  26c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or former, officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or form		, · · ·	23	Х	ı
Schedule K. If "No.," go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Ves," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Ves," complete Schedule L, Part I 55b b Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fustee, key employee, creator or founder, substantial contribution, or 35% controlled entity of ramily member of any of these persons? If "Yes," complete Schedule L, Part II 62b C Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ramily member of any of these persons? If "Yes," complete Schedule L, Part III 72c C Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III 72c 72c 72d	24a				
Schedule K. If "No.," go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Ves," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Ves," complete Schedule L, Part I 55b b Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fustee, key employee, creator or founder, substantial contribution, or 35% controlled entity of ramily member of any of these persons? If "Yes," complete Schedule L, Part II 62b C Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ramily member of any of these persons? If "Yes," complete Schedule L, Part III 72c C Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III 72c 72c 72d		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b c Did the organization invest any proceeds of tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a Is Is the organization aware that the engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25b Is the organization aware that the engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25c Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part III  27c Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor? If "was," complete Schedule L, Part IV instructions, for applicable ling thresholds, conditions, and exceptions;  a A current or former officer, director, frustee, key employee, creator or founder, or substantial contributor? If "yes," complete Schedule L, Part IV instructions, for applicable ling thresholds, conditions, and exceptions;  a A current or former officer, director, frustee, key employee, creator or founder, or substantial contributor? If "yes," complete Schedule L, Part IV instructions, for applicable Schedule R, Part IV, Instructions, for applicable and provide exceptions; If "y			24a		Х
any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? (""" """ """ """ "" """ """ """ """ ""	b		24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(QS), 501(QH), and 501(QS) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have been reported on any of the organization is pror Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  25b Did the organization propriary amount on Part X, line 5 or 22, for receivables from or payables to any current or form or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  27c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or a 59% controlled entity (including an employee thereof) or family member of any officer, director, trustee, key employee, creator or founder, substantial contributor, or a 59% controlled entity (including an employee thereof) or family member of any officer, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV III III III III III III III III III	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(QS), 501(QH), and 501(QS) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have been reported on any of the organization is pror Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  25b Did the organization propriary amount on Part X, line 5 or 22, for receivables from or payables to any current or form or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  27c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or a 59% controlled entity (including an employee thereof) or family member of any officer, director, trustee, key employee, creator or founder, substantial contributor, or a 59% controlled entity (including an employee thereof) or family member of any officer, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV III III III III III III III III III		any tax-exempt bonds?	24c		
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 (if "yes," complete Schedule L, Part I	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? # "Yes," complete Schedule I, Part I	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // *Yes,* complete Schedule L, Part I / 25b    25b   Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or formerds, substantial contributor, or 35% controlled entity or family member of any of these persons? // *Yes,* complete Schedule L, Part II / 26    27  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity fincluding an employee thereof) or family member of any of these persons? // *Yes,* complete Schedule L, Part IV / 27    28  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV / 28a   A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // */*  28  Yes,* "complete Schedule L, Part IV / 28a   A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? // */*  28  Yes,* "complete Schedule L, Part IV / 28a   A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? // */*  28  Yes,* "complete Schedule L, Part IV / 28a   A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? // */*  28  Yes,* "complete Schedule L, Part IV / 28a   Did the organization receive more than \$25,000 in non-cash contributions? // *Yes,* "complete Schedule M / 30   Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // *Yes,* "complete Schedule M / 31   Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // *Yes,* "comple		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Schedule L, Part I   25b     25b	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of minity member of any of these persons? If "Yes," complete Schedule L, Part II		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		Schedule L, Part I	25b		X
controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part // 20 bit the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // "Yes," complete Schedule L, Part IV 28b	26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III 27  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IIV instructions, for applicable filing thresholds, conditions, and exceptions):  29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV 28a A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV 28b 28c 28d 4 family member of any individual and/or organizations described in lines 28a or 28b? If 'Yes,' complete Schedule L, Part IV 28c 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 29 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37! If 'Yes,' complete Schedule R, Part I 32 Did the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 and 101.7701-37! If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 and 101.7701-37! If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 and 101.7701-37! If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 2 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part IV, line 2 35b			1		
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // 288   b A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV   28b   c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? // 28c   29		controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a 28b	27		1		
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current of former officer, director, frustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV.  28a  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28b  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "Yes," complete Schedule L, Part IV.  29  29  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  32  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II.  34 Was the organization realed to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule O and provide explanations in Schedule O for Part V, line 1  37 Did the organization complete Sched					
instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV  28b  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  28b  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization individate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V II  38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partners		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 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 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  Bit "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, Iine 2  To plot the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  37 If "Yes," complete Schedule R, Part V, line 2  38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization?  37 If "Yes," complete Schedule R, Part V, line 2  38 Did the organization complete Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Check if Schedule O contains a response or note to any line in this Part 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  Lease 1					
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part II  32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V II  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule	а				
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c  9 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  55 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  56 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O and provide explanations in Schedule O for Part VI, Iines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  8 Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					<u> </u>
"Yes," complete Schedule L, Part IV  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19?  A Ves  1a Enter the number reported			28b		X
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 conservation contributions? If "Yes," complete Schedule M. Part I. 31  30  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 32  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X  35b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, Iines 1 37  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, Iines 11b and 19? Note: All Form 990 filers are required to complete Schedule O for Part VI, Iines 11b and 19? Note: All Form 990 filers are required to complete Schedule O for Part VI, Iines 11b and 19? Note: All Form 990 filers are required to complete Schedule O for Part VI, Iines 11b and 19? Note: All Form 990 filers are requ	С				
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part II 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 If "Yes," complete Schedule R, Part V, line 2 38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 39 Note: All Form 990 filers are required to complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 30 Veta All Form 990 filers are required to complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 30 Veta All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? 31 Enter the number of Forms W-2G included in line 1a. Enter -0: if not applicable be a label of the organization comply with backup withhold					X
contributions? If "Yes," complete Schedule M  30   31   Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31   32   Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32   Schedule N, Part II  33   Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  34   Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35   Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35   If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36   Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36   Section 501(c)(3) organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V   37    38   Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  2   Part 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  4   Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable  5   Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		, ,	29		Х
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30				37
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If "Yes," complete Schedule R, Part V, line 2	36		330		
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Check if Schedule O contains a response or note to any line in this Part V  Yes  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X	Par	t V Statements Regarding Other IRS Filings and Tax Compliance	, 30		
Ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  Yes  Yes  1a 54  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b 0  To X					
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable     1a     54       b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable     1b     0       c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?     1c     X				Υρς	No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X	19	Enter the number reported in Box 3 of Form 1096. Enter -0: if not applicable		169	140
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Form 990 (2019) UNITED WAY OF CONNECTICUT, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 255								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			₩.					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
р	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
7	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70		Х					
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		21					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	15							
·	to file Form 8282?	7c		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders  Cross income from ethan courses (De not not amounts due or noid to other courses against								
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)								
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. <u>.</u> .a							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.		990	(00:5:					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 18							
	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 on Schedule O.							
b	b Enter the number of voting members included on line 1a, above, who are independent1b17							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶CT							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble				
. =	for public inspection. Indicate how you made these available. Check all that apply.	,/		-				
	X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	ial					
.5	statements available to the public during the tax year.	αι ι						
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
_0	SUSAN COLBY - 860-571-7539							
	1344 SILAS DEANE HIGHWAY, ROCKY HILL, CT 06067							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

