

PUBLIC INSPECTION COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF GREATER NEW HAVEN, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 370 JAMES STREET NO 403 City or town, state or province, country, and ZIP or foreign postal code NEW HAVEN, CT 06513	D Employer identification number 06-0646761 E Telephone number (203) 772-2010 G Gross receipts \$ 7,478,413. 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.UWGNH.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: 1953 M State of legal domicile: CT

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: UNITED WAY HELPS PEOPLE LIVE THEIR BEST POSSIBLE LIVES. WE BRING PEOPLE AND ORGANIZATIONS		
	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	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	28
	6	Total number of volunteers (estimate if necessary)	6	1315
	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)	7,187,277.	6,903,024.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,539.	0.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,816.	177,890.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	69,275.	51,318.
			7,371,907.	7,132,232.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,693,248.
	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)	2,010,971.	1,653,115.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 719,947.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	794,212.	1,001,393.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,498,431.	6,601,132.
	19 Revenue less expenses. Subtract line 18 from line 12	<126,524.>	531,100.	
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)	3,390,734.	3,567,380.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,544,625.	2,124,040.
		846,109.	1,443,340.	

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 JENNIFER HEATH, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name PATRICIA MCGOWAN	Preparer's signature PATRICIA MCGOWAN
	Date 05/08/19	Check if self-employed <input type="checkbox"/> PTIN P00184514
	Firm's name ▶ COHNREZNICK LLP	Firm's EIN ▶ 22-1478099
	Firm's address ▶ 350 CHURCH STREET, 12TH FLOOR HARTFORD, CT 06103	Phone no. 959-200-7000

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 [X]

1 Briefly describe the organization's mission: UNITED WAY HELPS PEOPLE LIVE THEIR BEST POSSIBLE LIVES. WE BRING PEOPLE AND ORGANIZATIONS TOGETHER TO CREATE SOLUTIONS TO GREATER NEW HAVEN'S MOST PRESSING CHALLENGES IN THE AREAS OF EDUCATION, HEALTH, AND FINANCIAL STABILITY. WE TACKLE ISSUES THAT CANNOT BE SOLVED BY ANY

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 [X] 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 [X] 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 \$ 5,228,483. including grants of \$ 3,946,624.) (Revenue \$ 51,318.) MORE KIDS ARE DOING BETTER IN SCHOOL AND LIFE. CHILDREN'S ACADEMIC SUCCESS IS IMPACTED BY WHAT HAPPENS BEFORE AND AFTER THE SCHOOL DAY. UNITED WAY PROVIDES \$210,000 IN FY18 IN GRANTS TO HIGH-QUALITY OUT-OF-SCHOOL TIME PROGRAMS FOR YOUTH IN NEW HAVEN, HAMDEN, AND WEST HAVEN. OUR GRANTMAKING SUPPORTS TIME TO BUILD LITERACY AND NUMERACY THROUGH TUTORING, EXPLORATION, AND STEM AND EFFORTS TO PROMOTE SOCIAL-EMOTIONAL WELL-BEING. UNITED WAY IS ALSO EMBEDDED IN THE SCHOOL DAY AT EIGHT NEW HAVEN SCHOOLS THROUGH THE TRAUMA COALITION. THE STATISTIC IS STARTLING: 95% OF THE STUDENTS SCREENED IN THE TRAUMA COALITION SCHOOLS EXPERIENCED AT LEAST ONE TRAUMA IN THEIR LIFETIME. RESEARCH SHOWS THAT EXPOSURE TO TRAUMA CAN HAVE LONG TERM EFFECTS - DEVELOPMENTAL DELAYS, NEUROLOGICAL DAMAGE, AND CHRONIC DISEASES - AND

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) MORE PEOPLE WHO WERE HOMELESS ARE NOW IN STABLE, SAFE HOUSING. AS THE BACKBONE OF THE GREATER NEW HAVEN COORDINATED ACCESS NETWORK, UNITED WAY IS AT THE CENTER OF A COLLECTIVE EFFORT OF PROVIDERS AND STAKEHOLDERS ACROSS NINETEEN TOWNS THAT STREAMLINES AND STANDARDIZES THE PROCESS FOR INDIVIDUALS AND FAMILIES TO ACCESS ASSISTANCE. THE GOAL IS TO RAPIDLY END EACH PERSON'S HOMELESSNESS BY CONNECTING THEM WITH APPROPRIATE HOUSING AND RESOURCES AS QUICKLY AS POSSIBLE. OVER A 12-MONTH PERIOD, OVER 14,500 CALLS FROM PEOPLE CONCERNED ABOUT BECOMING HOMELESS WERE PLACED FROM GREATER NEW HAVEN TO 2-1-1, UNITED WAY OF CT'S FREE 24/7 INFORMATION AND REFERRAL LINE. OUR TEAM OF PARTNERS AND STAFF ASSESSED OVER 2,400 OF THOSE HOUSEHOLDS FACING HOMELESSNESS IN FY18. THROUGH OUR COLLABORATIVE EFFORTS, WE HAVE HOUSED 227 FAMILIES,

