UNITED WAY OF GREATER WATERBURY
100 NORTH ELM STREET NO. FL 2
WATERBURY, CT 06702

UNITED WAY OF GREATER WATERBURY:

ENCLOSED IS THE ORGANIZATION’S 2018 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2019.

PLEASE EITHER FAX THE SIGNED FORM 8879-EO TO US AT 203-774-1041 OR MAIL IT TO US.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

KIRCALDIE RANDALL & MCNAB LLC
OCTOBER 3, 2019

UNITED WAY OF GREATER WATERBURY
100 NORTH ELM STREET NO. FL 2
WATERBURY, CT 06702

UNITED WAY OF GREATER WATERBURY:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2018 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2018 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE HAVE PROVIDED YOU TAX ADVICE IN CONNECTION WITH THE PREPARATION OF YOUR U.S. FEDERAL TAX RETURN AND ASSOCIATED TAX PLANNING SERVICES WE HAVE FURNISHED. THIS ADVICE IS NOT INTENDED OR WRITTEN TO BE USED BY ANY TAXPAYER FOR THE PURPOSE OF AVOIDING PENALTIES THAT MAY BE IMPOSED ON THE TAXPAYER BY THE INTERNAL REVENUE SERVICE, AND IT CANNOT BE USED BY ANY TAXPAYER FOR SUCH PURPOSE.

VERY TRULY YOURS,

KIRCALDIE RANDALL & MCNAB LLC
## Filing Instructions

<table>
<thead>
<tr>
<th>Prepared for:</th>
<th>Prepared by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET NO. FL 2 WATERBURY, CT 06702</td>
<td>KIRCALDIE RANDALL &amp; MCNAB LLC 605 WASHINGTON AVENUE NORTH HAVEN, CT 06473-1187</td>
</tr>
</tbody>
</table>

2018 FORM 990

**ELECTRONIC FILING:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2019.
**Form 8879-EO**

**IRS e-file Signature Authorization for an Exempt Organization**

For calendar year 2018, or fiscal year beginning **JUL 1**, 2018, and ending **JUN 30**, 2019

**Do not send to the IRS. Keep for your records.**

Go to www.irs.gov/Form8879EO for the latest information.

---

**Name of exempt organization**

UNITED WAY OF GREATER WATERBURY

**Employer identification number**

06-0646634

---

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>1a</td>
<td>Form 990 check here</td>
<td>☑</td>
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<tr>
<td>2a</td>
<td>Form 990-EZ check here</td>
<td>☐</td>
</tr>
<tr>
<td>3a</td>
<td>Form 1120-POL check here</td>
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<tr>
<td>4a</td>
<td>Form 990-PF check here</td>
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</tr>
<tr>
<td>5a</td>
<td>Form 8868 check here</td>
<td>☑</td>
</tr>
</tbody>
</table>

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### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization’s 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization’s return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization’s federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization’s electronic return and, if applicable, the organization’s consent to electronic funds withdrawal.

**Officer’s PIN: check one box only**

- ☑ I authorize **KIRCALDIE RANDALL & MCNAB LLC** to enter my PIN 46634 as my signature on the organization’s tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

- ☐ As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return’s disclosure consent screen.

**Officer’s signature** ☑  
**Date** 10/03/19

---

### Part III Certification and Authentication

**ERO’s EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**ER0 firm name**  
KIRCALDIE RANDALL & MCNAB LLC

**ER0 signature**  
JOHN P ONOFRIO, CPA  
**Date** 10/03/19

---

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

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

B Name of organization

UNITED WAY OF GREATER WATERBURY

Doing business as

100 NORTH ELM STREET

FL 2

WATERBURY, CT 06702

C Employer identification number

06-0646634

D Telephone number

(203)757-9855

E Gross receipts

5,014,194.

F Name and address of principal officer

KRISTEN JACOBY

SAME AS C ABOVE

G (a) Is this a group return

No

(b) Are all subordinates included?

Yes

I Tax-exempt status

501(c)(3)

J Website

WWW.UNITEDWAYGW.ORG

K Form of organization

Corporation

L Year of formation

1942

Net Assets or Fund Balances

Prior Year

Current Year

Beginning of Year

End of Year

Revenue

4,454,769. 4,570,005.

0. 0.

4,629,591. 4,755,712.

881,666. 1,079,592.

2,973,964. 2,863,038.

733,813. 823,697.

144,494. 131,768.

30,328. 53,939.

14,014,868. 14,767,327.

41,148. -10,615.

Expenses

2,701,027. 2,716,766.

40,148. -10,615.

4,589,403. 4,766,327.

881,666. 1,079,592.

40,148. -10,615.

Total assets (Part X, line 16)

2,921,542. 2,297,325.

1,565,312. 1,583,774.

1,586,854. 3,881,099.

2,921,542. 2,297,325.

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1,565,312. 1,583,774.
Part III  Statement of Program Service Accomplishments

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

1  Briefly describe the organization’s mission:

THE UNITED WAY OF GREATER WATERBURY MOBILIZES FINANCIAL AND VOLUNTEER RESOURCES AND CONVENES PARTNERS TO ADDRESS THE NEEDS OF OUR COMMUNITY AND TO INVEST IN APPROACHES THAT MEASURABLY IMPROVE THE COMMUNITY CONDITIONS FOR ALL.

2  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  
Yes  No

If "Yes," describe these new services on Schedule O.

3  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  
Yes  No

If "Yes," describe these changes on Schedule O.

4  Describe the 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 $ 634,263. including grants of $ ) (Revenue $ )

OTHER PROGRAMS: UNITED WAY WORKS COLLABORATIVELY WITH COMMUNITY PARTNERS TO HELP SOLVE COMMUNITY PROBLEMS. UNITED WAY PROVIDES LEADERSHIP, CONVENES AND FACILITATES COMMUNITY CONVERSATIONS AND/OR INITIATIVES ON PRIORITY ISSUES. UNITED WAY PROVIDES STAFF LEADERSHIP AND SERVES AS FIDUCIARY FOR SEVERAL PARTNERSHIPS (1) THE WATERBURY CAMPSHIRE PROGRAM WHICH ENABLES NEEDY CHILDREN TO ATTEND SUMMER CAMP, AND (2) BRIDGE TO SUCCESS A CRADLE TO CAREER INITIATIVE. UNITED WAY ALSO TAKES A LEAD ROLE IN SPECIAL BASIC NEEDS INITIATIVES THAT ADDRESS IMMEDIATE COMMUNITY NEEDS SUCH AS HOLIDAY ASSISTANCE PROGRAM – A COLLABORATION WITH LOCAL FOOD PANTRIES.

4b (Code: ) (Expenses $ 787,725. including grants of $ 787,725. ) (Revenue $ )

DESIGNATIONS TO OTHER UNITED WAYS.

