

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY INC UNITED WAY OF CENT & NE CONNECTICUT Doing Business As UNITED WAY OF CENTRAL Number and street (or P.O. box if mail is not delivered to street address) Room/suite 30 LAUREL STREET City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06106 F Name and address of principal officer: SUSAN B. DUNN SAME AS C ABOVE	D Employer identification number 06-0646653 E Telephone number (860) 493-6800 G Gross receipts \$ 35,207,711. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UNITEDWAYINC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1924 M State of legal domicile: CT

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO ENGAGE PEOPLE TO IMPROVE LIVES AND CHANGE COMMUNITY CONDITIONS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	59
	6	Total number of volunteers (estimate if necessary)	6	4071
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	24,916,056.	24,054,841.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,283,427.	670,104.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,735,184.	1,506,443.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	168,520.	124,443.
12			28,103,187.	26,355,831.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,478,344.	20,072,697.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,176,943.	3,402,922.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,411,463.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,127,659.	1,998,398.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,782,946.	25,474,017.
	19	Revenue less expenses. Subtract line 18 from line 12	320,241.	881,814.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	35,195,933.	35,878,194.
	22	Net assets or fund balances. Subtract line 21 from line 20	15,952,274.	14,316,691.
	22		19,243,659.	21,561,503.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer SUSAN B. DUNN, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name PATRICIA MCGOWAN	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00184514
	Firm's name ▶ COHNREZNICK LLP Firm's address ▶ 180 GLASTONBURY BOULEVARD GLASTONBURY, CT 06033	Firm's EIN ▶ 22-1478099 Phone no. (860) 633-3000

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

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:
UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT MOBILIZES PEOPLE AND ORGANIZATIONS TO GIVE, ADVOCATE AND VOLUNTEER TO HELP CHILDREN SUCCEED, ENSURE FAMILIES ARE HEALTHY AND FINANCIALLY SECURE, AND PROVIDE ACCESS TO BASIC NEEDS.

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 \$ 10,753,675. including grants of \$ 10,753,675.) (Revenue \$ 271,680.)
DONOR DESIGNATIONS:
THROUGH THE UWCNCT COMMUNITY CAMPAIGN, DONORS CAN DIRECT THEIR GIFTS TO ANY QUALIFIED ORGANIZATION IN THE UNITED STATES OVER WHICH UWCNCT EXERCISES/RETAINS NO DISCRETION AS TO USE DUE TO DONOR INSTRUCTION. IN ORDER TO QUALIFY, AN ORGANIZATION MUST MEET THE FOLLOWING THREE CRITERIA: (1) FULLY TAX EXEMPT, (2) DONATIONS ARE 100% TAX DEDUCTIBLE, (3) IN FULL COMPLIANCE WITH FEDERAL PATRIOT ACT LAW.

4b (Code: _____) (Expenses \$ 3,501,600. including grants of \$ 3,501,600.) (Revenue \$ _____)
EDUCATION - CHILDREN GRADUATE FROM HIGH SCHOOL COLLEGE AND CAREER READY:
THERE ARE FIVE BASIC ELEMENTS TO CHILDREN AND YOUTH SUCCEEDING: SCHOOL READINESS, EARLY GRADE READING, MIDDLE SCHOOL SUCCESS, ON-TIME HIGH SCHOOL GRADUATION, AND COMPLETION OF COLLEGE OR ADVANCED TRAINING. OUR UNITED WAY IS FOCUSING ON THE FIRST THREE ELEMENTS WITH AN EMPHASIS ON EARLY CHILDHOOD EDUCATION, THIRD-GRADE READING PROFICIENCY, AND COMPREHENSIVE APPROACHES TO PRE-KINDERGARTEN THROUGH EIGHTH GRADE STUDENT ACHIEVEMENT. WE BELIEVE THAT THESE PROVIDE A SOLID FOUNDATION LEADING TO STUDENTS COMPLETING HIGH SCHOOL ON TIME AND WITH THE SKILLS NEEDED TO BE SUCCESSFUL IN COLLEGE AND BEYOND.

4c (Code: _____) (Expenses \$ 3,212,100. including grants of \$ 3,212,100.) (Revenue \$ _____)
BASIC NEEDS - INDIVIDUALS AND FAMILIES HAVE BASIC SUPPORTS:
ECONOMIC CONDITIONS CHALLENGE ALL OF US, SOME MORE THAN OTHERS. IN THE SHORT TERM, WE NEED TO STABILIZE FAMILIES BY FINDING WAYS FOR THEM TO HAVE SUCH BASICS AS FOOD AND SHELTER. IN THE LONG TERM, OUR COMMUNITY WILL ONLY PROSPER AND GROW IF ALL CHILDREN AND YOUTH SUCCEED AND IF ALL FAMILIES ARE FINANCIALLY CAPABLE AND INDEPENDENT.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 4,196,950. including grants of \$ 2,605,321.) (Revenue \$ 398,424.)

4e Total program service expenses **21,664,325.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and II</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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? If so, complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," 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)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 30		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CT**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
THOMAS W. GLYNN - (860) 493-6810
30 LAUREL ST., HARTFORD, CT 06106-1374

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. WAYNE S. RAWLINS BOARD CHAIRMAN	1.00	X		X				0.	0.	0.
(2) GREGORY TOCZYDLOWSKI BOARD TREASURER	0.60	X		X				0.	0.	0.
(3) DONALD ALLAN BOARD MEMBER	0.30	X						0.	0.	0.
(4) JOSE APONTE BOARD MEMBER	0.30	X						0.	0.	0.
(5) MICHAEL AUSERE BOARD MEMBER	0.20	X						0.	0.	0.
(6) PEGGY BUCHANAN BOARD MEMBER	0.50	X						0.	0.	0.
(7) MICHAEL MANNIX BYRNE, JR. BOARD MEMBER	0.30	X						0.	0.	0.
(8) JULIO CONCEPCION BOARD MEMBER	0.20	X						0.	0.	0.
(9) ERIC DANIELS BOARD MEMBER	0.20	X						0.	0.	0.
(10) WILLIAM F. DOWLING BOARD MEMBER	0.30	X						0.	0.	0.
(11) ROBERT EMMETT EARLY, III BOARD MEMBER	0.30	X						0.	0.	0.
(12) OTTO EICHMANN BOARD MEMBER	0.60	X						0.	0.	0.
(13) DEREK A. FRANKLIN BOARD MEMBER	0.20	X						0.	0.	0.
(14) MICHAEL GOLDBAS BOARD MEMBER	0.50	X						0.	0.	0.
(15) JEFFREY L. HUBBARD BOARD MEMBER	0.20	X						0.	0.	0.
(16) ANGELA KAHRMANN BOARD MEMBER	0.30	X						0.	0.	0.
(17) MARGARET MARCHAK BOARD MEMBER	0.20	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHAWN J. MAYNARD BOARD MEMBER	0.40	X						0.	0.	0.
(19) MARY E. MCLAUGHLIN BOARD MEMBER	0.30	X						0.	0.	0.
(20) NATALIE B. MORRIS BOARD MEMBER	0.50	X						0.	0.	0.
(21) BRIAN O'CONNELL BOARD MEMBER	0.20	X						0.	0.	0.
(22) KOLA OLOFINBOBA BOARD MEMBER	0.30	X						0.	0.	0.
(23) JAMES O'MEARA BOARD MEMBER	0.40	X						0.	0.	0.
(24) KAREN PRENDERGAST BOARD MEMBER	0.30	X						0.	0.	0.
(25) CYNTHIA RYAN BOARD MEMBER	0.40	X						0.	0.	0.
(26) LYNN RYAN BOARD MEMBER	0.20	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								445,914.	0.	57,427.
d Total (add lines 1b and 1c)								445,914.	0.	57,427.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	90,225.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	23,964,616.			
	g Noncash contributions included in lines 1a-1f: \$		150,412.			
	h Total. Add lines 1a-1f		24,054,841.			
	Program Service Revenue	2 a ADMINISTRATIVE FEES AND OTHER	Business Code	900099	484,125.	484,125.
b COMMUNITY GRANTS, INITIATIVES, AN			813211	185,979.	185,979.	
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			670,104.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		881,002.		881,002.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	96,018.			
		(ii) Personal				
		b Less: rental expenses		0.		
		c Rental income or (loss)		96,018.		
	d Net rental income or (loss)		96,018.		96,018.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	9,368,136.			
		(ii) Other				
		b Less: cost or other basis and sales expenses		8,742,695.		
		c Gain or (loss)		625,441.		
	d Net gain or (loss)		625,441.		625,441.	
	8 a Gross income from fundraising events (not including \$ 90,225. of contributions reported on line 1c). See Part IV, line 18	a	137,610.			
b Less: direct expenses			109,185.			
c Net income or (loss) from fundraising events			28,425.		28,425.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
	11 a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		26,355,831.	670,104.	0.	1,630,886.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	20,072,697.	20,072,697.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	355,448.	64,449.	198,036.	92,963.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,268,067.	807,090.	313,255.	1,147,722.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	135,050.	31,536.	49,214.	54,300.
9 Other employee benefits	459,975.	114,793.	141,673.	203,509.
10 Payroll taxes	184,382.	48,409.	52,443.	83,530.
11 Fees for services (non-employees):				
a Management	8,700.	4,570.	2,582.	1,548.
b Legal	9,530.	683.	7,690.	1,157.
c Accounting	51,778.	413.	50,676.	689.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	25,000.		25,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	332,644.	41,966.	55,144.	235,534.
12 Advertising and promotion	170,077.	49,177.		120,900.
13 Office expenses	203,348.	14,962.	29,334.	159,052.
14 Information technology				
15 Royalties				
16 Occupancy	357,069.	187,894.	105,776.	63,399.
17 Travel	39,025.	10,472.	9,087.	19,466.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	256,665.	67,458.	73,079.	116,128.
22 Depreciation, depletion, and amortization	218,835.	68,394.	127,279.	23,162.
23 Insurance	89,320.	22,883.	58,687.	7,750.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT, HARDWARE AND	89,794.	31,433.	14,935.	43,426.
b MISCELLANEOUS & OTHERS	61,207.	5,880.	48,757.	6,570.
c RENTAL AND MAINTENANCE	54,201.	18,183.	13,902.	22,116.
d DUES & SUBSCRIPTIONS	22,915.	647.	17,199.	5,069.
e All other expenses	8,290.	336.	4,481.	3,473.
25 Total functional expenses. Add lines 1 through 24e	25,474,017.	21,664,325.	1,398,229.	2,411,463.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