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) MORE YOUNG CHILDREN ACROSS OUR REGION HAVE BENEFITTED FROM NURTURING PARENTING AND HIGH-QUALITY EARLY LEARNING AND CARE. UNITED WAY CHAMPIONS SECURE START, A SUCCESS BY 6 INITIATIVE THAT PROVIDES CLASSES TO HELP PARENTS, CAREGIVERS AND CHILD CARE PROVIDERS CREATE STRONG, HEALTHY RELATIONSHIPS WITH YOUNG CHILDREN. SERVING 150 PARENTS DURING THE YEAR, SECURE START HAS DEMONSTRATED A REMARKABLE IMPACT: AN INDEPENDENT EVALUATION OF THE INITIATIVE SHOWS THAT PARENTS WHO PARTICIPATE HAVE A STATISTICALLY SIGNIFICANT DECREASE IN DEPRESSION AND EXPERIENCE A DECREASE IN CONFLICT WITH THEIR CHILDREN. SECURE START COMPLEMENTS ANOTHER SUCCESS BY 6 PRIORITY TO PROVIDE CHILDREN WITH HIGH-QUALITY EARLY CARE AND EDUCATION. IN SUPPORT OF THIS GOAL, UNITED WAY MANAGES AN EARLY HEAD START PROGRAM THROUGH A GRANT FUNDED BY THE

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,228,483.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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>	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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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>		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? <i>If "Yes," complete Schedule L, Part II</i>		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>		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>		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>		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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		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	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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-questions for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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 20		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 20		
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?		
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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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, address, and telephone number of the person who possesses the organization's books and records: **▶**
HILDA JOHNSON, CFO - 203-772-2010
370 JAMES STREET SUITE 403, NEW HAVEN, CT 06513

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) ANDREW BOONE SECRETARY	3.00	X		X				0.	0.	0.
(2) ASHIKA BRINKLEY DIRECTOR	3.00	X						0.	0.	0.
(3) CAROLINE HENDEL DIRECTOR	1.00	X						0.	0.	0.
(4) ELIZABETH STEWART DIRECTOR	1.00	X						0.	0.	0.
(5) JACK COCKERILL DIRECTOR	3.00	X						0.	0.	0.
(6) JANET LINDNER CHAIR	3.00	X		X				0.	0.	0.
(7) JEAN HUSTED DIRECTOR	1.00	X						0.	0.	0.
(8) JEFF HUBBARD OUTGOING/DIRECTOR	1.00	X						0.	0.	0.
(9) JENNA ALLEGRETTO DIRECTOR	1.00	X						0.	0.	0.
(10) JOSEPH DORNFRIED DIRECTOR	1.00	X						0.	0.	0.
(11) JOSH GEBALLE DIRECTOR	1.00	X						0.	0.	0.
(12) LOURDES ALVAREZ DIRECTOR	1.00	X						0.	0.	0.
(13) MARK PERKINS DIRECTOR	1.00	X						0.	0.	0.
(14) MICHAEL HOLMES DIRECTOR	3.00	X						0.	0.	0.
(15) NITZA DIAZ-CANDELO DIRECTOR	1.00	X						0.	0.	0.
(16) REBECCA MATTHEWS DIRECTOR	3.00	X						0.	0.	0.
(17) ROGER SCIASCIA DIRECTOR	3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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) SONIA NOBREGA DIRECTOR	1.00	X					0.	0.	0.	
(19) SUSAN THOMAS OUTGOING/DIRECTOR	1.00	X					0.	0.	0.	
(20) TED NORRIS DIRECTOR	3.00	X					0.	0.	0.	
(21) THOMAS CROWLEY TREASURER	1.00	X		X			0.	0.	0.	
(22) TIMOTHY CASHMAN DIRECTOR	1.00	X					0.	0.	0.	
(23) JENNIFER HEATH CHIEF EXECUTIVE OFFICER	45.00			X			152,854.	0.	26,971.	
(24) STEFANIE BOLES CHIEF FINANCIAL OFFICER THRU 1/18	45.00			X			115,997.	0.	11,827.	
(25) PAM GRIFFIN CFO 1/18-6/18	20.00			X			0.	0.	0.	
(26) HILDA JOHNSON CFO 6/18	20.00			X			0.	0.	0.	
1b Sub-total							268,851.	0.	38,798.	
c Total from continuation sheets to Part VII, Section A							111,538.	0.	5,650.	
d Total (add lines 1b and 1c)							380,389.	0.	44,448.	