4c (Code: ) (Expenses $ 2,535,568. including grants of $ 2,075,313. ) (Revenue $ )

ALLOCATIONS AND FUNDED AGENCY RELATIONS – UNITED WAY ALLOCATES/INVESTS FUNDS IN LOCAL HEALTH AND HUMAN SERVICE PROGRAMS AND INITIATIVES THAT HELP PEOPLE IN NEED. THROUGH THE OUTCOME MEASUREMENT INITIATIVE UNITED WAY ASSISTS ITS FUNDED PROGRAMS IN DEVELOPING AND IMPLEMENTING A SYSTEM TO MEASURE THE IMPACT OF THEIR SERVICES ON THEIR CLIENTS. USING THE OUTCOME MEASUREMENT DATA, UNITED WAY COMMUNICATES THE VALUE OF THESE SERVICES MORE EFFECTIVELY, WHILE PROVIDING INDIVIDUAL PROGRAMS WITH A TOOL TO IMPROVE THEIR EFFECTIVENESS. OUR COMMUNITY PARTNERS INCLUDE DOZENS OF LOCAL NON PROFIT AGENCIES AND COLLABORATIVES SUCH AS THE FOOD RESOURCE COMMITTEE WHICH WORKS TO ADDRESS LOCAL HUNGER ISSUES, BRIDGE TO SUCCESS WHOSE FOCUS IS ON POSITIVE YOUTH DEVELOPMENT, AND THE CONTINUUM OF CARE/CAN WHO ARE WORKING TO END CHRONIC HOMELESSNESS.

4d Other program services (Describe in Schedule O.)

(Expenses $ 272,889. including grants of $ ) (Revenue $ )

4e Total program service expenses ▶ 4,230,445.
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule C, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule C, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Did the organization maintain any advisor funded trusts 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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Did the organization maintain collections of works of art, historical treasures, or other similar assets?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part V</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. If the organization's answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VI</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VII</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part IX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Parts XI and XII</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a. Was the organization included in consolidated, independent audited financial statements for the tax year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
<td></td>
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</tr>
<tr>
<td>13. Is the organization a school described in section 170(b)(1)(A)(ii)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule E</td>
<td></td>
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<tr>
<td>14a. Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>15. Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule F, Parts II and IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule F, Parts III and IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a?</td>
<td></td>
<td>X</td>
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<tr>
<td>If &quot;Yes,&quot; complete Schedule G, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule G, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20a. Did the organization operate one or more hospital facilities?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule H</td>
<td></td>
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</tr>
<tr>
<td>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 17?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>23. Did the organization answer &quot;Yes&quot; to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>24a. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002?</td>
<td>X</td>
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<tr>
<td>24b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td></td>
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<tr>
<td>24c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
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<tr>
<td>24d. Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
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</tr>
<tr>
<td>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?</td>
<td>X</td>
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</tr>
<tr>
<td>25b. Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?</td>
<td>X</td>
<td></td>
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<tr>
<td>26. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>27. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>28. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. A current or former officer, director, trustee, or key employee?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. A family member of a current or former officer, director, trustee, or key employee?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c. An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>29. Did the organization receive more than $25,000 in non-cash contributions?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>31. Did the organization liquidate, terminate, or dissolve and cease operations?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>34. Was the organization related to any tax-exempt or taxable entity?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>35b. Did the organization receive any payments from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>36. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>38. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b. Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Part V  Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ................................................................. 2a  

2b  If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ................................................................. 2b  

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a  Did the organization have unrelated business gross income of $1,000 or more during the year? ................................................................. 3a  

3b  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  

4a  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ................................................................. 4a  

4b  If "Yes," enter the name of the foreign country: ____________________________  


5a  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ................................................................. 5a  

5b  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ................................................................. 5b  

5c  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  

6b  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ................................................................. 6b  

7  Organizations that may receive deductible contributions under section 170(c).

7a  Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? ................................................................. 7a  

7b  If "Yes," did the organization notify the donor of the value of the goods or services provided? ................................................................. 7b  

7c  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ................................................................. 7c

7d  If "Yes," indicate the number of Forms 8282 filed during the year ................................................................. 7d  

7e  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ................................................................. 7e  

7f  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ................................................................. 7f  

7g  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ................................................................. 7g  

7h  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.

9a  Did the sponsoring organization make any taxable distributions under section 4966? ................................................................. 9a  

9b  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ................................................................. 9b  

10  Section 501(c)(7) organizations. Enter:

10a  Initiation fees and capital contributions included on Part VIII, line 12 ................................................................. 10a  

10b  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ................................................................. 10b  

11  Section 501(c)(12) organizations. Enter:

11a  Gross income from members or shareholders ................................................................. 11a  

11b  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ................................................................. 11b  

12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? ................................................................. 12a  

12b  If "Yes," enter the amount of tax-exempt interest received or accrued during the year ................................................................. 12b  

13  Section 501(c)(29) qualified nonprofit health insurance issuers.

13a  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.

13b  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ................................................................. 13b  

13c  Enter the amount of reserves on hand ................................................................. 13c  

14a  Did the organization receive any payments for indoor tanning services during the tax year? ................................................................. 14a  

14b  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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  

16  Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ................................................................. 16  

If "Yes," complete Form 4720, Schedule O.
Part VI Governance, Management, and Disclosure

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

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

### Section A. Governing Body and Management

1a. Enter the number of voting members of the governing body at the end of the tax year.  
   Yes  No  24  1a

1b. Enter the number of voting members included in line 1a, above, who are independent.  
   Yes  No  23  1b

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?  
   Yes  No  X  2

3. Did the organization delegate control over management duties customarily performed by or under the direct supervision of directors, officers, or trustees, or key employees to a management company or other person?  
   Yes  No  X  3

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  
   Yes  No  X  4

5. Did the organization become aware during the year of a significant diversion of the organization's assets?  
   Yes  No  X  5

6. Did the organization have members or stockholders?  
   Yes  No  X  6

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?  
   Yes  No  X  7a

7b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  
   Yes  No  X  7b

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  
   a. The governing body?  
      Yes  No  X  8a

   b. Each committee with authority to act on behalf of the governing body?  
      Yes  No  X  8b

9. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.  
   Yes  No  X  9

### Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

10a. Did the organization have local chapters, branches, or affiliates?  
   Yes  No  X  10a

10b. 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?  
     Yes  No  X  10b

11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  
     Yes  No  X  11a

11b. Describe in Schedule O the process, if any, used by the organization to review this Form 990.  
     Yes  No  X  11b

12a. Did the organization have a written conflict of interest policy? If "No," go to line 13  
     Yes  No  X  12a

12b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  
     Yes  No  X  12b

12c. Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  
     Yes  No  X  12c

13. Did the organization have a written whistleblower policy?  
     Yes  No  X  13

14. Did the organization have a written document retention and destruction policy?  
     Yes  No  X  14

15. Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  
   a. The organization’s CEO, Executive Director, or top management official  
      Yes  No  X  15a

   b. Other officers or key employees of the organization  
      Yes  No  X  15b

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?  
   Yes  No  X  16a

16b. 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?  
   Yes  No  X  16b

### Section C. Disclosure

17. List the states with which a copy of this Form 990 is required to be filed:  
   CT

18. Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
   X Own website  □ Another's website  □ Upon request  Other (explain in Schedule O)

19. Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  

20. State the name, address, and telephone number of the person who possesses the organization’s books and records:  
    UNITED WAY OF GREATER WATERBURY — (203) 757-9855
    100 NORTH ELM STREET, WATERBURY, CT 06702-1512
### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization’s tax year.