UNITED WAY INC
UNITED WAY OF CENT & NE CONNECTICUT

Form 990 (2013)

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Part X Balance Sheet

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	1 Cash - non-interest-bearing	363.	1	363.		
	2 Savings and temporary cash investments	3,050,539.	2	2,942,222.		
	3 Pledges and grants receivable, net	8,070,513.	3	7,213,549.		
	4 Accounts receivable, net	329,683.	4	151,185.		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6		
	7 Notes and loans receivable, net			7		
	8 Inventories for sale or use			8		
	9 Prepaid expenses and deferred charges	156,592.	9		158,367.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,032,207.	10a			
	b Less: accumulated depreciation	2,404,389.	10b			
	11 Investments - publicly traded securities	1,779,008.	10c		1,627,818.	
	12 Investments - other securities. See Part IV, line 11	15,483,278.	11		16,915,567.	
	13 Investments - program-related. See Part IV, line 11		12			
	14 Intangible assets		13			
	15 Other assets. See Part IV, line 11		14			
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,325,957.	15		6,869,123.		
	35,195,933.	16		35,878,194.		
Liabilities	17 Accounts payable and accrued expenses	596,667.	17	465,864.		
	18 Grants payable	1,716,919.	18	1,474,157.		
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	13,638,688.	25		12,376,670.	
	26 Total liabilities. Add lines 17 through 25	15,952,274.	26		14,316,691.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	11,212,710.	27	13,107,253.		
	28 Temporarily restricted net assets	463,172.	28	343,307.		
	29 Permanently restricted net assets	7,567,777.	29	8,110,943.		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building, or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
33 Total net assets or fund balances	19,243,659.	33		21,561,503.		
34 Total liabilities and net assets/fund balances	35,195,933.	34		35,878,194.		

Form **990** (2013)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,355,831.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,474,017.
3	Revenue less expenses. Subtract line 2 from line 1	3	881,814.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,243,659.
5	Net unrealized gains (losses) on investments	5	733,348.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	702,682.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,561,503.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2013)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25742282.	25425051.	26182507.	24855606.	24054841.	126260287
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	25742282.	25425051.	26182507.	24855606.	24054841.	126260287
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)						2982879.
6 Public support. Subtract line 5 from line 4.						123277408

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	25742282.	25425051.	26182507.	24855606.	24054841.	126260287
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	762,648.	860,419.	923,562.	1014500.	977,020.	4538149.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						130798436
12 Gross receipts from related activities, etc. (see instructions)					12	6,068,355.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	94.25 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	88.27 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2012 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2013
Open to Public Inspection

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

Name of the organization UNITED WAY INC
UNITED WAY OF CENT & NE CONNECTICUT
Employer identification number 06-0646653

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 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)?
- 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" to Form 990, Part IV, line 8.

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,483,278.	14,327,005.	15,061,199.	12,458,413.	11,106,077.
b Contributions					
c Net investment earnings, gains, and losses	1,832,289.	1,456,273.	-634,114.	2,702,706.	1,552,336.
d Grants or scholarships					
e Other expenditures for facilities and programs	400,000.	300,000.	100,000.	100,000.	200,000.
f Administrative expenses					
g End of year balance	16,915,567.	15,483,278.	14,327,005.	15,061,119.	12,458,413.

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

- a Board designated or quasi-endowment 92.70 %
- b Permanent endowment 7.30 %
- c Temporarily restricted endowment _____ %

The percentages in 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
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,323.		3,323.
b Buildings		3,089,131.	1,770,834.	1,318,297.
c Leasehold improvements		98,643.	39,791.	58,852.
d Equipment		841,110.	593,764.	247,346.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,627,818.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INVESTMENTS HELD IN TRUST BY OTHERS	6,869,123.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	6,869,123.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAMPAIGN SUPPORT DUE TO COMMUNITY	
(3) HEALTH CHARITIES	764,388.
(4) AGENCY PROGRAM SUPPORT PAYABLE	8,104,752.
(5) DONOR DESIGNATIONS PAYABLE	3,507,530.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	12,376,670.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	16,037,210.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	733,348.	
b	Donated services and use of facilities	2b	79,233.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	811,867.	
e	Add lines 2a through 2d	2e		1,624,448.
3	Subtract line 2e from line 1		3	14,412,762.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,000.	
b	Other (Describe in Part XIII.)	4b	11,918,069.	
c	Add lines 4a and 4b	4c		11,943,069.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	26,355,831.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	13,719,366.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	79,233.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	109,185.	
e	Add lines 2a through 2d	2e		188,418.
3	Subtract line 2e from line 1		3	13,530,948.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,000.	
b	Other (Describe in Part XIII.)	4b	11,918,069.	
c	Add lines 4a and 4b	4c		11,943,069.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	25,474,017.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT IS DESIGNED TO PRESERVE THE REAL VALUE OF THE UNRESTRICTED INVESTMENT RESERVES OVER TIME WHILE PROVIDING A MODEST LEVEL OF INCOME FOR CURRENT OPERATING NEEDS.

PART X, LINE 2:

FIN 48 DISCLOSURE:

UWCNT HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2014 AND 2013. UWCNT'S FEDERAL AND STATE INFORMATION RETURNS PRIOR TO FISCAL YEAR 2011 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

IF UWCNCT HAS UNRELATED BUSINESS INCOME TAXES, UWCNCT WILL RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE INCOME TAX PROVISION AND INCLUDE ACCRUED INTEREST AND PENALTIES WITH THE RELATED TAX LIABILITY IN THE STATEMENT OF FINANCIAL POSITION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST	159,516.
CHANGE IN INVESTMENTS HELD IN TRUST BY OTHERS	543,166.
SCHEDULE G EVENT INCOME SHOWN GROSS OF EXPENDITURES ON FINANCIAL STATEMENTS	109,185.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	811,867.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COMMUNITY HEALTH CHARITIES SHARE OF DIRECT PUBLIC SUPPORT AMOUNTS DESIGNATED BY DONORS	1,164,392.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	11,918,069.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SCHEDULE G EVENT EXPENSES SHOWN SEPARATELY ON FINANCIAL STATEMENTS	109,185.
--	----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AMOUNTS DESIGNATED BY DONORS	10,753,677.
COMMUNITY HEALTH CHARITIES SHARE OF DIRECT PUBLIC SUPPORT	1,164,392.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	11,918,069.

UNITED WAY INC

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LUNCHEON (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	227,835.		227,835.
	2	Less: Contributions	90,225.		90,225.
	3	Gross income (line 1 minus line 2)	137,610.		137,610.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	31,665.		31,665.
	7	Food and beverages	32,098.		32,098.
	8	Entertainment			
	9	Other direct expenses	45,422.		45,422.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				28,425.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization **UNITED WAY INC
UNITED WAY OF CENT & NE CONNECTICUT** Employer identification number **06-0646653**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADEMY OF OUR LADY OF MERCY 200 HIGH STREET MILFORD, CT 06460-3249	06-0653077		9,900.	0.			DESIGNATED GIFTS
AMERICAN CANCER SOCIETY FOUNDATION 825 BROOK STREET, BLD 3 ROCKY HILL, CT 06067	13-1788491		6,590.	0.			DESIGNATED GIFTS
AMERICAN RED CROSS PO BOX 73857 CHICAGO, IL 60673-7857	53-0196605		43,819.	0.			DESIGNATED GIFTS
AMERICAN RED CROSS CONNECTICUT REGIONAL CHAPTER - PO BOX 73857 - CHICAGO, IL 60673-7857	06-0914385		283,754.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
AMERICAN SCHOOL FOR THE DEAF 139 NORTH MAIN STREET WEST HARTFORD, CT 06107	06-0667600		8,477.	0.			DESIGNATED GIFTS
ANDOVER, HEBRON, MARLBOROUGH YOUTH SERVICES - 25 PENDELTON DRIVE - HEBRON, CT 06248-1525	22-2595584		6,401.	0.			DESIGNATED GIFTS

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

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

Schedule I (Form 990) (2013)