• 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.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unles	Pos heck i ss per	more rson i	than o	n an	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRIAN GOULD	0.50	ļ							•	•
BOARD MEMBER	0.50	Х						0.	0.	0.
(2) CHARLENE RUSSELL-TUCKER	0.50	.,							_	0
BOARD MEMBER	2 00	Х						0.	0.	0.
(3) CHRISTOPHER SKOMOROWSKI CHAIRMAN	2.00	х		х				0.	0.	0.
(4) DAVID C. PARACHINI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) DONNA OSUCH	0.50									
BOARD MEMBER		Х						0.	0.	0.
(6) ESTELA LOPEZ	1.00									
OUTGOING BOARD MEMBER		Х						0.	0.	0.
(7) GLENN A. CASSIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) KEVIN WILHELM	1.50	_								
SECRETARY		Х		Х				0.	0.	0.
(9) KIM MORGAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) LAUREN ST. GERMAIN	1.50								_	_
BOARD MEMBER		Х						0.	0.	0.
(11) PETE ROSA	0.50	l								_
BOARD MEMBER	1	Х						0.	0.	0.
(12) RICHARD J. PORTH	40.00	l						100 050		
PRESIDENT/CEO		Х		X				189,352.	0.	38,435.
(13) ROBERT PLANT	0.50	١							_	•
BOARD MEMBER		Х						0.	0.	0.
(14) SULMA AVENANCIO	2.00	٠,		77					_	_
VICE CHAIR	1.00	X	$\vdash$	Х	$\vdash$			0.	0.	0.
(15) TIFFANY DONELSON	1.00	х						0.	_	_
BOARD MEMBER (16) TRACY IMMERSO	1.00	^	$\vdash$		_	$\vdash$		1	0.	0.
BOARD MEMBER	1.00	х						0.	0.	^
(17) TRACY MICHAUD	0.50	^	$\vdash$			$\vdash$		1	U •	0.
BOARD MEMBER	0.50	х						0.	0.	0.
932007 01-20-20	1	127			<u> </u>		<u> </u>		<u> </u>	Form <b>990</b> (2019)