- List all of the organization’s current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s current key employees, if any. See instructions for definition of “key employee.”
- List the organization’s five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) JOSEPH MCGRATH</td>
<td>4.00</td>
<td>DIRECTOR</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(2) KARA SUMMA</td>
<td>4.00</td>
<td>CHAIRPERSON</td>
<td>X X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(3) JOHN P WORGAN</td>
<td>4.00</td>
<td>TREASURER</td>
<td>X X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(4) BOBBY L REESE</td>
<td>4.00</td>
<td>DIRECTOR</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(5) BRIAN J LEVINE</td>
<td>4.00</td>
<td>SECRETARY</td>
<td>X X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(6) NANCY E TRAVER</td>
<td>4.00</td>
<td>FIRST VICE CHAIR</td>
<td>X X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(7) PETER K BAKER</td>
<td>4.00</td>
<td>DIRECTOR</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(8) MARY ROSENGRANT-CHIAPPALONE</td>
<td>4.00</td>
<td>DIRECTOR</td>
<td>X X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(9) TARA SHAW</td>
<td>4.00</td>
<td>DIRECTOR</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(10) GREGORY JACOBI</td>
<td>4.00</td>
<td>THIRD VICE CHAIR</td>
<td>X X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(11) DAVID MARTIN</td>
<td>4.00</td>
<td>DIRECTOR</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(12) DAVID PETITTI</td>
<td>4.00</td>
<td>DIRECTOR</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(13) JOSEPH CONNOLLY</td>
<td>4.00</td>
<td>DIRECTOR</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(14) GENNA MINTZ</td>
<td>4.00</td>
<td>DIRECTOR</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(15) JASON R GAGNON</td>
<td>4.00</td>
<td>DIRECTOR</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(16) MARK A CASEY</td>
<td>4.00</td>
<td>SECOND VICE CHAIR</td>
<td>X X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(17) MARK MOLTZ</td>
<td>4.00</td>
<td>DIRECTOR</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
### Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) SUSAN HENEBRY DIRECTOR</td>
<td>4.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(19) Verna D Ruffin DIRECTOR</td>
<td>4.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(20) Glenn Davis DIRECTOR</td>
<td>4.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(21) E.J. D'EttoRE DIRECTOR</td>
<td>4.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(22) Grant E Copeland EX-OFFICIO DIRECTOR</td>
<td>4.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(23) Lisa Dresdner DIRECTOR</td>
<td>4.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(24) Joseph D Foti JR DIRECTOR</td>
<td>4.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(25) Kristen Jacoby PRESIDENT &amp; CFO</td>
<td>40.00</td>
<td>X</td>
<td>166,635.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

Sub-total: 166,635. | 0. | 0. |

Total from continuation sheets to Part VII, Section A: 0. | 0. | 0. |

Total (add lines 1b and 1c): 166,635. | 0. | 0. |

1. Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization: 1

2. Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual: Yes

3. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person: No

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 0
## Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
</table>

1. **Federated campaigns**
2. **Membership dues**
3. **Fundraising events**
4. **Related organizations**
5. **Government grants (contributions)**
6. **All other contributions, gifts, grants, and similar amounts not included above**
7. **Noncash contributions included in lines 1a-1f**

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>h Total. Add lines 1a-1f</strong></td>
<td><strong>4,570,005.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
</tr>
</thead>
</table>

1. **Investment income (including dividends, interest, and other similar amounts)**
2. **Income from investment of tax-exempt bond proceeds**
3. **Royalties**
4. **Gross rents**
5. **Less: rental expenses**
6. **Rental income or (loss)**
7. **Net rental income or (loss)**
8. **Gross amount from sales of assets other than inventory**
9. **Less: cost or other basis and sales expenses**
10. **Gain or (loss)**
11. **Net gain or (loss)**

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>g Total. Add lines 2a-2f</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
</tr>
</thead>
</table>

1. **Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18**
2. **Less: direct expenses**
3. **Net income or (loss) from fundraising events**
4. **Gross income from gaming activities. See Part IV, line 19**
5. **Less: direct expenses**
6. **Net income or (loss) from gaming activities**
7. **Gross sales of inventory, less returns and allowances**
8. **Less: cost of goods sold**
9. **Net income or (loss) from sales of inventory**

<table>
<thead>
<tr>
<th>Other Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9 Total. Add lines 11a-11d</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
</tr>
</thead>
</table>

1. **ADMINISTRATIVE FEES**
2. **MISCELLANEOUS**
3. **All other revenue**
4. **Total. Add lines 11a-11d**

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>12 Total revenue. See instructions</strong></td>
</tr>
<tr>
<td>(A)</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>Total expenses</td>
</tr>
<tr>
<td>2,863,038</td>
</tr>
<tr>
<td>Compensation of current officers, directors, trustees, and key employees</td>
</tr>
<tr>
<td>Other salaries and wages</td>
</tr>
<tr>
<td>42,647</td>
</tr>
<tr>
<td>Other employee benefits</td>
</tr>
<tr>
<td>67,711</td>
</tr>
<tr>
<td>50,955</td>
</tr>
<tr>
<td>Fees for services (non-employees):</td>
</tr>
<tr>
<td>a Management</td>
</tr>
<tr>
<td>b Legal</td>
</tr>
<tr>
<td>c Accounting</td>
</tr>
<tr>
<td>d Lobbying</td>
</tr>
<tr>
<td>e Professional fundraising services, See Part IV, line 17</td>
</tr>
<tr>
<td>f Investment management fees</td>
</tr>
<tr>
<td>g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
</tr>
<tr>
<td>25,737</td>
</tr>
<tr>
<td>Advertising and promotion</td>
</tr>
<tr>
<td>Office expenses</td>
</tr>
<tr>
<td>Information technology</td>
</tr>
<tr>
<td>Royalties</td>
</tr>
<tr>
<td>45,000</td>
</tr>
<tr>
<td>Occupancy</td>
</tr>
<tr>
<td>23,688</td>
</tr>
<tr>
<td>Conferences, conventions, and meetings</td>
</tr>
<tr>
<td>23,636</td>
</tr>
<tr>
<td>Depreciation, depletion, and amortization</td>
</tr>
<tr>
<td>Insurance</td>
</tr>
<tr>
<td>9,057</td>
</tr>
<tr>
<td>23,636</td>
</tr>
<tr>
<td>25,737</td>
</tr>
<tr>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
</tr>
<tr>
<td>23,688</td>
</tr>
<tr>
<td>Conferences, conventions, and meetings</td>
</tr>
<tr>
<td>23,636</td>
</tr>
<tr>
<td>Depreciation, depletion, and amortization</td>
</tr>
<tr>
<td>Insurance</td>
</tr>
<tr>
<td>634,263</td>
</tr>
<tr>
<td>OTHER PROGRAM EXPENSES</td>
</tr>
<tr>
<td>169,604</td>
</tr>
<tr>
<td>CAMPERSHIP EXPENSES</td>
</tr>
<tr>
<td>39,046</td>
</tr>
<tr>
<td>MEMBERSHIPS</td>
</tr>
<tr>
<td>13,100</td>
</tr>
<tr>
<td>POSTAGE</td>
</tr>
<tr>
<td>25,737</td>
</tr>
<tr>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
</tr>
<tr>
<td>23,688</td>
</tr>
<tr>
<td>Conferences, conventions, and meetings</td>
</tr>
<tr>
<td>23,636</td>
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<tr>
<td>Depreciation, depletion, and amortization</td>
</tr>
<tr>
<td>Insurance</td>
</tr>
<tr>
<td>634,263</td>
</tr>
<tr>
<td>OTHER PROGRAM EXPENSES</td>
</tr>
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<td>169,604</td>
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<tr>
<td>CAMPERSHIP EXPENSES</td>
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<tr>
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<tr>
<td>POSTAGE</td>
</tr>
<tr>
<td>25,737</td>
</tr>
<tr>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
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<td>23,688</td>
</tr>
<tr>
<td>Conferences, conventions, and meetings</td>
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<tr>
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</tr>
<tr>
<td>Insurance</td>
</tr>
<tr>
<td>634,263</td>
</tr>
<tr>
<td>OTHER PROGRAM EXPENSES</td>
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<tr>
<td>169,604</td>
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<tr>
<td>CAMPERSHIP EXPENSES</td>
</tr>
<tr>
<td>39,046</td>
</tr>
<tr>
<td>MEMBERSHIPS</td>
</tr>
<tr>
<td>13,100</td>
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<td>POSTAGE</td>
</tr>
<tr>
<td>25,737</td>
</tr>
<tr>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
</tr>
<tr>
<td>23,688</td>
</tr>
<tr>
<td>Conferences, conventions, and meetings</td>
</tr>
<tr>
<td>23,636</td>
</tr>
<tr>
<td>Depreciation, depletion, and amortization</td>
</tr>
<tr>
<td>Insurance</td>
</tr>
</tbody>
</table>
## Balance Sheet