UNITED WAY INC
UNITED WAY OF CENT & NE CONNECTICUT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCHBISHOP'S ANNUAL APPEAL 134 FARMINGTON AVENUE HARTFORD, CT 06105	06-0646669		17,041.	0.			DESIGNATED GIFTS
ARCHDIOCESE OF HARTFORD 134 FARMINGTON AVENUE HARTFORD, CT 06105-3723	53-0196617		12,056.	0.			DESIGNATED GIFTS
ASYLUM HILL CONGREGATIONAL CHURCH 814 ASYLUM AVENUE HARTFORD, CT 06105	06-0646544		7,024.	0.			DESIGNATED GIFTS
BIRTHRIGHT OF GREATER HARTFORD INC. - 914 MAIN STREET- ROOM 216 - EAST HARTFORD, CT 06108	23-7378225		7,784.	0.			DESIGNATED GIFTS
BOY SCOUTS OF AMERICA, IMPERIAL COUNCIL - 1207 UPAS STREET - SAN DIEGO, CA 92103	95-1643983		13,540.	0.			DESIGNATED GIFTS
BOYS & GIRLS CLUB OF NEW BRITAIN INC. - 150 WASHINGTON STREET - NEW BRITAIN, CT 06051-1828	06-0660406		112,106.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
BOYS & GIRLS CLUBS OF HARTFORD 170 SIGOURNEY STREET HARTFORD, CT 06105	06-6026005		152,549.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
BRIDGE FAMILY CENTER INC. 1022 FARMINGTON AVENUE WEST HARTFORD, CT 06107	23-7013563		5,147.	0.			DESIGNATED GIFTS
BUSHNELL CENTER FOR THE PERFORMING ARTS - 166 CAPITOL AVENUE - HARTFORD, CT 06106	06-0662112		33,947.	0.			DESIGNATED GIFTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL WORKFORCE PARTNERS 1 UNION PLACE, 3RD FLOOR HARTFORD, CT 06103-1400	06-1013293		150,744.	0.			DESIGNATED GIFTS
CATHOLIC CHARITIES, DIOCESE OF NORWICH - 331 MAIN STREET - NORWICH, CT 06360	06-0646609		41,169.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
CATHOLIC CHARITIES, INC. 839 ASYLUM AVENUE # 841 HARTFORD, CT 06105-2801	06-0667607		652,074.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
CCARC, INC. 950 SLATER ROAD NEW BRITAIN, CT 06053-1658	06-6011543		17,324.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
CHILDREN'S LAW CENTER 30 ARBOR STREET, NORTH BUILDING HARTFORD, CT 06106-1215	06-1381700		43,058.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
CHINESE CULTURAL CENTER P.O. BOX 380825 EAST HARTFORD, CT 06138-0825	06-1043595		5,578.	0.			DESIGNATED GIFTS
CHRYSALIS CENTER, INC. 255 HOMESTEAD AVENUE HARTFORD, CT 06132	06-0986069		5,045.	0.			DESIGNATED GIFTS
CHURCH OF ST MARY AT CLINTON HEIGHTS - 163 COLUMBIA TURNPIKE - RENSSELAER, NY 12144-3521	14-1372649		10,995.	0.			DESIGNATED GIFTS
COLLEGE OF THE HOLY CROSS TRUSTEES 1 COLLEGE STREET WORCESTER, MA 01610-2322	04-2103558		15,687.	0.			DESIGNATED GIFTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF EASTERN CT 147 STATE STREET NEW LONDON, CT 06320	22-2897455		48,750.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
COMMUNITY HEALTH CHARITIES OF NEW ENGLAND - 35 COLD SPRING ROAD, SUITE 412 - ROCKY HILL, CT 06067-3164	06-6079596		20,771.	0.			DESIGNATED GIFTS
COMMUNITY HEALTH RESOURCES 995 DAY HILL ROAD WINDSOR, CT 06095-1722	06-6082527		15,223.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
COMMUNITY MENTAL HEALTH AFFILIATES, INC - 270 JOHN DOWNEY DRIVE - NEW BRITAIN, CT 06051-2906	06-0934544		103,181.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
COMPASS YOUTH COLLABORATIVE 55 AIRPORT ROAD, SUITE 201 HARTFORD, CT 06114	31-1768549		221,098.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
CONNECTICUT CHILDREN'S MEDICAL CENTER - 282 WASHINGTON STREET - HARTFORD, CT 06106-3322	06-0646755		57,349.	0.			DESIGNATED GIFTS
CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION - 282 WASHINGTON STREET - HARTFORD, CT 06106-3322	06-0646755		8,501.	0.			DESIGNATED GIFTS
CONNECTICUT HUMANE SOCIETY 701 RUSSELL ROAD NEWINGTON, CT 06111-1593	06-0667605		26,011.	0.			DESIGNATED GIFTS
CONNECTICUT PUBLIC BROADCASTING, INC. - ATTN: MEMBERSHIP DEPARTMENT - HARTFORD, CT 06105-2432	06-0758938		5,907.	0.			DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT RIVERS COUNCIL BOY SCOUTS OF AMERICA - 60 DARLIN STREET - EAST HARTFORD, CT 06108-3201	06-0662110		171,023.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
CONNECTIKIDS 814 ASYLUM AVENUE HARTFORD, CT 06105-2805	06-1035985		43,371.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
CORPUS CHRISTI SCHOOL 581 SILAS DEANE HIGHWAY WETHERSFIELD, CT 06109	06-0653162		8,278.	0.			DESIGNATED GIFTS
COVENANT SOUP KITCHEN, INC. 220 VALLEY STREET WILLIMANTIC, CT 06226-2332	20-3498376		8,583.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
CT LEGAL SERVICES-HARTFORD 62 WASHINGTON STREET MIDDLETOWN, CT 06457	06-0955461		67,710.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
CONNECTICUT WOMEN'S EDUCATION AND LEGAL FUND (CWEALF) - HARTFORD SQUARE WEST SUITE 1-300 - HARTFORD, CT 06106	06-0913214		183,409.	0.			DESIGNATED GIFTS
DANA FARBER CANCER INSTITUTE INC. 450 BROOKLINE AVENUE BP418 BOSTON, MA 02215-5418	04-2263040		5,573.	0.			DESIGNATED GIFTS
EAST CATHOLIC HIGH SCHOOL 115 NEW STATE ROAD MANCHESTER, CT 06042	06-0768663		31,186.	0.			DESIGNATED GIFTS
FARMINGTON VALLEY ARC - FAVARH 225 COMMERCE DRIVE CANTON, CT 06019-1099	06-6011136		48,325.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIDELCO GUIDE DOG FOUNDATION INC. 103 VISION WAY BLOOMFIELD, CT 06002-5322	06-6060478		7,484.	0.			DESIGNATED GIFTS
FIRST FRANKLIN PRESBYTERIAN CHURCH 101 LEGENDS CLUB LANE FRANKLIN, TN 37069	62-1393797		6,000.	0.			DESIGNATED GIFTS
FOODSHARE, INC. 450 WOODLAND AVENUE BLOOMFIELD, CT 06002-1342	22-2474771		272,330.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
FRENCH AMERICAN SCHOOL OF NEW YORK INC. - 525 FENIMORE ROAD - MAMARONECK, NY 10543-2315	13-3052502		7,100.	0.			DESIGNATED GIFTS
GIFTS OF LOVE, INC. 35 EAST MAIN STREET AVON, CT 06001-0463	06-1309318		11,917.	0.			DESIGNATED GIFTS
GIRL SCOUTS OF CONNECTICUT 340 WASHINGTON STREET HARTFORD, CT 06106-3317	06-0646759		214,543.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
GRACE ACADEMY INC. 277 MAIN STREET HARTFORD, CT 06106	27-1673012		13,622.	0.			DESIGNATED GIFTS
GRANBY COMMUNITY FUND PO BOX 94 GRANBY, CT 06035-0094	06-6037713		14,040.	0.			DESIGNATED GIFTS
GREATER HARTFORD ARTS COUNCIL P.O. BOX 231436 HARTFORD, CT 06123-1436	23-7111486		109,047.	0.			DESIGNATED GIFTS

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GREATER HARTFORD LEGAL AID INC. 999 ASYLUM AVENUE, 3RD FLOOR HARTFORD, CT 06105-2465	06-0730611		255,941.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
GUIDE DOGS OF AMERICA 365 NEW BRITAIN ROAD KENSINGTON, CT 06037	95-1586088		67,893.	0.			DESIGNATED GIFTS
HARC, INC. 900 ASYLUM AVENUE HARTFORD, CT 06105-1985	06-0710289		195,836.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
HARTFORD AREA CHILD CARE COLLABORATIVE - 10 COLUMBUS BOULEVARD, 8TH FLOOR - HARTFORD, CT 06106	06-0735879		67,570.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
HARTFORD AREA HABITAT FOR HUMANITY 780 WINDSOR STREET HARTFORD, CT 06144-1933	06-1253049		9,349.	0.			DESIGNATED GIFTS
HARTFORD AREAS RALLY TOGETHER INC. (HART) - 385 WASHINGTON STREET - HARTFORD, CT 06106-3345	06-0938125		18,358.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
HARTFORD DISPENSARY 335 BROAD STREET, 3RD FLOOR MANCHESTER, CT 06040-4036	06-0646665		18,580.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
HARTFORD FOUNDATION FOR PUBLIC GIVING - 10 COLUMBUS BOULEVARD, 8TH FLOOR - HARTFORD, CT 06106	06-0699252		64,092.	0.			DESIGNATED GIFTS
HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 06105	06-0646668		13,788.	0.			DESIGNATED GIFTS

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HARTFORD SEMINARY 77 SHERMAN STREET HARTFORD, CT 06105-6203	06-0647016		5,740.	0.			DESIGNATED GIFTS
HARTFORD STAGE COMPANY 50 CHURCH STREET HARTFORD, CT 06103	06-0790484		15,034.	0.			DESIGNATED GIFTS
HARTFORD SYMPHONY ORCHESTRA INC. 100 PEARL ST, 2ND FLOOR, EAST TOWER HARTFORD, CT 06103-4510	06-0637319		11,723.	0.			DESIGNATED GIFTS
HARTFORD'S CAMP COURANT 285 BROAD STREET HARTFORD, CT 06115-3785	06-1018155		5,859.	0.			DESIGNATED GIFTS
HIGH HOPES THERAPEUTIC RIDING, INC. (OLD LYME) - 36 TOWN WOODS ROAD - OLD LYME, CT 06371-1142	06-0987749		15,415.	0.			DESIGNATED GIFTS
HISPANIC HEALTH COUNCIL 175 MAIN STREET HARTFORD, CT 06106-1818	06-1018979		80,353.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
HOCKANUM VALLEY COMMUNITY COUNCIL INC. - 29 NAEK ROAD, SUITE 5A - VERNON, CT 06066-3942	06-0864311		71,560.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
HOME & COMMUNITY HEALTH SERVICES INC. - 101 PHOENIX AVENUE - ENFIELD, CT 06083-1199	06-0646620		26,079.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
HOPEWELL BAPTIST CHURCH 280 WINDSOR AVENUE WINDSOR, CT 06095	22-2600105		8,822.	0.			DESIGNATED GIFTS