Form **990** (2019)

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (D) (E) (F) Position Average Reportable Name and title Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the lighest compensated related (W-2/1099-MISC) nstitutional truste organization organizations ey employee and related below organizations line) (18) VERONICA GOMEZ-HERNANDEZ 0.50 BOARD MEMBER X 0. 0. 0. (19) YVETTE HIGHSMITH-FRANCIS 0.50 X 0. 0. 0. BOARD MEMBER 40.00 (20) MITCH BEAUREGARD 123,115 0. 20,306. TREASURER/SR VP BUS. OPS. Х (21) CHERYL SUTERA 40.00 20,777. SR. VP CHILD CARE X 147,753. 0. (22) LEO PELLERIN 40.00 CHIEF INFORMATION OFFICER Х 148,639. 0. 34,145. 40.00 (23) TANYA BARRETT SR. VP HEALTH & HUMAN SVCS X 125,845. 0. 36,980. 734,704. 150,643. 1b Subtotal 0. 0. c Total from continuation sheets to Part VII, Section A 734.704. 0. 150,643. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on X 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person Section B. Independent Contractors 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

the organization. Report compensation for the calendar year ending with or within the organization's tax year.							
(A)	(B)	(C)					
Name and business address	Description of services	Compensation					
MOJO TECH, 56 EXCHANGE TERRACE, STE210,							
PROVIDENCE, RI 02903	WEBSITE DEVELOPMENT	159,965.					
THE PUBLIC SERVICE NETWORK, 612 THIRD							
STREET, STE 4A, ANNAPOLIS, MD 21403	ADVERTISING	159,729.					
SKYLIGHT DIGITAL	DEVELOPMENT OF ECIS,						
3 BRIAR BRIDGE LANE, CHAPEL HILL, NC 27516	OEC WEBSITE, IMPACT	150,475.					
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than						
\$100,000 of compensation from the organization > 3							

Form **990** (2019)