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

### Assets

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>300.1</td>
<td>300.1</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>1,814,878.2</td>
<td>798,016.2</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>1,501,335.3</td>
<td>1,508,441.2</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>84,128.4</td>
<td>109,630.4</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>trustees, key employees, and highest compensated employees. Complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>section 4958(f)(1)), persons described in section 4958(c)(3)(B), and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>contributing employers and sponsoring organizations of section 501(c)(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>voluntary employees’ beneficiary organizations (see instr). Complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Part II of Sch L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>15,716.9</td>
<td>24,666.2</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>7.7</td>
<td>8.7</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete VI of Schedule</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>D</td>
<td>312,004.</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>219,231.1</td>
<td>96,155.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>940,847.13</td>
<td>1,313,778.13</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>54,476.17</td>
<td>61,889.17</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>2,820,973.18</td>
<td>2,197,602.18</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19.19</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20.20</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete IV of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>key employees, highest compensated employees, and disqualified persons.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>37,079.24</td>
<td>29,212.24</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>parties, and other liabilities not included on lines 17-24). Complete X of</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Schedule D</td>
<td>9,014.25</td>
<td>8,622.25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>2,921,542.26</td>
<td>2,297,325.26</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here X, and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>complete lines 27 through 29, and lines 33 and 34.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Unrestricted net assets</td>
<td>1,389,099.27</td>
<td>1,431,311.28</td>
</tr>
<tr>
<td>29</td>
<td>Temporarily restricted net assets</td>
<td>176,213.28</td>
<td>152,463.29</td>
</tr>
<tr>
<td>30</td>
<td>Permanently restricted net assets</td>
<td>29.29</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Organizations that do not follow SFAS 117 (ASC 958), check here ■, and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>complete lines 30 through 34.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Capital stock or trust principal, or current funds</td>
<td>30.30</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>31.31</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>32.32</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Total net assets or fund balances</td>
<td>1,565,312.33</td>
<td>1,583,774.35</td>
</tr>
<tr>
<td>36</td>
<td>Total liabilities and net assets/fund balances</td>
<td>4,486,854.34</td>
<td>3,881,099.36</td>
</tr>
</tbody>
</table>
### Part XI Reconciliation of Net Assets

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>4,755,712.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>4,766,327.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>-10,615.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>1,565,312.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>29,077.</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>0.0</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>1,583,774.</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: Cash [ ] Accrual [x] Other [ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Separate basis [ ] Consolidated basis [x] Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; 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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2018)
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state;

5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

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

7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)

9. 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 university;

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.)


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.

a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

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.

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.

d. 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.

e. 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.

f. Enter the number of supported organizations .................................................................

g. Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization described on lines 1-10 above (see instructions)</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
</table>

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

14291003 784030 0619 2018.04030 UNITED WAY OF GREATER WATER 06191
Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any “unusual grants.”)</td>
<td>4,124,427</td>
<td>4,120,332</td>
<td>4,942,554</td>
<td>4,454,769</td>
<td>4,570,005</td>
<td>22,212,087</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>4,124,427</td>
<td>4,120,332</td>
<td>4,942,554</td>
<td>4,454,769</td>
<td>4,570,005</td>
<td>22,212,087</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22,212,087.

Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>4,124,427</td>
<td>4,120,332</td>
<td>4,942,554</td>
<td>4,454,769</td>
<td>4,570,005</td>
<td>22,212,087</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>2,273</td>
<td>2,124</td>
<td>24,481</td>
<td>30,328</td>
<td>53,939</td>
<td>113,145</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td>127,798</td>
<td>97,596</td>
<td>132,377</td>
<td>144,494</td>
<td>131,768</td>
<td>634,033</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization’s tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))</td>
<td>15%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Public support percentage from 2017 Schedule A, Part III, line 15</td>
<td>16%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section E. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))</td>
<td>17%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Investment income percentage from 2017 Schedule A, Part III, line 17</td>
<td>18%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Are all of the organization's supported organizations listed by name in the organization's governing documents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If &quot;No,&quot; describe in Part VI how the supported organizations are designated. If designated by</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>class or purpose, describe the designation. If historic and continuing relationship, explain.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If &quot;Yes,&quot; explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If &quot;Yes,&quot; answer (b) and (c) below.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If &quot;Yes,&quot; describe in Part VI when and how the organization made the determination.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If &quot;Yes,&quot; explain in Part VI what controls the organization put in place to ensure such use.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a Was any supported organization not organized in the United States (&quot;foreign supported organization&quot;)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If &quot;Yes,&quot; and if you checked 12a or 12b in Part I, answer (b) and (c) below.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If &quot;Yes,&quot; 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.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If &quot;Yes,&quot; 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.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Did the organization add, substitute, or remove any supported organizations during the tax year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If &quot;Yes,&quot; 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).</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b <strong>Type I or Type II only.</strong> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c <strong>Substitutions only.</strong> Was the substitution the result of an event beyond the organization's control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If &quot;Yes,&quot; provide detail in Part VI.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If &quot;Yes,&quot; complete Part I of Schedule L (Form 990 or 990-EZ).</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If &quot;Yes,&quot; complete Part I of Schedule L (Form 990 or 990-EZ).</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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))?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If &quot;Yes,&quot; provide detail in Part VI.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If &quot;Yes,&quot; provide detail in Part VI.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If &quot;Yes,&quot; provide detail in Part VI.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>If &quot;Yes,&quot; answer 10b below.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

832024 10-11-18

14291003 784030 0619 2018.04030 UNITED WAY OF GREATER WATERBURY 06191
11 Has the organization accepted a gift or contribution from any of the following persons?
   a 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?
   b A family member of a person described in (a) above?
   c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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).

Section D. All Type III Supporting Organizations

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?

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).

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.

Section 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 instructions).