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HOUSE OF BREAD 1453 MAIN STREET HARTFORD, CT 06120	06-1073478		6,404.	0.			DESIGNATED GIFTS
HUMAN RESOURCE AGENCY OF NEW BRITAIN - 180 CLINTON STREET - NEW BRITAIN, CT 06053-3512	06-0954802		228,934.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
INTERVAL HOUSE P.O. BOX 340207 HARTFORD, CT 06134-0207	06-0960005		183,965.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
JANE DOE NO MORE INC. 203 CHURCH STREET - REAR NAUGATUCK, CT 06770	61-1525250		6,365.	0.			DESIGNATED GIFTS
JEWISH FAMILY SERVICE OF GREATER HARTFORD - 333 BLOOMFIELD AVENUE, SUITE A - WEST HARTFORD, CT 06117-1500	06-0653062		155,845.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND - 70 FARMINGTON AVENUE - HARTFORD, CT 06105-3704	06-0665972		37,593.	0.			DESIGNATED GIFTS
KINGSWOOD OXFORD SCHOOL, INC. 170 KINGSWOOD ROAD WEST HARTFORD, CT 06119-1430	06-0646688		20,335.	0.			DESIGNATED GIFTS
KLINGBERG FAMILY CENTERS, INC. 370 LINWOOD STREET NEW BRITAIN, CT 06052	06-1487342		7,653.	0.			DESIGNATED GIFTS
LEADERSHIP GREATER HARTFORD 30 LAUREL STREET HARTFORD, CT 06106	06-1167174		18,733.	0.			DESIGNATED GIFTS

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LISC/ FIDUCIARY FOR HARTFORD NEIGHBORHOOD - 75 CHARTER OAK AVENUE, SUITE 2-250 - HARTFORD, CT 06106	13-3030229		245,101.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
LITERACY VOLUNTEERS OF CENTRAL CONNECTICUT - 20 HIGH STREET - NEW BRITAIN, CT 06051	22-2527030		43,515.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
LITERACY VOLUNTEERS OF GREATER HARTFORD - 30 ARBOR STREET, SOUTH BUILDING - HARTFORD, CT 06106	23-7237570		47,361.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
LITERACY VOLUNTEERS OF NORTHERN CONNECTICUT - 1010 ENFIELD STREET - ENFIELD, CT 06082-3653	23-7329117		6,756.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
MADINA ACADEMY 519 PALISADO AVENUE WINDSOR, CT 06095-0564	06-1589428		7,334.	0.			DESIGNATED GIFTS
MALTA HOUSE OF CARE FOUNDATION 19 WOODLAND STREET, SUITE 37 HARTFORD, CT 06105-2335	20-3562371		5,173.	0.			DESIGNATED GIFTS
MANCHESTER AREA CONFERENCE OF CHURCHES - 466 MAIN STREET - MANCHESTER, CT 06045-3804	23-7354956		77,541.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
MARC, INC. OF MANCHESTER 151 SHELDON ROAD MANCHESTER, CT 06042-2318	06-0712057		17,709.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
MASONICARE 33 NORTH PLAINS INDUSTRIAL ROAD WALLINGFORD, CT 06492-5841	26-0758992		47,092.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS

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MASTERS SCHOOL, INC. 36 WESTLEDGE ROAD WEST SIMSBURY, CT 06092-2319	23-7016084		9,267.	0.			DESIGNATED GIFTS
MIDDLESEX UNITED WAY 100 RIVERVIEW CENTER, SUITE 230 MIDDLETOWN, CT 06457-2862	06-0665170		144,885.	0.			DESIGNATED GIFTS
MY SISTERS PLACE INC 237 HAMILTON STREET, SUITE 203 HARTFORD, CT 06106-2977	06-1079879		59,579.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
MYSTIC SEAPORT MUSEUM, INC. 75 GREENMANVILLE AVENUE MYSTIC, CT 06355-1946	06-0653120		5,817.	0.			DESIGNATED GIFTS
NEW BRITAIN- BERLIN YMCA 50 HIGH STREET NEW BRITAIN, CT 06051	22-2680676		40,842.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
NEW BRITAIN MUSEUM OF AMERICAN ART, INC. - 56 LEXINGTON STREET - NEW BRITAIN, CT 06052	06-1422234		6,000.	0.			DESIGNATED GIFTS
NORTHWEST CATHOLIC HIGH SCHOOL FOUNDATION - 29 WAMPANOAG DRIVE - WEST HARTFORD, CT 06117-1299	06-0768002		16,810.	0.			DESIGNATED GIFTS
NUTMEG BIG BROTHERS/BIG SISTERS 30 LAUREL STREET, 3RD FLOOR HARTFORD, CT 06106	06-0850379		196,374.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
OM FOUNDATION/ SRI SAI SPIRITUAL CENTER - 749 OLD SAY BROOK ROAD-UNIT A101 - MIDDLETOWN, CT 06457	26-3534277		21,522.	0.			DESIGNATED GIFTS

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OPPORTUNITIES INDUSTRIALIZATION CENTER OF NEW BRIT - 114 NORTH STREET - NEW BRITAIN, CT 06051-1918	06-0876897		21,139.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
OUR COMPANIONS DOMESTIC ANIMAL SANCTUARY, INC. - PO BOX 956 - MANCHESTER, CT 06045-0956	41-2047734		29,161.	0.			DESIGNATED GIFTS
OUR PIECE OF THE PIE - OPP 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659		503,723.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
PERCEPTION PROGRAMS, INC 54 NORTH STREET WILLIMANTIC, CT 06226-0407	06-0873149		5,160.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
PLAINVILLE COMMUNITY FOOD PANTRY 54 SOUTH CANAL STREET PLAINVILLE, CT 06062	06-1446190		5,040.	0.			DESIGNATED GIFTS
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVENUE - NEW HAVEN, CT 06511	06-0263565		7,318.	0.			DESIGNATED GIFTS
PRUDENCE CRANDALL CENTER/NB P.O. BOX 895 NEW BRITAIN, CT 06050-0895	06-0968557		38,172.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
RENBROOK SCHOOL 2865 ALBANY AVENUE WEST HARTFORD, CT 06117-1807	06-0646702		10,462.	0.			DESIGNATED GIFTS
RICHARD M. KEANE FOUNDATION, INC. 126 BROAD STREET WETHERSFIELD, CT 06109-3105	06-1635181		13,536.	0.			DESIGNATED GIFTS

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SAINT AGNES HOME, INC 104 MAYFLOWER STREET WEST HARTFORD, CT 06110	06-0653189		9,494.	0.			DESIGNATED GIFTS
SAINT FRANCIS HOSPITAL & MEDICAL CENTER - 114 WOODLAND STREET - HARTFORD, CT 06105-1208	06-1491191		14,596.	0.			DESIGNATED GIFTS
SAINT GABRIEL SCHOOL 77 BLOOMFIELD AVENUE WINDSOR, CT 06095	06-0653080		5,669.	0.			DESIGNATED GIFTS
SERVICES FOR THE ELDERLY OF FARMINGTON - 321 NEW BRITAIN AVENUE - UNIONVILLE, CT 06085-1041	06-0860153		48,167.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
SEXUAL ASSAULT CRISIS CENTER OF EASTERN CT - 90 SOUTH PARK STREET - WILLIMANTIC, CT 06226	06-1033609		20,040.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
SIMSBURY UNITED METHODIST CHURCH 799 HOPEMEADOW STREET SIMSBURY, CT 06070-1821	22-2487294		6,031.	0.			DESIGNATED GIFTS
SOUTH PARK INN EMERGENCY SHELTER 75 MAIN STREET HARTFORD, CT 06106	06-1083735		107,662.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
SOUTHERN CONNECTICUT STATE UNIVERSITY FOUNDATION, - 501 CRESCENT STREET - NEW HAVEN, CT 06515-1330	23-7213073		7,500.	0.			DESIGNATED GIFTS
ST. ANN'S CHURCH OF AVON 289 ARCH ROAD AVON, CT 06001-4209	06-0658084		23,600.	0.			DESIGNATED GIFTS

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ST. CHRISTOPHER SCHOOL 570 BREWER STREET EAST HARTFORD, CT 06118	22-2547126		11,780.	0.			DESIGNATED GIFTS
ST. DUNSTAN CHURCH-RECTORY 1345 MANCHESTER ROAD GLASTONBURY, CT 06033	06-0913943		7,095.	0.			DESIGNATED GIFTS
ST. GEORGE GREEK ORTHODOX CATHEDRAL - 433 FAIRFIELD AVENUE - HARTFORD, CT 06114	06-0679118		8,851.	0.			DESIGNATED GIFTS
ST. MARY'S PARISH - SIMSBURY, CT P.O. BOX 575 SIMSBURY, CT 06070	06-0658096		6,596.	0.			DESIGNATED GIFTS
ST. VINCENT DEPAUL PLACE 617 MAIN STREET MIDDLETOWN, CT 06457-2762	06-1001527		6,253.	0.			DESIGNATED GIFTS
TAMPA UNDERGROUND 1300 E. 7TH AVENUE TAMPA, FL 33605	20-4722214		12,400.	0.			DESIGNATED GIFTS
THE CHILDREN'S AID SOCIETY 475 RIVERSIDE DRIVE, SUITE 1220 NEW YORK, NY 10115	13-5562191		7,500.	0.			DESIGNATED GIFTS
THE VILLAGE FOR FAMILIES & CHILDREN - 1680 ALBANY AVENUE - HARTFORD, CT 06105-1099	06-0668594		754,185.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
TRINITY COLLEGE 300 SUMMIT STREET HARTFORD, CT 06106-3100	06-0646927		6,620.	0.			DESIGNATED GIFTS