Form 990 (2019) UNITED Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
40.10		- Following de	420,165.				000110110 0 12 0 1 1
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a	420,103.				
Sra Iou		Membership dues 1b					
s, ( Am	(	Fundraising events					
ij j	(	d Related organizations 1d					
s, C	•	Government grants (contributions)	18,998,916.				
Sign	f	All other contributions, gifts, grants, and					
ber ber		similar amounts not included above <b>1f</b>					
걸		Noncash contributions included in lines 1a-1f					
o d		Total. Add lines 1a-1f		19,419,081.			
0 6		1 Total: Add lifles 1a-11	Business Code	15,115,001.			
	_	OMUED COMMDACMC	900099	176 207	476 207		
<u>ce</u>	2 8			476,397.	476,397.		
e Z	k	MEMBERSHIP DUES	900099	43,250.	43,250.		
S E	(	:					
am	(	i					
Program Service Revenue	•	e					
P	f	All other program service revenue					
		Total. Add lines 2a-2f		519,647.			
	3	Investment income (including dividends, interes		,			
	Ū	other similar amounts)					
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	k	Less: rental expenses 6b					
	(	Rental income or (loss) 6c					
	(	Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ŀ	Less: cost or other basis					
ø	•	and sales expenses 7b					
ther Revenue							
eve		Gain or (loss)					
Ä		d Net gain or (loss)	·····				
ţ.	8 8	Gross income from fundraising events (not					
Ö		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	k	Less: direct expenses 8b					
	(	Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
	10 8	-					
	_	and allowances 10a					
		Less: cost of goods sold 10b					
$\rightarrow$	(	Net income or (loss) from sales of inventory	<b></b>				
<sub>o</sub>			Business Code				
Ö 6	11 a	OTHER	900099	53,462.	53,462.		
ane inui	k	)					
Miscellaneous Revenue	(						
isc R	(	All other revenue					
Σ	•	e Total. Add lines 11a-11d		53,462.			
	12	Total revenue. See instructions		19,992,190.	573,109.	0.	0.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 369,603. 369,603. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 10,143,246. 8,963,418. 1,179,828. Other salaries and wages 7 Pension plan accruals and contributions (include 652,129. 577,796. 74,333. section 401(k) and 403(b) employer contributions) 250,787. 1,584,702. 835,489. Other employee benefits 9 749,812. 646,165. 103,647. 10 Payroll taxes Fees for services (nonemployees): Management 7,764. 2,526. 5,238. Legal 54,400.54,400. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 3,754,288. 3,572,754. 181,534. column (A) amount, list line 11g expenses on Sch O.) 13,185. 13,185. Advertising and promotion 12 674,407. 595,052. 79,355. Office expenses 13 Information technology 14 15 Royalties 962,992. 811,487. 151,505. 16 Occupancy 10,692. 10,302. 390. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 66,781. 66,781. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 521,626. 465,775. 55,851. PROGRAM MATERIAL **MISCELLANEOUS** 113,878. 89,231. 24,647. 19,222. STAFF TRAINING AND DEVE 44,068. 24,846. С d All other expenses 19,974,360. 17,351,615. 2,622,745. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2019)

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			7,027,277.	1	6,979,034
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	56,263.	3	518,390		
	4	Accounts receivable, net			·	4	•
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualifi	ed per				
		under section 4958(f)(1)), and persons described	-			6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				90,314.	9	85,118
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	244,932.			
	b	Less: accumulated depreciation	10b	244,932.	0.	10c	0
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	7,173,854.	16	7,582,542		
	17	Accounts payable and accrued expenses	1,280,835.	17	1,591,281		
	18	Grants payable		18			
	19	Deferred revenue			3,421,165.	19	3,501,577
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	art IV	f Schedule D		21	
S	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
abi		controlled entity or family member of any of these	e perso	ns		22	
_	23	Secured mortgages and notes payable to unrelate	ed thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay	ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	
	26				4,702,000.	26	5,092,858
		Organizations that follow FASB ASC 958, check	ck here	<b>▶</b> X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27				2,471,854.	27	2,489,684
Ва	28	Net assets with donor restrictions				28	
nu		Organizations that do not follow FASB ASC 95	8, che	ck here 🕨 🔲			
ī		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds				29	
sei	30	Paid-in or capital surplus, or land, building, or eq	uipmer	t fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			0 484 054	31	
Š	32	Total net assets or fund balances		L	2,471,854.	32	2,489,684
	33	Total liabilities and net assets/fund balances			7,173,854.	33	7,582,542

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
			10.00		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,99		
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,97		
3	Revenue less expenses. Subtract line 2 from line 1	3		7,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,47	1,8	<u>54.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,48	9,6	<u>84.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Forn	ո <b>990</b>	(2019)