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

3 Parent of Supported Organizations. Answer (a) and (b) below.
   a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
   b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>1a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>1b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>1c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
<td><strong>Discount</strong> claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 for greater amount, see instructions</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
</tbody>
</table>

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).
### Section D - Distributions

<table>
<thead>
<tr>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
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<td>3</td>
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<td>8</td>
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<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>Amounts paid to supported organizations to accomplish exempt purposes</th>
<th>Excess Distributions</th>
<th>Underdistributions Pre-2018</th>
<th>Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2018 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2019. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2018
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.)

UNITED WAY OF GREATER WATERBURY 06-0646634
### Schedule B

#### (Form 990, 990-EZ, or 990-PF)

**Department of the Treasury**

**Internal Revenue Service**

**823451  11-08-18**

**For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2018)**

#### Attach to Form 990, Form 990-EZ, or Form 990-PF.

**Go to** [www.irs.gov/Form990](http://www.irs.gov/Form990) **for the latest information.**

<table>
<thead>
<tr>
<th>Employer identification number</th>
<th>UNITED WAY OF GREATER WATERBURY</th>
<th>06-0646634</th>
</tr>
</thead>
</table>

**Name of the organization**

**Organization type** (check one):

- Form 990 or 990-EZ
  - 501(c)(3) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust not treated as a private foundation
  - 527 political organization
- Form 990-PF
  - 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

**Check if your organization is covered by the General Rule or a Special Rule.**

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor’s total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering “N/A” in column (b) instead of the contributor name and address), II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year.

**Caution:** An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA  

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
### Part I Contributors

#### UNITED WAY OF GREATER WATERBURY

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MACDERMID 245 FREIGHT STREET WATERBURY, CT 06702</td>
<td>$ 155,251</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>2</td>
<td>WEBSTER BANK 145 BANK STREET WATERBURY, CT 06702</td>
<td>$ 505,812</td>
<td>Person X Payroll Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
## Part II Noncash Property

(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
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</tbody>
</table>
### Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter info. once.) $

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
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</thead>
<tbody>
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(e) Transfer of gift

Transferee's name, address, and ZIP + 4

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<tr>
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<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
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</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

<table>
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<tr>
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<th>(d) Description of how gift is held</th>
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</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

<table>
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<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part I. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Total number at end of year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Aggregate value of contributions to (during year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Aggregate value of grants from (during year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Aggregate value at end of year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?**

**Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?**

### Part II. Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1. **Purpose(s) of conservation easements held by the organization (check all that apply).**
   - Preservation of land for public use (e.g., recreation or education)
   - Preservation of a historically important land area
   - Preservation of natural habitat
   - Preservation of a certified historic structure
   - Preservation of open space

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

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Total number of conservation easements</td>
<td></td>
</tr>
<tr>
<td>2b Total acreage restricted by conservation easements</td>
<td></td>
</tr>
<tr>
<td>2c Number of conservation easements on a certified historic structure included in (a)</td>
<td></td>
</tr>
<tr>
<td>2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
<td></td>
</tr>
</tbody>
</table>

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

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

5. **Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?**

6. **Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

8. **Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?**

9. **In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization's accounting for conservation easements.**

### Part III. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a. **If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.**

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

   (i) **Revenue included on Form 990, Part VIII, line 1**
   (ii) **Assets included in Form 990, Part X**

2. **If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:**

   a. **Revenue included on Form 990, Part VIII, line 1**
   b. **Assets included in Form 990, Part X**
### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3. Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

   - a. Public exhibition
   - b. Scholarly research
   - c. Preservation for future generations
   - d. Loan or exchange programs
   - e. Other

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

5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?  
   - Yes  
   - No

### Part IV Escrow and Custodial Arrangements

Complete if the organization answered “Yes” on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  
   - Yes  
   - No

   b. If “Yes,” explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  
   - Yes  
   - No

   b. If “Yes,” explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

### Part V Endowment Funds

Complete if the organization answered “Yes” on Form 990, Part IV, line 10.

1a. Beginning of year balance  
   - Current year: 115,788  
   - Prior year: 115,788  
   - Two years back: 115,788  
   - Three years back: 115,788  
   - Four years back: 145,788

   b. Contributions  
   - Current year:  
   - Prior year:  
   - Two years back:  
   - Three years back:  
   - Four years back:  

   c. Net investment earnings, gains, and losses  
   - Current year:  
   - Prior year:  
   - Two years back:  
   - Three years back:  
   - Four years back:  

   d. Grants or scholarships  
   - Current year:  
   - Prior year:  
   - Two years back:  
   - Three years back:  
   - Four years back:  

   e. Other expenditures for facilities and programs  
   - Current year:  
   - Prior year:  
   - Two years back:  
   - Three years back:  
   - Four years back: 30,000.

   f. Administrative expenses  
   - Current year:  
   - Prior year:  
   - Two years back:  
   - Three years back:  
   - Four years back:  

   g. End of year balance  
   - Current year: 115,788  
   - Prior year: 115,788  
   - Two years back: 115,788  
   - Three years back: 115,788  
   - Four years back: 115,788

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

   a. Board designated or quasi-endowment  
   - Current year:  
   - Prior year:  
   - Two years back:  
   - Three years back:  
   - Four years back:  

   b. Permanent endowment  
   - Current year:  
   - Prior year:  
   - Two years back:  
   - Three years back:  
   - Four years back:  

   c. Temporarily restricted endowment  
   - Current year:  
   - Prior year:  
   - Two years back:  
   - Three years back:  
   - Four years back:  

   The percentages on lines 2a, 2b, and 2c should equal 100%.

3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

   i. Unrelated organizations  
   - Current year:  
   - Prior year:  
   - Two years back:  
   - Three years back:  
   - Four years back:  

   ii. Related organizations  
   - Current year:  
   - Prior year:  
   - Two years back:  
   - Three years back:  
   - Four years back:  

3b. If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R?

4. Describe in Part XIII the intended uses of the organization’s endowment funds.

### Part VI Land, Buildings, and Equipment

Complete if the organization answered “Yes” on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>92,444.</td>
<td>54,972.</td>
<td>37,472.</td>
<td>92,773.</td>
</tr>
<tr>
<td>b Buildings</td>
<td>219,560.</td>
<td>164,259.</td>
<td>55,301.</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

92,773.
### Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
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<tr>
<td>(C)</td>
<td></td>
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<td>(D)</td>
<td></td>
<td></td>
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<tr>
<td>(E)</td>
<td></td>
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<tr>
<td>(F)</td>
<td></td>
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<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
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<tr>
<td>(3)</td>
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<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
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<td>(4)</td>
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<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. **(a) Description of liability**
   
<table>
<thead>
<tr>
<th>(1) Federal income taxes</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8,622.</td>
</tr>
</tbody>
</table>

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)** 8,622.
<table>
<thead>
<tr>
<th>Part XI</th>
<th>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part XII</th>
<th>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part XIII</th>
<th>Supplemental Information.</th>
</tr>
</thead>
</table>

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

**Part I: General Information on Grants and Assistance**

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITED WAY OF GREATER WATERBURY</td>
<td>06-0646634</td>
</tr>
</tbody>
</table>

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

- Yes [X]  No [ ]