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TRINITY COVENANT CHURCH 302 HACKMATAK STREET MANCHESTER, CT 06040	06-0867977		9,150.	0.			DESIGNATED GIFTS
TRINITY EPISCOPAL DAY SCHOOL 120 SIGOURNEY STREET HARTFORD, CT 06105-2755	27-2901529		10,419.	0.			DESIGNATED GIFTS
TRI-TOWN SHELTER SERVICES, INC P.O. BOX 28 VERNON, CT 06066	06-1167566		5,714.	0.			DESIGNATED GIFTS
TRUE COLORS, INC 30 ARBOR STREET, SUITE 201A HARTFORD, CT 06106-1215	06-1537001		24,044.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
TRUSTEES OF COLUMBIA UNIVERSITY 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	13-5598093		16,000.	0.			DESIGNATED GIFTS
UNIFIED THEATER 15 LEWIS STREET, SUITE 104 HARTFORD, CT 06103-2503	38-3689243		5,000.	0.			DESIGNATED GIFTS
UNITED LABOR AGENCY (JOHN J. DRISCOLL ULA) - 56 TOWN LINE ROAD - ROCKY HILL, CT 06067-1241	06-0987695		134,729.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
UNITED WAY GREATER TWIN CITIES P.O. BOX 2949 MINNEAPOLIS, MN 55402	41-1973442		20,087.	0.			DESIGNATED GIFTS
UNITED WAY MERIDEN & WALLINGFORD 35 PLEASANT STREET, SUITE 1E MERIDEN, CT 06450-5786	06-0646714		23,690.	0.			DESIGNATED GIFTS

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UNITED WAY OF CENTRAL NEW YORK 518 JAMES STREET SYRACUSE, NY 13220-2129	15-0532073		8,107.	0.			DESIGNATED GIFTS
UNITED WAY OF COASTAL FAIRFIELD COUNTY - 855 MAIN STREET, FLOOR 10 - BRIDGEPORT, CT 06604-4915	06-0864341		6,204.	0.			DESIGNATED GIFTS
UNITED WAY OF CONNECTICUT 1344 SILAS DEANE HIGHWAY ROCKY HILL, CT 06067-1342	06-1084194		261,302.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
UNITED WAY OF GREATER ATLANTA 100 EDGEWOOD AVENUE NE ATLANTA, GA 30303	58-0566194		14,156.	0.			DESIGNATED GIFTS
UNITED WAY OF GREATER LOS ANGELES 1150 SOUTH OLIVE STREET, STE T500 LOS ANGELES, CA 90015	95-2274801		54,694.	0.			DESIGNATED GIFTS
UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET, 2ND FLOOR WATERBURY, CT 06702-1512	06-0646634		44,379.	0.			DESIGNATED GIFTS
UNITED WAY OF MARTIN COUNTY, INC. PO BOX 362 STUART, FL 34995-0362	59-1051699		15,282.	0.			DESIGNATED GIFTS
UNITED WAY OF NEW YORK CITY 205 EAST 42ND STREET, 12TH FLOOR NEW YORK, NY 10017	13-2617681		5,372.	0.			DESIGNATED GIFTS
UNITED WAY OF NORTHWEST CT PO BOX 1001 TORRINGTON, CT 06790-1001	06-6009309		15,456.	0.			DESIGNATED GIFTS

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UNITED WAY OF PIONEER VALLEY 1441 MAIN STREET, SUITE 147 SPRINGFIELD, MA 01103-1447	04-2152680		176,123.	0.			DESIGNATED GIFTS
UNITED WAY OF SAN DIEGO 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123-4320	95-2213995		16,333.	0.			DESIGNATED GIFTS
UNITED WAY OF SOUTHEASTERN CT P.O. BOX 375 GALES FERRY, CT 06335-0375	06-0771393		40,053.	0.			DESIGNATED GIFTS
UNITED WAY OF SOUTHWINGTON 37 WEST CENTER STREET, SUITE 201 SOUTHWINGTON, CT 06489-2574	06-0790621		26,416.	0.			DESIGNATED GIFTS
UNITED WAY OF THE BAY AREA 550 KEARNY STREET, SUITE 1000 SAN FRANCISCO, CA 94108-2524	94-1312348		7,384.	0.			DESIGNATED GIFTS
UNITED WAY OF THE CHATTAHOOCHEE VALLEY, INC. - 1100 5TH AVENUE - COLUMBUS, GA 31901	58-0572434		42,554.	0.			DESIGNATED GIFTS
UNITED WAY OF THE GREATER LEHIGH VALLEY - 1110 AMERICAN PKWY NE - ALLENTOWN, PA 18109-9137	23-2657933		11,418.	0.			DESIGNATED GIFTS
UNITED WAY OF THE GREATER SEACOAST 112 CORPORATE DRIVE, UNIT 3 PORTSMOUTH, NH 03801-6890	02-0271825		9,162.	0.			DESIGNATED GIFTS
UNITED WAY OF THE PENNYRILE PO BOX 587 HOPKINSVILLE, KY 42241-0587	61-0567661		5,074.	0.			DESIGNATED GIFTS