22012 01 20 20

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization UNITED WAY OF CONNECTICUT 06-1084194 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 I, Type II, 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) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) **Total** 

Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF CONNECTICUT, INC. 06-1084 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	17038981.	17671484.	17520902.	18151190.	19462331.	89844888.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	17038981.	<u> 17671484.</u>	<u> 17520902.</u>	18151190.	<u> 19462331.</u>	89844888.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
	Public support. Subtract line 5 from line 4.						89844888.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total		
7	Amounts from line 4	17038981.	<u> 17671484.</u>	17520902.	18151190.	<u> 19462331.</u>	89844888.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
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.)			52,171.	32,364.		137,997.		
11	<b>Total support.</b> Add lines 7 through 10						89982885.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	<u>,492,355.</u>		
13	First five years. If the Form 990 is for	•			•	. , ,			
800	organization, check this box and stop						<b>&gt;</b>		
	etion C. Computation of Publi		<del>_</del>			T T	00 05		
	Public support percentage for 2019 (I		•	* * * * * * * * * * * * * * * * * * * *		14	99.85 %		
	Public support percentage from 2018					15	99.85 %		
16a	33 1/3% support test - 2019. If the o	-					, <del>(</del> ₹₹		
	<b>stop here.</b> The organization qualifies		•						
b	33 1/3% support test - 2018. If the								
47-	and <b>stop here.</b> The organization qual								
1/a	10% -facts-and-circumstances test	_							
	and if the organization meets the "fact				· ·	-			
L	meets the "facts-and-circumstances"								
a	10% -facts-and-circumstances test	_							
	more, and if the organization meets the		•		• •		▶ □		
10	organization meets the "facts-and-circ			•	,				
ΊĞ	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 100, 1/a, 0r 1/b	, cneck this box ai	nu see instructions	s ▶ <u> </u>		

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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					+	<del> </del>
6 Total. Add lines 1 through 5					1	
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	_	T -	T -	Τ.	T -	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9 Amounts from line 6						<u> </u>
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
check this box and <b>stop here</b>			······			<b>&gt;</b>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	<b>2018</b> Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 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.
- 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 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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 organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 I of Schedule L (Form 990 or 990-EZ).
- 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **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.)

	Yes	No
1		
•		
2		
За		
Ja		
3b		
JD.		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
0.		
9b		
9с		
30		
10a		
10b		

ı a	Supporting Organizations (continued)			
	r		Yes	No
11	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?	11a		
	A family member of a person described in (a) above?	11b		
	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.	11c		
Sec	tion B. Type I Supporting Organizations			
_			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	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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		
Sec	tion C. Type II Supporting Organizations			
	71 11 3 3		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 control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		Na
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 <b>Part VI identify</b>			
	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	2a		
b	that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u>-u</u>		
5	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
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		

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Pai	rt V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Sect	ion D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exc	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	8	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
_				

Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
MISCELLANEOUS INCOME	
2017 AMOUNT: \$ 52,171.	
2018 AMOUNT: \$ 32,364.	
2019 AMOUNT: \$ 53,462.	_
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### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITED WAY OF CONNECTICUT, INC.

**Employer identification number** 06-1084194

Schedule D (Form 990) 2019

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(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 advisors in w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's ea	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreation)	. —	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired af	*	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	ervation easements during the year
	<b>—</b>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservati	on easements during the year
_	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statemen	nts that describes the
Pai	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of A	Art Historical Treasures or Oth	ner Similar Assets
ı uı	Complete if the organization answered "Yes" on Form 9	•	ier einmar 7.000to.
12	If the organization elected, as permitted under FASB ASC 958		d balance shoot works
Ia	of art, historical treasures, or other similar assets held for publi	,	
	service, provide in Part XIII the text of the footnote to its finance	•	•
h	If the organization elected, as permitted under FASB ASC 958		
b		•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
^		ourse or other similar coasts for financial	·
2	If the organization received or held works of art, historical treas		gain, provide
_	the following amounts required to be reported under FASB AS	_	<b>•</b>
a	Revenue included on Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		Ψ Ψ