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

**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments**

Complete if the organization answered “Yes” on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC section (if applicable)</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
<th>Description of non-cash assistance</th>
<th>Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOYS &amp; GIRLS CLUB WATERBURY</td>
<td>06-0646551</td>
<td>501(C)(3)</td>
<td>42,502.</td>
<td>0.</td>
<td>GENERAL USE</td>
<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>1037 EAST MAIN STREET WATERBURY, CT 06705</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNITED WAY OF OAKLAND COUNTY</td>
<td>38-3612481</td>
<td>501(C)(3)</td>
<td>5,866.</td>
<td>0.</td>
<td>GENERAL USE</td>
<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>2600 WEST BIG BEAVER RD TROY, MI 48084</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHESHIRE COMMUNITY YMCA</td>
<td>06-0646905</td>
<td>501(C)(3)</td>
<td>8,618.</td>
<td>0.</td>
<td>GENERAL USE</td>
<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>967 SOUTH MAIN STREET CHESHIRE, CT 06410</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>CHILDREN’S COMMUNITY SCHOOL INC</td>
<td>06-1001761</td>
<td>501(C)(3)</td>
<td>47,848.</td>
<td>0.</td>
<td>GENERAL USE</td>
<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>31 WOLCOTT STREET WATERBURY, CT 06705</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONNECTICUT COUNSELING SERVICES</td>
<td>06-0955461</td>
<td>501(C)(3)</td>
<td>17,600.</td>
<td>0.</td>
<td>GENERAL USE</td>
<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>60 BEAVER BR RD DANBURY, CT 06810</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONNECTICUT LEGAL SERVICES, INC.</td>
<td>06-0955461</td>
<td>501(C)(3)</td>
<td>17,600.</td>
<td>0.</td>
<td>GENERAL USE</td>
<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>62 WASHINGTON ST MIDDLETOWN, CT 06457</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Enter total number of section 501(c)(3) and government organizations listed in the line 1 table**