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UNITED WAY OF WEST CENTRAL CT 200 MAIN STREET BRISTOL, CT 06010	06-0653262		18,970.	0.			DESIGNATED GIFTS
UNITED WAY OF WESTERN CT (STAMFORD) - 85 WEST STREET - DANBURY, CT 06810-6550	06-0879004		20,098.	0.			DESIGNATED GIFTS
UNITED WAY OF YORK COUNTY (ME) PO BOX 727 KENNEBUNK, ME 04043-0727	01-0276862		103,044.	0.			DESIGNATED GIFTS
UNITED WAY WORLDWIDE P.O. BOX 418607 BOSTON, MA 02241-8607	23-7424837		280,935.	0.			DESIGNATED GIFTS
UNIVERSITY OF CT FOUNDATION, INC. 2390 ALUMNI DRIVE, UNIT 3206 STORRS, CT 06269	06-6070722		64,274.	0.			DESIGNATED GIFTS
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556-5612	35-0868188		11,161.	0.			DESIGNATED GIFTS
URBAN LEAGUE OF GREATER HARTFORD 140 WOODLAND STREET HARTFORD, CT 06105-1210	06-6066991		369,336.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
URBAN SQUASH OF GREATER HARTFORD ONE STATE STREET, 20TH FLOOR HARTFORD, CT 06103-3110	27-2791355		5,035.	0.			DESIGNATED GIFTS
UWGPSNJ 1709 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 19103-1294	23-1556045		28,856.	0.			DESIGNATED GIFTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY COMMUNITY BAPTIST CHURCH 590 WEST AVON ROAD AVON, CT 06001	06-0948931		32,852.	0.			DESIGNATED GIFTS
VALLEY OF THE SUN UNITED WAY P.O. BOX 10748 PHOENIX, AZ 85064-0748	86-0104419		13,363.	0.			DESIGNATED GIFTS
VALLEY UNITED WAY 54 GROVE STREET SHELTON, CT 06484-4106	06-0847098		10,669.	0.			DESIGNATED GIFTS
VISITING NURSE & HEALTH SERVICES OF CT INC. - 8 KEYNOTE DRIVE - VERNON, CT 06066-5040	06-0646795		48,070.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
VNA HEALTHCARE, INC. 1290 SILAS DEANE HIGHWAY, STE 4B WETHERSFIELD, CT 06109-4337	06-0646938		507,811.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
WADSWORTH ATHENEUM MUSEUM OF ART 600 MAIN STREET HARTFORD, CT 06103	06-0653111		26,294.	0.			DESIGNATED GIFTS
WATKINSON SCHOOL 180 BLOOMFIELD AVENUE HARTFORD, CT 06105-1096	06-0655136		6,757.	0.			DESIGNATED GIFTS
WINDHAM AREA INTERFAITH MINISTRY (WAIM) - 866 MAIN STREET - WILLIMANTIC, CT 06226	06-1122323		19,457.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
WOMEN'S BUSINESS DEVELOPMENT COUNCIL - 184 BEDFORD STREET, SUITE 201 - STAMFORD, CT 06901	06-1493737		50,000.	0.			DESIGNATED GIFTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S LEAGUE INC. 1695 MAIN STREET HARTFORD, CT 06120	06-0646969		5,749.	0.			DESIGNATED GIFTS
WOMEN'S LEAGUE, INC. CHILD DEVELOPMENT CENTER - 1695 MAIN STREET - HARTFORD, CT 06120	06-0646969		524,755.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
WORCESTER POLYTECHNIC INSTITUTE GIFT REPORTING - ALUMNI ASSOCIATION WORCESTER, MA 01609	04-2121303		6,741.	0.			DESIGNATED GIFTS
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256-6033	20-2370934		18,939.	0.			DESIGNATED GIFTS
YMCA OF GREATER HARTFORD 241 TRUMBULL STREET HARTFORD, CT 06103-1501	06-0881325		260,343.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
Y-US, INC. P.O.BOX 261140 HARTFORD, CT 06126-1140	22-2983677		12,328.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
YWCA HARTFORD REGION 135 BROAD STREET HARTFORD, CT 06105	06-0646993		127,848.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
YWCA OF NEW BRITAIN 19 FRANKLIN SQUARE NEW BRITAIN, CT 06051-2604	06-0598620		188,236.	0.			ALLOCATION FUNDING & DESIGNATED GIFTS
YALE CANCER CENTER 157 CHURCH STREET NEW HAVEN, CT 06510	06-0646973		10,000.	0.			DESIGNATED GIFTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY UNITED WAY 201 LAFAYETTE STREET UTICA, NY 13502	15-0532074		29,926.	0.			DESIGNATED GIFTS
VALLEY COMMUNITY CLINIC 6801 COLDWATER CYNE AVE NORTH HOLLYWOOD, CA 91605	23-7050082		5,625.	0.			DESIGNATED GIFTS
UNVEILLING GLORY 4663 CROWN HILL ROAD MECHANICSVILLE, VA 23111	20-8122012		6,000.	0.			DESIGNATED GIFTS
UNIVERSITY OF CONNECTICUT FOUNDATION - 2390 ALUMNI DRIVE, UNIT 3206 - STORRS, CT 06269	23-7187838		24,660.	0.			DESIGNATED GIFTS
UNITED WAY OF VENTURA COUNTY 4001 MISSION OAKS BLVD CAMARILLO, CA 93012	95-1945833		33,983.	0.			DESIGNATED GIFTS
UNITED WAY OF TAMPA BAY, INC. 5201 WEST KENNEDY ROAD TAMPA, FL 33609	59-3725701		5,769.	0.			DESIGNATED GIFTS
UNITED WAY OF TARRANT COUNTY (TX) 1500 NORTH MAIN STREET FORT WORTH, TX 76164	75-0858360		6,918.	0.			DESIGNATED GIFTS
UNITED WAY OF SAN ANTONIO & BEXAR COUNTY - 700 SOUTH ALAMO STREET - SAN ANTONIO, TX 78205	74-1272381		38,703.	0.			DESIGNATED GIFTS
UNITED WAY OF PALM BEACH COUNTY, INC. - 2600 QUANTUM BLVD - BOYNTON BEACH, FL 33426	59-0683258		100,852.	0.			DESIGNATED GIFTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MASSACHUSETTS BAY PO BOX 51381 BOSTON, MA 02205	04-2382233		13,737.	0.			DESIGNATED GIFTS
UNITED WAY OF GREATER NEW HAVEN 370 JAMES STREET, SUITE 403 NEW HAVEN, CT 06513	06-0646761		20,255.	0.			DESIGNATED GIFTS
UNITED WAY OF GREATER KANSAS CITY 801 WEST 47TH STREET KANSAS CITY, MO 64187	44-0545812		5,901.	0.			DESIGNATED GIFTS
UNITED WAY OF CENTRAL OKLAHOMA 1444 NORTHWEST 28TH STREET OKLAHOMA CITY, OK 73106	73-0589829		18,908.	0.			DESIGNATED GIFTS
UNITED WAY OF CENTRAL MARYLAND PO BOX 64282 BALTIMORE, MD 21264	52-0591543		11,464.	0.			DESIGNATED GIFTS
UNITED WAY OF CENTRAL INDIANA PO BOX 88409 INDIANAPOLIS, IN 46208	35-1007590		19,182.	0.			DESIGNATED GIFTS
UNITED WAY OF CENTRAL CAROLINAS, INC. - PO BOX 601942 - CHARLOTTE, NC 28260	56-0529948		23,091.	0.			DESIGNATED GIFTS
UNITED WAY CALIFORNIA CAPITAL REGION - 10389 OLD PLACERVILLE ROAD - SACRAMENTO, CA 95827	94-1225382		7,510.	0.			DESIGNATED GIFTS
UNITED WAY GREATER CAPITAL REGION, INC. - PO BOX 13865 - ALBANY, NY 12212	14-1364505		11,969.	0.			DESIGNATED GIFTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION BAPTIST CHURCH 1921 MAIN STREET HARTFORD, CT 06120	06-0938340		5,000.	0.			DESIGNATED GIFTS
TRINITY EPISCOPAL CHURCH 11 CHURCH STREET TARIFVILLE, CT 06081	06-6051129		10,950.	0.			DESIGNATED GIFTS
TEMPLE BETH SHOLOM ENDOWMENT FOUNDATION - 400 EAST MIDDLE TURNPIKE - MANCHESTER, CT 06040	05-0540805		5,205.	0.			DESIGNATED GIFTS
SUFFIELD FOUNDATION FOR EXCELLENT SCHOOLS - PO BOX 503 - SUFFIELD, CT 06078	22-2789394		6,113.	0.			DESIGNATED GIFTS
ST. JOHN'S HIGH SCHOOL 378 MAIN STREET SHREWSBURY, MA 01545	04-2178393		12,500.	0.			DESIGNATED GIFTS
SHRINERS HOSPITALS FOR CHILDREN 516 CAREW STREET SPRINGFIELD, MA 01104	04-2121377		9,877.	0.			DESIGNATED GIFTS
SALVATION ARMY 855 ASYLUM AVENUE HARTFORD, CT 06142	13-5562351		372,721.	0.			DESIGNATED GIFTS
SAINT JOHN'S CHURCH 679 FARMINGTON AVENUE WEST HARTFORD, CT 06119	06-0653123		8,439.	0.			DESIGNATED GIFTS
SACRED HEART CHURCH 446 MOUNTAIN ROAD SUFFIELD, CT 06078	06-0653168		10,304.	0.			DESIGNATED GIFTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSWELL UNITED METHODIST CHURCH 814 MIMOSA BOULEVARD ROSWELL, GA 30075	58-1276063		15,000.	0.			DESIGNATED GIFTS
QUINCY UNIVERSITY 1800 COLLEGE AVENUE QUINCY, IL 62301	37-0661231		10,000.	0.			DESIGNATED GIFTS
OLD SAYBROOK YOUTH & FAMILY SERVICES - 322 MAIN STREET - OLD SAYBROOK, CT 06475	74-3129840		7,510.	0.			DESIGNATED GIFTS
NORTHERN MIDDLESEX YMCA 99 UNION STREET MIDDLETOWN, CT 06457	06-0646981		5,095.	0.			DESIGNATED GIFTS
NORTH TEXAS AREA UNITED WAY PO BOX 660 WICHITA FALLS, TX 76307	75-0950126		5,327.	0.			DESIGNATED GIFTS
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 659 TOWER AVENUE - HARTFORD, CT 06112	06-0792055		5,114.	0.			DESIGNATED GIFTS
MYSTIC AQUARIUM & INSTITUTE FOR EXPLORATION - 55 COOGAN BOULEVARD - MYSTIC, CT 06355-1946	06-1480300		6,000.	0.			DESIGNATED GIFTS
MARK TWAIN HOUSE 351 FARMINGTON AVENUE HARTFORD, CT 06105	06-0685118		14,948.	0.			DESIGNATED GIFTS
HOLE IN THE WALL GANG FUND 555 LONG WHARF DRIVE NEW HAVEN, CT 06511	06-1157655		5,333.	0.			DESIGNATED GIFTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEART OF FLORIDA UNITED WAY DR. NELSON YING CENTER ORLANDO, FL 32804	59-0808854		18,954.	0.			DESIGNATED GIFTS
HARTFORD YOUTH SCHOLARS FOUNDATION 133 ALLEN PLACE HARTFORD, CT 06106	20-3495171		11,686.	0.			DESIGNATED GIFTS
HARRIET BEECHER STOWE HOUSE 77 FOREST STREET HARTFORD, CT 06105	06-6042822		5,897.	0.			DESIGNATED GIFTS
FRONTIER SOS GROUP PO BOX 60730 PHOENIX, AZ 85082	05-0473898		6,400.	0.			DESIGNATED GIFTS
FOX VALLEY UNITED WAY 44 EAST GALENA BOULEVARD AURORA, IL 60505	36-2195467		10,317.	0.			DESIGNATED GIFTS
FOUNDATION FOR AFRICAN MEDICINE AND EDUCATION - 4553 CRIMSONWOOD DRIVE - REDDING, CA 96001	22-3883033		5,000.	0.			DESIGNATED GIFTS
FIRST CONGREGATIONAL CHURCH IN BLOOMFIELD - 10 WINTONBURY AVENUE - BLOOMFIELD, CT 06002	06-0727636		27,067.	0.			DESIGNATED GIFTS
FARMINGTON VALLEY VISITING NURSE ASSOCIATION - 8 OLD MILL LANE - SIMSBURY, CT 06070	06-0646899		99,979.	0.			DESIGNATED GIFTS
FARMINGTON VALLEY ACADEMY MONTESSORI - 150 FISHER AVENUE - AVON, CT 06001	20-1571082		13,370.	0.			DESIGNATED GIFTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY LIFE EDUCATION, INC. 30 ARBOR STREET, SOUTH BUILDING HARTFORD, CT 06106	06-1262848		12,248.	0.			DESIGNATED GIFTS
FAIRFIELD UNIVERSITY 1073 NORTH BENSON ROAD FAIRFIELD, CT 06824	06-0646623		10,145.	0.			DESIGNATED GIFTS
EDUCATIONAL RESOURCES FOR CHILDREN, INC. - 50 POST OFFICE ROAD - ENFIELD, CT 06082	03-0399205		58,074.	0.			DESIGNATED GIFTS
EMANUEL SYNAGOGUE 160 MOHEGAN DRIVE WEST HARTFORD, CT 06117-1299	06-0675032		11,745.	0.			DESIGNATED GIFTS
COVENANT PREPARATORY SCHOOL 135 BROAD STREET HARTFORD, CT 06105	74-3238578		14,033.	0.			DESIGNATED GIFTS
CONNECTICUT WOMEN'S EDUCATION & LEGAL FUND - PO BOX 261087 - HARTFORD, CT 06126	06-0913214		175,983.	0.			DESIGNATED GIFTS
CONNECTICUT SCIENCE CENTER 250 COLUMBUS BLVD HARTFORD, CT 06103	06-1538101		15,187.	0.			DESIGNATED GIFTS
CONNECTICUT FORUM, INC. 750 MAIN STREET HARTFORD, CT 06103	06-1343149		14,350.	0.			DESIGNATED GIFTS
CONGRESSIONAL MEDAL OF HONOR FOUNDATION - 40 PATRIOTS POINT ROAD - MOUNT PLEASANT, SC 29464	25-1828488		5,000.	0.			DESIGNATED GIFTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF GREATER NEW BRITAIN - 74A VINE STREET - NEW BRITAIN, CT 06052	06-6036461		50,045.	0.			DESIGNATED GIFTS
COMMUNITY BICYCLE CENTER PO BOX 783 BIDDEFORD, ME 04005	20-3684834		11,109.	0.			DESIGNATED GIFTS
CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS - 50 EAST NORTH TEMPLE - SALT LAKE CITY, UT 84150	23-7300405		17,000.	0.			DESIGNATED GIFTS
CHRISTIAN HERITAGE SCHOOL, INC. 575 WHITE PLAINS ROAD TRUMBULL, CT 06611	06-0962262		25,000.	0.			DESIGNATED GIFTS
CCSU FOUNDATION, INC. PO BOX 612 NEW BRITAIN, CT 06050	23-7354328		13,241.	0.			DESIGNATED GIFTS
CALVARY BAPTIST CHURCH 470 ELM STREET WINDSOR LOCKS, CT 06096	06-0870368		5,040.	0.			DESIGNATED GIFTS
BLUE SPRUCE HABITAT FOR HUMANITY PO BOX 2366 EVERGREEN, CO 80437	84-1150042		5,000.	0.			DESIGNATED GIFTS
BERKSHIRE UNITED WAY 200 SOUTH STREET PITTSFIELD, MA 01201	04-2104841		7,105.	0.			DESIGNATED GIFTS
ADVENT UNITED METHODIST CHURCH 2258 WOODRUFF ROAD SIMPSONVILLE, SC 29681	57-0895177		11,250.	0.			DESIGNATED GIFTS