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

	rt III Organizations Maintaining Co	ollections of Ar				Other	Similar		(contin		ige Z
3	Using the organization's acquisition, accession		-						<u>(COITIII)</u>	ueu)	
	collection items (check all that apply):	in, and other rootia	io, orioon	arry or arro	ionownig triat	mano oigi	inioani c	.00 01 110			
а	Public exhibition		ı 🗀 ı	I oan or exc	hange progra	m					
b					mango progra						
c	Preservation for future generations	•									
4	Provide a description of the organization's co	llections and explain	n how th	ev further th	ne organizatio	n's exemr	nt nurnos	se in Part	XIII		
5	During the year, did the organization solicit or							oo iii i ai t	/		
Ŭ	to be sold to raise funds rather than to be ma				•				Yes		No
Par	rt IV Escrow and Custodial Arrang										1110
	reported an amount on Form 990, Par			3				, , .	,		
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for c	contribution	s or other ass	ets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a								_		
		·	ū						Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f							1f				
2a	Did the organization include an amount on Fo						/?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on F	Part XIII					
Pai	rt V Endowment Funds. Complete if	the organization ar	swered	"Yes" on Fo	rm 990, Part	IV, line 10					
		(a) Current year	<b>(b)</b> P	rior year	(c) Two years	s back (d	<b>d)</b> Three y	ears back	(e) Four	years	back_
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	ı, column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
3а	Are there endowment funds not in the posses	ssion of the organiza	ation that	t are held ar	nd administere	ed for the	organiza	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
4 Dar	Describe in Part XIII the intended uses of the		wment f	unds.							
rai	rt VI Land, Buildings, and Equipme			- مدر برر		<b>5</b>	46				
	Complete if the organization answered							. 1			
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	value	9
	Lord	basis (investr	nent)	SISBU	(other)	depr	eciation				
	Land										
	Buildings										
	Leasehold improvements	I									
	Equipment			2.4	4,932.	<u> </u>	44,93	22			0.
е	Other			۷4	4,234.	∠.	<del>ェ</del> セ , ブ、	<i>)</i> 4 •			<u> </u>

Schedule D (Form 990) 2019

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

Scriedale B (1 01111 330) 2013		1 / 11(0)	TOOTEST Tage
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Tatal (Cal (h) must sayal Form 000 Part V sel (D) line 10.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n 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	I-of-vear market value
(1)	(2) = 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(2)	,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>	<b>&gt;</b>	
	5 000 B + 11/4 !!	44 44 0 5 000 5 1 1 1 1 5 5	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	/h) Dook value
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			İ

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ▼

Schedule D (Form 990) 2019

(9)

Sche	dule D (Form 990) 2019 UNITED WAY OF CONNECTICUT,	INC.	06-1084194 Pa	age
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
1	Total revenue, gains, and other support per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	<b>2</b> a		
b	Donated services and use of facilities	. 2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		. 5	

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements ..... 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b **b** Prior year adjustments Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line **2e** from line **1** 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

THE ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES AT JUNE 30, 2020 AND 2019. THE ORGANIZATION'S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL YEAR 2017 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

IF THE ORGANIZATION HAS UNRELATED BUSINESS INCOME TAXES, IT WILL RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH ANY TAX MATTERS AS PART OF THE INCOME TAX PROVISION AND INCLUDE ACCRUED INTEREST AND PENALTIES WITH THE RELATED TAX LIABILITY IN THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION.

THE ORGANIZATION HAS NO UNRELATED BUSINESS INCOME TAXES FOR 2020 AND 2019.

Schedule D (Form 990) 2019	UNITED WAY	OF	CONNECTICUT,	INC.	06-1084194	Page 5
Schedule D (Form 990) 2019 Part XIII   Supplemental Inform	mation (continued)		-			
Годринента	(continued)					

### SCHEDULE J (Form 990)

**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.

➤ Attach to Form 990.