**Enter total number of other organizations listed in the line 1 table**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONNECTICUT RIVERS COUNCIL 60 DARLIN STREET EAST HARTFORD, CT 06128</td>
<td>06-0662110</td>
<td>501(C)(3)</td>
<td>32,905</td>
<td>0</td>
<td></td>
<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>GIRL SCOUTS OF CONNECTICUT 35 PARK PLACE WATERBURY, CT 06702</td>
<td>06-0646759</td>
<td>501(C)(3)</td>
<td>11,707</td>
<td>0</td>
<td></td>
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<td>GENERAL USE</td>
</tr>
<tr>
<td>GIRLS INC. OF SOUTHWESTERN CONNECTICUT - 20 WASHINGTON AVENUE - NORTH HAVEN, CT 06473</td>
<td>06-0646950</td>
<td>501(C)(3)</td>
<td>34,009</td>
<td>0</td>
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<td></td>
<td>GENERAL USE</td>
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<tr>
<td>GREATER WATERBURY INTERFAITH MINISTRIES - 16 CHURCH STREET - WATERBURY, CT 06702</td>
<td>06-0658070</td>
<td>501(C)(3)</td>
<td>32,806</td>
<td>0</td>
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<td>GENERAL USE</td>
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<tr>
<td>GREATER WATERBURY YMCA 136 WEST MAIN STREET WATERBURY, CT 06702</td>
<td>06-0646988</td>
<td>501(C)(3)</td>
<td>61,901</td>
<td>0</td>
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<td>GENERAL USE</td>
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<tr>
<td>JOHN J. DRISCOLL UNITED LABOR AGENCY - 56 TOWN LINE RD - ROCKY HILL, CT 06067</td>
<td>06-0987695</td>
<td>501(C)(3)</td>
<td>49,200</td>
<td>0</td>
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<td>GENERAL USE</td>
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<tr>
<td>KANGAROO’S KORNER, INC. 120 FRENCH MOUNTAIN ROAD WATERTOWN, CT 06795</td>
<td>16-0485138</td>
<td>501(C)(3)</td>
<td>5,208</td>
<td>0</td>
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<td>GENERAL USE</td>
</tr>
<tr>
<td>HISPANIC COALITION OF GREATER WATERBURY - 135 EAST LIBERTY STREET - WATERBURY, CT 06706</td>
<td>06-1349937</td>
<td>501(C)(3)</td>
<td>17,550</td>
<td>0</td>
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<td>GENERAL USE</td>
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<tr>
<td>MENTAL HEALTH ASSOCIATION OF CONNECTICUT INC. - 21 CHURCH ST - WATERBURY, CT 06702</td>
<td>06-0646593</td>
<td>501(C)(3)</td>
<td>31,525</td>
<td>0</td>
<td></td>
<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
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<td>---------------------------------</td>
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<tr>
<td>UNITED WAY OF SOUTHEAST CONNECTICUT, INC - PO BOX 375 - GALES FERRY, CT 06335-0375</td>
<td>06-0771393</td>
<td>501(C)(3)</td>
<td>7,725.</td>
<td>0.</td>
<td></td>
<td>GENERAL USE</td>
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<tr>
<td>CATHOLIC CHARITIES HARTFORD 896 ASYLUM ST HARTFORD, CT 06105</td>
<td>06-0667607</td>
<td>501(C)(3)</td>
<td>70,958.</td>
<td>0.</td>
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<tr>
<td>NUTMEG BIG BROTHERS BIG SISTERS 30 LAUREL STREET HARTFORD, CT 06106</td>
<td>06-0850379</td>
<td>501(C)(3)</td>
<td>14,000.</td>
<td>0.</td>
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<tr>
<td>SAFE HAVEN OF GREATER WATERBURY INC. - PO BOX 1503 - WATERBURY, CT 06721</td>
<td>06-0996479</td>
<td>501(C)(3)</td>
<td>102,090.</td>
<td>0.</td>
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</tr>
<tr>
<td>SALVATION ARMY WATERBURY 74 CENTRAL AVENUE WATERBURY, CT 06702</td>
<td>13-5562351</td>
<td>501(C)(3)</td>
<td>50,000.</td>
<td>0.</td>
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<tr>
<td>STAYWELL HEALTH CENTER OF WATERBURY - 80 PHOENIX AVENUE - WATERBURY, CT 06702</td>
<td>22-3160873</td>
<td>501(C)(3)</td>
<td>27,761.</td>
<td>0.</td>
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</tr>
<tr>
<td>UNITED WAY OF CENTRAL AND NORTEASTERN CONNECTICUT - 30 LAUREL STREET - HARTFORD, CT 06106</td>
<td>06-0646653</td>
<td>501(C)(3)</td>
<td>241,651.</td>
<td>0.</td>
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<tr>
<td>UNITED WAY OF COASTAL FAIRFIELD COUNTY - 75 WASHINGTON AVENUE - BRIDGEPORT, CT 06604</td>
<td>06-0864341</td>
<td>501(C)(3)</td>
<td>30,085.</td>
<td>0.</td>
<td></td>
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</tr>
<tr>
<td>UNITED WAY OF CONNECTICUT, INC/2-1-1 - 1344 SILAS DEANE HIGHWAY - ROCKY HILL, CT 06067</td>
<td>06-1084194</td>
<td>501(C)(3)</td>
<td>29,479.</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule I (Form 990)**
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITED WAY OF GREATER FALL RIVER, INC. - PO BOX 2550 - FALL RIVER, MA 02722</td>
<td>04-2104026</td>
<td>501(C)(3)</td>
<td>7,843.</td>
<td>0.</td>
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<td>GENERAL USE</td>
</tr>
<tr>
<td>UNITED WAY OF GREATER NEW HAVEN 71 ORANGE STREET NEW HAVEN, CT 06510</td>
<td>06-0646761</td>
<td>501(C)(3)</td>
<td>59,274.</td>
<td>0.</td>
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<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>UNITED WAY OF GREENWICH 1 LAFAYETTE COURT GREENWICH, CT 06830</td>
<td>06-0646578</td>
<td>501(C)(3)</td>
<td>5,727.</td>
<td>0.</td>
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<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>UNITED WAY OF MERIDEN AND WALLINGFORD, INC. - 35 PLEASANT STREET, STE 1 - MERIDEN, CT 06450</td>
<td>06-0646714</td>
<td>501(C)(3)</td>
<td>39,707.</td>
<td>0.</td>
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<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>UNITED WAY OF METROPOLITAN ATLANTA 100 EDDIEWOOD AVENUE NE ATLANTA, GA 30303</td>
<td>58-0566194</td>
<td>501(C)(3)</td>
<td>4,221.</td>
<td>0.</td>
<td></td>
<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>UNITED WAY OF NAUGATUCK AND BEACON FALLS - 284 CHURCH STREET - NAUGATUCK, CT 06770</td>
<td>06-0788028</td>
<td>501(C)(3)</td>
<td>29,618.</td>
<td>0.</td>
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<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>UNITED WAY OF NEW YORK CITY 2 PARK AVE FL 2 NEW YORK, NY 10016</td>
<td>13-2617681</td>
<td>501(C)(3)</td>
<td>22,449.</td>
<td>0.</td>
<td></td>
<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>UNITED WAY OF NORTHWEST CONNECTICUT, INC. - 16 BIRD STREET, SUITE #1 - TORRINGTON, CT 06790</td>
<td>06-6009309</td>
<td>501(C)(3)</td>
<td>18,925.</td>
<td>0.</td>
<td></td>
<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>UNITED WAY OF PIONEER VALLEY PO BOX 3040 SPRINGFIELD, MA 01102</td>
<td>04-2152680</td>
<td>501(C)(3)</td>
<td>7,264.</td>
<td>0.</td>
<td></td>
<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>Name and address of organization or government</td>
<td>EIN</td>
<td>IRC section if applicable</td>
<td>Amount of cash grant</td>
<td>Amount of non-cash assistance</td>
<td>Method of valuation (book, FMV, appraisal, other)</td>
<td>Description of non-cash assistance</td>
<td>Purpose of grant or assistance</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
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<td>-----------------------------</td>
</tr>
<tr>
<td>UNITED WAY OF RHODE ISLAND</td>
<td>05-0276059</td>
<td>501(C)(3)</td>
<td>79,906.0</td>
<td>0.0</td>
<td>GENERAL USE</td>
<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>UNITED WAY OF GREATER</td>
<td>04-2104020</td>
<td>501(C)(3)</td>
<td>11,876.0</td>
<td>0.0</td>
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<td></td>
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</tr>
<tr>
<td>UNITED WAY OF SOUTHHINGTON, INC.</td>
<td>06-0790621</td>
<td>501(C)(3)</td>
<td>38,360.0</td>
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<tr>
<td>UNITED WAY OF WEST CENTRAL</td>
<td>06-0653262</td>
<td>501(C)(3)</td>
<td>41,313.0</td>
<td>0.0</td>
<td>GENERAL USE</td>
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<td>GENERAL USE</td>
</tr>
<tr>
<td>UNITED WAY OF WESTCHESTER AND PUTNAM, INC.</td>
<td>13-1997636</td>
<td>501(C)(3)</td>
<td>30,538.0</td>
<td>0.0</td>
<td>GENERAL USE</td>
<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>UNITED WAY OF GREATER MILWAUKEE</td>
<td>39-0806190</td>
<td>501(C)(3)</td>
<td>37,323.0</td>
<td>0.0</td>
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<td>GENERAL USE</td>
</tr>
<tr>
<td>VALLEY UNITED WAY</td>
<td>06-0847098</td>
<td>501(C)(3)</td>
<td>21,291.0</td>
<td>0.0</td>
<td>GENERAL USE</td>
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</tr>
<tr>
<td>HARTFORD HEALTH CARE AT HOME INC.</td>
<td>06-0646938</td>
<td>501(C)(3)</td>
<td>32,200.0</td>
<td>0.0</td>
<td>GENERAL USE</td>
<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>WATERBURY YOUTH SERVICE SYSTEM</td>
<td>06-1219372</td>
<td>501(C)(3)</td>
<td>95,896.0</td>
<td>0.0</td>
<td>GENERAL USE</td>
<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
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</tr>
<tr>
<td>WELLPATH, INC 70 PINE STREET WATERBURY, CT 06710</td>
<td>06-0669107</td>
<td>501(C)(3)</td>
<td>116,694</td>
<td>0</td>
<td>book</td>
<td>GENERAL USE</td>
<td></td>
</tr>
<tr>
<td>UNITED WAY OF WESTERN CT SOUTHERN LITCHFIELD - 84 WEST ST - DANBURY, CT 06810</td>
<td>06-0646577</td>
<td>501(C)(3)</td>
<td>6,673</td>
<td>0</td>
<td>book</td>
<td>GENERAL USE</td>
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<tr>
<td>UNITED WAY OF WESTERN CONNECTICUT STAMFORD - 84 WEST ST - DANBURY, CT 06813</td>
<td>06-0646577</td>
<td>501(C)(3)</td>
<td>1,504</td>
<td>0</td>
<td>book</td>
<td>GENERAL USE</td>
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</tr>
<tr>
<td>UNITED WAY OF GREATER CAPITAL AREA 2235 MILLENIUM WAY ENOLA, PA 17025</td>
<td>23-1352095</td>
<td>501(C)(3)</td>
<td>2,383</td>
<td>0</td>
<td>book</td>
<td>GENERAL USE</td>
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<tr>
<td>UNITED WAY MASS BAY AND MERR. VALLEY - 51 SLEEPER ST - BOSTON, MA 02210</td>
<td>04-2382233</td>
<td>501(C)(3)</td>
<td>54,735</td>
<td>0</td>
<td>book</td>
<td>GENERAL USE</td>
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<tr>
<td>UNITED WAY MIDDLESEX COUNTY 100 RIVER VIEW CENTER MIDDLETOWN, CT 06457</td>
<td>06-0665170</td>
<td>501(C)(3)</td>
<td>40,166</td>
<td>0</td>
<td>book</td>
<td>GENERAL USE</td>
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</tr>
<tr>
<td>GRANITE UNITED WAY 22 CONCORD ST MANCHESTER, NH 03101</td>
<td>02-6006033</td>
<td>501(C)(3)</td>
<td>2,192</td>
<td>0</td>
<td>book</td>
<td>GENERAL USE</td>
<td></td>
</tr>
<tr>
<td>UNITED WAY OF SHEBOYGAN COUNTY 2020 ERIS AVE SHEBOYGAN, WI 53081</td>
<td>39-0808471</td>
<td>501(C)(3)</td>
<td>34,285</td>
<td>0</td>
<td>book</td>
<td>GENERAL USE</td>
<td></td>
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<tr>
<td>UNITED WAY OF WESTERN CONNECTICUT NORTHERN FAIRFIELD - 85 WEST STREET - DANBURY, CT 06810</td>
<td>06-0646577</td>
<td>501(C)(3)</td>
<td>85,867</td>
<td>0</td>
<td>book</td>
<td>GENERAL USE</td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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</tr>
<tr>
<td>AMERICAN RED CROSS</td>
<td>53-0196605</td>
<td>501 (C) (3)</td>
<td>24,255.00</td>
<td>0.00</td>
<td>GENERAL USE</td>
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<td>GENERAL USE</td>
</tr>
<tr>
<td>209 FARMINGTON AVE</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>FARMINGTON, CT 06032</td>
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<td></td>
</tr>
<tr>
<td>UNITED WAY HAMBLEM COUNTY</td>
<td>62-0627919</td>
<td>501 (C) (3)</td>
<td>12,846.00</td>
<td>0.00</td>
<td>GENERAL USE</td>
<td></td>
<td>GENERAL USE</td>
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<tr>
<td>PO BOX 1794</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>MORRISTOWN, TN 37816</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>UNITED WAY BERGAN COUNTY</td>
<td>22-6028959</td>
<td>501 (C) (3)</td>
<td>5,384.00</td>
<td>0.00</td>
<td>GENERAL USE</td>
<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>6 FOREST AVE</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARAMUS, NJ 07652</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NJ - 1709 BENJAMIN</td>
<td>23-1556045</td>
<td>501 (C) (3)</td>
<td>5,075.00</td>
<td>0.00</td>
<td>GENERAL USE</td>
<td></td>
<td>GENERAL USE</td>
</tr>
<tr>
<td>19103</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRANKLIN PKWY - PHILADELPHIA, PA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.
<table>
<thead>
<tr>
<th>Part I</th>
<th>Questions Regarding Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>First-class or charter travel</td>
</tr>
<tr>
<td></td>
<td>Travel for companions</td>
</tr>
<tr>
<td></td>
<td>Tax indemnification and gross-up payments</td>
</tr>
<tr>
<td></td>
<td>Discretionary spending account</td>
</tr>
<tr>
<td>1b</td>
<td>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</td>
</tr>
<tr>
<td>2</td>
<td>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?</td>
</tr>
<tr>
<td>3</td>
<td>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization’s CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</td>
</tr>
<tr>
<td></td>
<td>Compensation committee</td>
</tr>
<tr>
<td></td>
<td>Independent compensation consultant</td>
</tr>
<tr>
<td></td>
<td>Form 990 of other organizations</td>
</tr>
<tr>
<td></td>
<td>Written employment contract</td>
</tr>
<tr>
<td></td>
<td>Compensation survey or study</td>
</tr>
<tr>
<td></td>
<td>Approval by the board or compensation committee</td>
</tr>
<tr>
<td>4</td>
<td>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:</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>4a</td>
<td>Receive a severance payment or change-of-control payment?</td>
</tr>
<tr>
<td>4b</td>
<td>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
</tr>
<tr>
<td>4c</td>
<td>Participate in, or receive payment from, an equity-based compensation arrangement?</td>
</tr>
<tr>
<td>5</td>
<td>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:</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>5a</td>
<td>The organization?</td>
</tr>
<tr>
<td>5b</td>
<td>Any related organization?</td>
</tr>
<tr>
<td>6</td>
<td>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:</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>6a</td>
<td>The organization?</td>
</tr>
<tr>
<td>6b</td>
<td>Any related organization?</td>
</tr>
<tr>
<td>7</td>
<td>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If “Yes,” describe in Part III</td>
</tr>
<tr>
<td>8</td>
<td>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</td>
</tr>
<tr>
<td>9</td>
<td>If “Yes” on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</td>
</tr>
</tbody>
</table>