Schedule I (Form 990)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FORM 990, PART IV

THROUGH THE UWCNCT COMMUNITY CAMPAIGN, DONORS CAN DIRECT
THEIR GIFTS TO ANY QUALIFIED ORGANIZATION IN THE UNITED STATE OVER
WHICH UWCNCT EXERCISES/RETAINS NO DISCRETION AS TO USE DUE TO DONOR
INSTRUCTION. IN ORDER TO QUALIFY, AN ORGANIZATION MUST MEET THE
FOLLOWING THREE CRITERIA: (1) FULLY TAX EXEMPT, (2) DONATIONS ARE 100%
TAX DEDUCTIBLE, (3) IN FULL COMPLIANCE WITH FEDERAL PATRIOT ACT LAW. AS
A MEMBER OF UNITED WAY WORLDWIDE (UWW), UWCNCT ADHERES TO ALL
MEMBERSHIP CRITERIA INCLUDING THE REQUIREMENTS FOR DEDUCTING EXPENSES

Part IV Supplemental Information

FROM DONOR-DIRECTED PLEDGES (UWW PUBLICATION TITLED "COST DEDUCTION STANDARDS FOR MEMBERSHIP REQUIREMENT M").

PART II, LINE 1H

ORGANIZATIONS LISTED IN SCHEDULE I, PART II THAT HAVE A PURPOSE DESCRIPTION OF "ALLOCATION FUNDING & DESIGNATED GIFTS" REPRESENT AGENCIES THAT HAVE MET UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT'S STANDARDS FOR MANAGEMENT, GOVERNANCE AND FISCAL ACCOUNTABILITY. THEY RECEIVE UNITED WAY COMMUNITY INVESTMENT SUPPORT FOR THEIR WORK IN THE AREAS OF CHILDREN SUCCEEDING IN SCHOOL, FINANCIAL SECURITY, AND BASIC NEEDS. THEY ALSO RECEIVE DONOR DESIGNATIONS PROCESSED BY UWCNCT.

ORGANIZATIONS LISTED WITH A PURPOSE OF DESCRIPTION OF "DESIGNATED GIFTS" ONLY RECEIVE DONOR DESIGNATIONS PROCESSED BY UWCNCT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990. ▶ See separate instructions.

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

Name of the organization **UNITED WAY INC
UNITED WAY OF CENT & NE CONNECTICUT** Employer identification number **06-0646653**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? **2**

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2013

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 UNITED WAY OF CENT & NE CONNECTICUT

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

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

Note. The sum of columns (B)(i)-(iii) 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUSAN B. DUNN PRESIDENT / CEO	(i)	188,584.	0.	0.	21,650.	944.	211,178.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAULA S. GILBERTO SENIOR VP	(i)	134,388.	0.	0.	13,469.	7,868.	155,725.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **UNITED WAY INC
UNITED WAY OF CENT & NE CONNECTICUT** Employer identification number **06-0646653**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	18	105,637.	FAIR VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ALARM SYSTEM)	X	1	36,777.	FAIR VALUE
26 Other ▶ (OFFICE FURNIT)	X	20	7,998.	FAIR VALUE
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

UWCNCT ACCEPTS THE TRANSFER OF STOCK AS PAYMENT AGAINST PLEDGES MADE TO OUR ANNUAL UNITED WAY COMMUNITY CAMPAIGN. THE DATE OF THE GIFT/PAYMENT IS THE DAY THE STOCK PASSES FROM THE DONORS CONTROL TO UWCNCT. UWCNCT ADVISES ITS BROKER, A THIRD PARTY, TO SELL ALL SUCH STOCK TRANSFERS IMMEDIATELY UPON RECEIPT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization	UNITED WAY INC UNITED WAY OF CENT & NE CONNECTICUT	Employer identification number	06-0646653
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FORM 990, PART I, DOING BUSINESS AS:

UNITED WAY OF CENTRAL

AND NORTHEASTERN CONNECTICUT

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

HEALTH SERVICES - UWCNCT PARTNERS WITH COMMUNITY HEALTH CHARITIES OF

NEW ENGLAND ("CHC") TO CONDUCT A JOINT COMMUNITY CAMPAIGN, WITH THE

INTENTION OF PROVIDING THE DONOR COMMUNITY WITH A SINGLE CAMPAIGN

THROUGH WHICH CONTRIBUTIONS CAN BE MADE TO THE REGION'S MAJOR SOCIAL

AND HEALTH SERVICE PROVIDERS. CHC'S MEMBER NETWORK IS COMPRISED OF

NATIONALLY RECOGNIZED HEALTH AGENCIES.

EXPENSES \$ 1,164,392. INCLUDING GRANTS OF \$ 1,164,392. REVENUE \$ 0.

FINANCIAL SECURITY - FAMILIES ARE FINANCIALLY SECURE:

THERE ARE FIVE BASIC ELEMENTS TO FAMILIES BEING FINANCIALLY STABLE,

CAPABLE AND ULTIMATELY INDEPENDENT: FAMILY-SUSTAINING EMPLOYMENT,

INCOME SUPPORTS, SAVINGS AND ASSETS, MANAGEABLE EXPENSES, AND

AFFORDABLE HOUSING. OUR UNITED WAY IS FOCUSING ON THE FIRST TWO

ELEMENTS WITH AN EMPHASIS ON MEETING EMPLOYER NEEDS FOR A COMPETITIVE

WORKFORCE BY ENSURING ADULTS HAVE THE TRAINING AND SKILLS NEEDED TO GET

A JOB AND ADVANCE TO FAMILY-SUSTAINING WAGES. WHILE ON THE PATH TO

FAMILY-SUSTAINING EMPLOYMENT, WE HELP CONNECT INDIVIDUALS TO WAYS TO

STRETCH THEIR FAMILY INCOME THROUGH SUPPORTS SUCH AS THE SUPPLEMENTAL

NUTRITION ASSISTANCE PROGRAM AND THE EARNED INCOME TAX CREDIT.

EXPENSES \$ 1,036,300. INCLUDING GRANTS OF \$ 1,036,300. REVENUE \$ 0.

Name of the organization	UNITED WAY INC UNITED WAY OF CENT & NE CONNECTICUT	Employer identification number	06-0646653
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OTHER PROGRAM SERVICES

EXPENSES \$ 1,996,258. INCLUDING GRANTS OF \$ 404,629. REVENUE \$ 398,424.

FORM 990, PART VI, SECTION A, LINE 6:

BY LAWS, ARTICLE VI "MEMBERS" 1. - THE CORPORATION SHALL HAVE ONE CLASS OF MEMBERS CONSISTING OF EACH INDIVIDUAL AND CORPORATE CONTRIBUTOR TO THE UNITED WAY'S ANNUAL CAMPAIGN IN THE PRECEDING CALENDAR YEAR.

FORM 990, PART VI, SECTION A, LINE 7A:

BY LAWS, ARTICLE VI "MEMBERS" 2. - AN ANNUAL MEETING OF THE MEMBERS OF THE UNITED WAY SHALL BE HELD EACH YEAR ON SUCH DATE AND AT SUCH TIME AND PLACE AS THE BOARD CHAIR SHALL FIX, FOR THE PURPOSE OF ELECTING DIRECTORS AND OTHER BUSINESS AS MAY PROPERLY COME BEFORE THE MEETING.