**20 19** 

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

UNITED WAY OF CONNECTICUT, INC. 06-1084194

Questions Regarding Compensation

			Yes	No
<b>1</b> 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 indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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   X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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		X
b	Any related organization?	5b		X
	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 compensation			
	contingent on the net earnings of:			
	The organization?	<u>6a</u>		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7				37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2019

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	in column (B) reported as deferred on prior Form 990	
(1) RICHARD J. PORTH	(i)	187,371.	0.	1,981.	15,436.	22,999.	227,787.	0.	
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) CHERYL SUTERA	(i)	147,394.	0.	359.	11,963.	8,814.	168,530.	0.	
SR. VP CHILD CARE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) LEO PELLERIN	(i)	147,968.	0.	671.	12,311.	21,834.	182,784.	0.	
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) TANYA BARRETT	(i)	125,611.	0.	234.	10,760.	26,220.	162,825.	0.	
SR. VP HEALTH & HUMAN SVCS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
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	(i)								
	(ii)								

Part III Supplemental Information	
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.	

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITED WAY OF CONNECTICUT, INC.

Employer identification number 06-1084194

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RESIDENTS BY PROVIDING INFORMATION, EDUCATION AND CONNECTION TO SERVICES. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: SEVERAL NEW SERVICES WERE PUT IN PLACE TO HELP WITH THE STATE OF CONNECTICUT'S RESPONSE TO THE UNPRECEDENTED COVID 19 PANDEMIC RESPONSE. DPH FUNDED 211 TO ENSURE ADDITIONAL CAPACITY FOR HANDLING GENERAL INFORMATION CALLS RELATED TO COVID INCLUDING TESTING SITE INFORMATION AND COMMUNITY SUPPORTS TO ASSIST THOSE SELF-MONITORING AND IN QUARANTINE WITH ACCESSING BASIC NEEDS SUPPORTS. DMHAS PROVIDED FUNDING FOR 211 STAFF TO PROVIDE TELEPHONE CRISIS COUNSELING FOR THOSE EXPERIENCING A COVID RELATED CRISIS. DOH PROVIDED FUNDING FOR COVID SHELTER DECOMPRESSION EFFORTS, UTILIZING HOTEL PLACEMENTS AS NEEDED TO ACHIEVE COVID SOCIAL DISTANCING RECOMMENDATIONS. PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, PROVIDES INFORMATION TO HELP UNLICENSED PROVIDERS TO BECOME LICENSED; THROUGH 2-1-1 CHILDCARE, OFFERS TRAINING PROGRAMS, TECHNICAL ASSISTANCE AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES TO EARLY CARE AND EDUCATION PROVIDERS. FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCE COMMITTEE. UPON

RECOMMENDATION BY THE FINANCE COMMITTEE, THE FORM 990 IS DISSEMINATED TO

AND APPROVED AT A MEETING OF THE BOARD OF DIRECTORS. ONCE APPROVED, THE

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization
UNITED WAY OF CONNECTICUT, INC.

| Employer identification number 06-1084194

FORM 990 IS SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE PRESIDENT IS RESPONSIBLE FOR COLLECTING AND REVIEWING THE CONFLICT OF

INTEREST FORMS. IF A CONFLICT IS IDENTIFIED, THE PRESIDENT WILL CONSULT

WITH THE COVERED PERSON TO OBTAIN INFORMATION NECESSARY TO MAKE A JUDGMENT

TO PROVIDE GUIDANCE AS TO THE APPROPRIATE COURSE OF ACTION. THE PRESIDENT

WILL REPORT THE RESULTS OF SUCH REVIEW TO THE CHAIR OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS DETERMINES REASONABLE COMPENSATION BASED ON SURVEYS

AND OTHER RESEARCH ON EXECUTIVE COMPENSATION IN COMPARABLE ORGANIZATIONS.

THE BOARD EVALUATES THE PRESIDENT'S PERFORMANCE ANNUALLY, ADJUSTS THE

PRESIDENT'S COMPENSATION AND BENEFITS AS APPROPRIATE, AND DOCUMENTS THE

ENTIRE PROCESS.