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:

a The organization? X

b Any related organization? X

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:

a The organization? X

b Any related organization? X

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If “Yes,” describe in Part III 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 X

9 If “Yes” on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? X
### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) KRISTEN JACOBY PRESIDENT &amp; CPO</td>
<td>(i) 166,635. 0. 0. 0. 0. 166,635. 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY AND TO INVEST IN APPROACHES THAT MEASURABLY IMPROVE THE
COMMUNITY CONDITIONS FOR ALL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
COMMUNITY RELATIONS - UNITED WAY METHODICALLY AND ACTIVELY BUILDS
QUALITY RELATIONSHIPS WITH TRADITIONAL AND NONTRADITIONAL PARTNERS TO
ATTRACT A BROAD REPRESENTATION OF EXPERTISE AROUND COMMUNITY ISSUES,
STRATEGIES AND RESOURCE DEVELOPMENT.

UNITED WAY MOBILIZES FINANCIAL AND VOLUNTEER RESOURCES AND CONVENES
TRADITIONAL AND NON-TRADITIONAL PARTNERS TO ADDRESS THE NEEDS OF THE
LOCAL COMMUNITY AND INVESTS IN APPROACHES THAT MEASURABLY IMPROVE THE
COMMUNITY CONDITIONS FOR ALL. UNITED WAY IS WORKING TO CREATE A
COMMUNITY IN WHICH PEOPLE ACHIEVE THEIR POTENTIAL BECAUSE BASIC NEEDS
ARE MET, QUALITY EDUCATION IS ACCESSIBLE, AND FINANCIAL SUSTAINABILITY
IS ACHIEVED. UNITED WAY INVESTMENTS ARE CREATING MEASURABLE
IMPROVEMENTS TO SELECTED INDICATORS OF COMMUNITY-WIDE PROGRESS. UNITED
WAY CONDUCTS IN-DEPTH NEEDS ASSESSMENTS AT REGULAR INTERVALS TO ASSIST
IN IDENTIFYING PROBLEMS IN THE AREAS OF EDUCATION, FINANCIAL STABILITY
AND BASIC NEEDS AND THEN DEVELOPS STRATEGIES THAT WILL ACHIEVE
MEASURABLE AND SUSTAINABLE CHANGE TO THE COMMUNITY CONDITIONS THAT ARE
A CATALYST FOR THE PROBLEMS IDENTIFIED.

EXPENSES $ 272,889. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 7A:
THE VOTING MEMBERS SHALL BE 99 PERSONS REPRESENTATIVE OF DIVERSE ELEMENTS OF THE COMMUNITY INCLUDING VOLUNTEERS, DONORS, LOCAL BUSINESSES AND PERSONS AFFILIATED WITH AGENCIES AND ORGANIZATIONS SERVING THE COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11B:
The 990 was provided in draft from to the board prior to submission.

FORM 990, PART VI, SECTION B, LINE 12C:
On an annual basis all board of directors must sign a conflict of interest and confidentially declaration stating that they will abide by the agency’s guidelines for conflict of interest and disclose any potential conflict.

FORM 990, PART VI, SECTION B, LINE 15A:
A salary survey was prepared by an independent consultant. The consultant met with CEO and staff to review job descriptions. Consultant researched salaries of comparable positions to determine salary ranges. Survey was reviewed and approved by board. The board has approved the CFO compensation package.

FORM 990, PART VI, SECTION C, LINE 18:
Documents are available on our website and upon written request.

FORM 990, PART VI, SECTION C, LINE 19:
Documents are available on our website and upon written request.