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

UWCNCT'S AUDIT COMMITTEE REVIEWS AND ACCEPTS THE 990. THEN IT IS REVIEWED AND ACCEPTED BY THE FINANCE COMMITTEE. IT IS THEN PROVIDED IN ELECTRONIC FORM TO EACH MEMBER OF THE BOARD SEVERAL DAYS PRIOR TO THE NOVEMBER BOARD MEETING AT WHICH TIME IT IS PRESENTED FOR ACCEPTANCE BY THE FULL BOARD.

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

ANNUALLY EACH MEMBER OF THE BOARD IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT. EACH BOARD MEMBER STATEMENT IS REVIEWED BY THE AUDIT COMMITTEE CHAIR. CONFLICT OF INTEREST STATEMENTS ARE COMPLETED BY ALL STAFF AND REVIEWED BY THE PRESIDENT & CEO.

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

SENIOR EXECUTIVE COMPENSATION POLICY:

THE BENEFITS AND COMPENSATION COMMITTEE WILL:

- BE CHAIRED BY A BOARD MEMBER AND WILL HAVE AT LEAST THREE OTHER MEMBERS FROM THE BOARD, THE COMMUNITY AND/OR ORGANIZATION STAFF (EXCLUDING THE CEO) WHO POSSESS EXPERIENCE AND EXPERTISE IN HUMAN RESOURCES AND BENEFITS.

- PARTICIPATE IN THE REVIEW OF THE SENIOR EXECUTIVE COMPENSATION ANNUALLY (DEFINED AS ANY POSITION VICE PRESIDENT AND ABOVE) AND DOCUMENT VIA THE MINUTES AND VOTE THEIR REVIEW AND OVERSIGHT OF THE COMPENSATION PROCESS AND DATA.

- DEVELOP A REPORT THAT WILL INCLUDE MEETING MINUTES AND SUPPORTING MATERIALS THAT DOCUMENT EXECUTIVE COMPENSATION DECISIONS APPROVED BY THE EXECUTIVE COMMITTEE OR THE BOARD.

- PERIODICALLY REVIEW A DESCRIPTION OF BENEFITS INCLUDING SUPPLEMENTAL RETIREMENT PLANS WITH ACCRUED AND PROJECTED BENEFITS PREREQUISITES INCLUDING CLUB DUES, HOUSING ALLOWANCE, TRAVEL AND ENTERTAINMENT EXPENSES, AND SPOUSAL TRAVEL AS APPLICABLE. THESE WILL BE DOCUMENTED FOR IRS FORM 990 FILING. A COPY OF THE ORGANIZATION'S POLICY FOR REVIEW AND APPROVAL OF BUSINESS EXPENSES OF THE CEO WILL BE DOCUMENTED FOR THE AUDITORS.

THE BENEFITS AND COMPENSATION COMMITTEE CHAIRPERSON WILL:

- REPORT AND RECOMMEND EXECUTIVE COMPENSATION AND BENEFITS TO THE EXECUTIVE COMMITTEE AND THE BOARD.

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

Name of the organization	UNITED WAY INC UNITED WAY OF CENT & NE CONNECTICUT	Employer identification number	06-0646653
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COMPENSATION REVIEW:

THE BENEFITS AND COMPENSATION COMMITTEE WILL REVIEW AND RECOMMEND SENIOR EXECUTIVE COMPENSATION AND BENEFITS TO THE EXECUTIVE COMMITTEE ON AN ANNUAL BASIS, TYPICALLY PRIOR TO THE NOVEMBER BOARD MEETING. CONSIDERATION WILL INCLUDE COMPARABLE MARKET DATA, FINANCIAL CIRCUMSTANCE OF THE ORGANIZATION AND PERFORMANCE OF THE INDIVIDUAL. ALL SENIOR EXECUTIVES' COMPENSATION AND BENEFITS (DEFINED AS ANY POSITION VICE PRESIDENT AND ABOVE) WILL BE REVIEWED ANNUALLY BY HR UTILIZING COMPENSATION BEST PRACTICES. NO SENIOR EXECUTIVE MAY PARTICIPATE IN THE DELIBERATION OR THE RECOMMENDATION OF THE BENEFITS AND COMPENSATION COMMITTEE OR THE EXECUTIVE COMMITTEE WITH RESPECT TO SUCH SENIOR EXECUTIVE'S COMPENSATION OR BENEFITS. TYPICALLY AT THE NOVEMBER BOARD MEETING, THE RECOMMENDATIONS WILL BE REVIEWED AND APPROVED BY THE BOARD.

IN ORDER TO REMAIN RELATIVELY COMPETITIVE FOR STAFFING PURPOSES, IT IS OUR GOAL TO MAINTAIN SALARIES WITHIN 10% - 15% OF THE POSITION MEDIAN AS REFLECTED BY THE MARKET. MARKET IS GENERALLY DEFINED AS COMPARABLY-SIZED CHARITABLE ORGANIZATIONS WITH SIMILAR MISSION STATEMENTS, LOCATED IN THE NORTHEAST. MARKET DATA MAY INCLUDE FOR-PROFIT ORGANIZATIONS, TO THE EXTENT REQUIRED BY THE LOCAL MARKET FOR TALENT. IF A POSITION FALLS BENEATH THE 15% RANGE, IT IS REVIEWED AND A SALARY ADJUSTMENT MAY OR MAY NOT BE RECOMMENDED. THIS RANGE IS OFFERED AS A GUIDELINE NOT AN EXACT MEASURE AND CONSIDERATION IS GIVEN TO AN INDIVIDUAL'S PERFORMANCE, CONTRIBUTION, EXPERIENCE, ETC. AS PART OF THE COMPENSATION.

UNITED WAY WORLDWIDE (UWW) DATA IS A PRIMARY SOURCE FOR ALL STAFF COMPENSATION ANALYSES WHICH IS COMPRISED OF DATA SOLICITED PERIODICALLY FROM UNITED WAYS ACROSS THE COUNTRY. UWW DATA IS THEN NARROWED BY REGION AND REVENUE LEVELS TO ENSURE APPLICABILITY.

SPECIFIC COMPENSATION SURVEYS ARE ALSO ORDERED TO PROVIDE ADDITIONAL DATA

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SOURCES AS WELL ALONG WITH ANY FREE ONLINE TOOLS THAT PROVIDE COMPENSATION DATA. FOR SENIOR EXECUTIVES, DATA FOR LOCAL NON PROFITS OF COMPARABLE SIZE ARE ALSO UTILIZED VIA INFORMATION ON THE IRS FORM 990. WE STRIVE TO FIND MULTIPLE DATA SOURCES TO ENSURE THAT WE HAVE A THOROUGH COMPARISON FOR EACH POSITION.

MERIT BASED COMPENSATION:

PERFORMANCE WILL BE REVIEWED ANNUALLY TYPICALLY ON OR ABOUT JULY 1ST, THE BEGINNING OF THE FISCAL YEAR. UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT WILL RECOGNIZE PERFORMANCE WITH INCREASES TO BASE SALARY FOR ELIGIBLE EMPLOYEES. SALARY INCREASES ARE NOT AUTOMATIC EACH YEAR, BUT ARE BASED ON PERFORMANCE, FINANCIAL CIRCUMSTANCES OF THE ORGANIZATION AND THE DISCRETION OF MANAGEMENT AND THE BOARD. SALARY RANGES FOR POSITIONS WILL BE ESTABLISHED AND REVIEWED PERIODICALLY TO ENSURE SUCH RANGES REFLECT THE MARKET. MANAGEMENT RETAINS DISCRETION TO PROVIDE A LUMP SUM PAYMENT IN LIEU OF A SALARY INCREASE IN THE EVENT AN INDIVIDUAL'S SALARY IS NEAR OR ABOVE THE MARKET RANGE FOR THE POSITION.

PRESIDENT AND CEO EXPENSE REVIEW PROCESS:

A STAFF PERSON OF FINANCE (INDIVIDUAL RESPONSIBLE FOR ACCOUNTS PAYABLE) OR DESIGNEE IS RESPONSIBLE FOR GATHERING AND COMPILING THE DETAILS OF THE PRESIDENT AND CEO'S EXPENSES INCLUDING CREDIT CARD EXPENSES. THESE ARE THEN PROVIDED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS BY THE VICE PRESIDENT OF FINANCE AND ADMINISTRATION FOR REVIEW AND APPROVAL ON A QUARTERLY BASIS.

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

THE ORGANIZATION USES GUIDESTAR.ORG AND THEIR OWN WEBSITE TO

MAKE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

Name of the organization UNITED WAY INC UNITED WAY OF CENT & NE CONNECTICUT	Employer identification number 06-0646653
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STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION

COST	159,516.
CHANGE IN INVESTMENTS HELD IN TRUST BY OTHERS	543,166.
TOTAL TO FORM 990, PART XI, LINE 9	702,682.

FORM 990, PART XII, LINE 2C

THERE HAVE BEEN NO CHANGES TO THE ORGANIZATION'S OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014

2013

Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

**UNITED WAY INC
UNITED WAY OF CENT & NE CONNECTICUT**

Employer identification number

06-0646653

Name and title of officer

**SUSAN B. DUNN
PRESIDENT & CEO**

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 1 line in Part I.

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>26,355,831.</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

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 2013 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 COHNREZNICK LLP to enter my PIN 11111
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 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 2013 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 ▶ Susan B. Dunn Date ▶ 11/12/14

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.

0631722222
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**