REASONABLE COMPENSATION FOR KEY EMPLOYEES IS DETERMINED BASED UPON MERIT

REVIEWS AND BY COMPARISON TO INDUSTRY STANDARDS DOCUMENTED IN AN

INDEPENDENT COMPENSATION ANALYSIS. GUIDELINES HAVE BEEN DEVELOPED FOR ALL

STAFF POSITIONS AND ARE REVIEWED ANNUALLY BY SENIOR MANAGEMENT AND ADJUSTED

ACCORDINGLY.

FORM 990, PART VI, SECTION C, LINE 19:

UNITED WAY OF CONNECTICUT'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS AND FORM 990S

ARE AVAILABLE ON OUR WEBSITE WWW.CTUNITEDWAY.ORG.

FORM 990, PART IX, LINE 11G, OTHER FEES:

Name of the organization UNITED WAY OF CONNECTICUT, INC.	Employer identification number 06-1084194
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	3,572,754.
MANAGEMENT AND GENERAL EXPENSES	181,534.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,754,288.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,754,288.
FORM 990 XII LINE 2C EXPLANATION	
THE ORGANIZATION HAS A COMMITTEE RESPONSIBLE FOR THE OVERS	IGHT OF THE
AUDIT AS WELL AS THE SELECTION OF THE INDEPENDENT ACCOUNTA	NT.

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

UNITED WAY OF CONNECTICUT, INC.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

06-1084194

Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	ome End-of-yea	r assets Direct	ts Direct controlling entity	
Part II Identification of Related Tax-Exempt Organiza organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34,	because it had one	e or more related tax-exe	empt	
(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont ent	g) 512(b)(13) rolled tity?
CONNECTICUT POLICY AND ECONOMIC COUNCIL -				301(0)(0))		Yes	No
22-2708727, 1344 SILAS DEANE HIGHWAY, ROCKY HILL, CT 06067	INCREASE PUBLIC AWARENESS	CONNECTICUT	501(C)(3)	7	UNITED WAY OF CONNECTICUT, INC.		
,					,		

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organization trouble as a parameter												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir	Percentage ownership	
3		foreign	,	(related, unrelated, excluded from tax under sections 512-514)		assets			20 of Schedule	partner	<u>'</u>	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N		
							ļ					
										$\vdash$	<u> </u>	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Schedule R (Form 990) 2019

X

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у			1a		X				
					1b		X				
С	Gift, grant, or capital contribution from related organization(s)				1c		X				
	Loans or loan guarantees to or for related organization(s)				1d		X				
	Loans or loan guarantees by related organization(s)				1e		X				
	, , , , , , , , , , , , , , , , , , , ,										
f	Dividends from related organization(s)				1f		Х				
	Sale of assets to related organization(s)				<b>1</b> g		X				
h	Purchase of assets from related organization(s)				1h		_X_				
i	Exchange of assets with related organization(s)				1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X				
	Performance of services or membership or fundraising solicitations for related orga				11		X				
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
	m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s)										
					10	Х					
р	Reimbursement paid to related organization(s) for expenses				1p		X				
a	Reimbursement paid by related organization(s) for expenses				1q	Х					
•											
r	Other transfer of cash or property to related organization(s)				1r		Х				
					1s		X				
	If the answer to any of the above is "Yes," see the instructions for information on w										
		(b)	(c)	(d)							
	(a)  Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved						
		type (a-s)		-							
(1)											
`											
(2)											
(3)											
(4)											
,											
(5)											
,											
(6)											
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership
	-									

#### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 06-1084194 UNITED WAY OF CONNECTICUT, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1344 SILAS DEANE HIGHWAY return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROCKY HILL, CT 06067 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 SUSAN COLBY • The books are in the care of ▶ 1344 SILAS DEANE HIGHWAY - ROCKY HILL, CT 06067 Telephone No. ► 860-571-7539 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 17, 2021 \_\_\_\_ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or \_\_\_ , and ending <u>JUN</u> 30 , 2020 ► X tax year beginning JUL 1, 2019

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Initial return

Final return

3b

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

If the tax year entered in line 1 is for less than 12 months, check reason:

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Change in accounting period

any nonrefundable credits. See instructions.

Form **8868** (Rev. 1-2020)

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