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 **1**

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 3,533,688.						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e 2,703,392.						
	f All other contributions, gifts, grants, and similar amounts not included above	1f 665,944.						
	g Noncash contributions included in lines 1a-1f: \$	574,801.						
	h Total. Add lines 1a-1f	▶ 6,903,024.						
Program Service Revenue	2 a _____	Business Code						
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f	▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 17,185.				17,185.		
	4 Income from investment of tax-exempt bond proceeds	▶						
	5 Royalties	▶						
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)	▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		506,886.						
		b Less: cost or other basis and sales expenses	346,181.					
		c Gain or (loss)	160,705.					
	d Net gain or (loss)	▶ 160,705.				160,705.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events	▶					
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	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	b						
	c Net income or (loss) from sales of inventory	▶						
Miscellaneous Revenue		Business Code						
11 a ADMIN FEES	900099	41,895.	41,895.					
b OTHER	900099	9,423.	9,423.					
c _____								
d All other revenue								
e Total. Add lines 11a-11d	▶	51,318.						
12 Total revenue. See instructions.	▶	7,132,232.	51,318.	0.		177,890.		

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 domestic organizations and domestic governments. See Part IV, line 21	3,946,624.	3,946,624.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	275,331.	56,311.	177,759.	41,261.
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	1,064,616.	462,282.	205,036.	397,298.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	98,528.	48,582.		49,946.
9 Other employee benefits	80,132.	48,542.	26,295.	5,295.
10 Payroll taxes	134,508.	38,541.	58,649.	37,318.
11 Fees for services (non-employees):				
a Management				
b Legal	167.	94.	49.	24.
c Accounting	46,800.		46,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	200,304.	139,529.	25,841.	34,934.
12 Advertising and promotion	43,543.	37,188.	3,665.	2,690.
13 Office expenses	158,155.	94,893.	14,577.	48,685.
14 Information technology				
15 Royalties				
16 Occupancy	191,447.	112,513.	35,740.	43,194.
17 Travel	5,947.	3,621.	371.	1,955.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,536.	17,397.	8,683.	4,456.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,938.	4,686.	3,199.	4,053.
23 Insurance				
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 UNCOLLECTIBLE PLEDGES	156,236.	156,236.		
b MEMBERSHIP DUES	73,661.	33,030.	17,333.	23,298.
c REPAIRS & MAINTENANCE	67,207.	21,040.	24,761.	21,406.
d MISCELLANEOUS	15,452.	7,374.	3,944.	4,134.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,601,132.	5,228,483.	652,702.	719,947.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	150.	1	150.
	2 Savings and temporary cash investments	462,341.	2	885,880.
	3 Pledges and grants receivable, net	1,153,689.	3	1,390,726.
	4 Accounts receivable, net	426,013.	4	83,332.
	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	7,153.	9	5,587.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 502,445.		
	b Less: accumulated depreciation	10b 438,144.		
	11 Investments - publicly traded securities	76,239.	10c	64,301.
	12 Investments - other securities. See Part IV, line 11	1,230,336.	11	1,102,591.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	34,813.	14	34,813.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,390,734.	15	3,567,380.	
17 Accounts payable and accrued expenses	742,294.	16	713,692.	
18 Grants payable	374,128.	17	661,270.	
19 Deferred revenue		18		
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties	199,913.	22	149,913.	
24 Unsecured notes and loans payable to unrelated third parties		23		
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	1,228,290.	24	599,165.	
26 Total liabilities. Add lines 17 through 25	2,544,625.	25	2,124,040.	
26 Total liabilities. Add lines 17 through 25		26		
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	277,295.	27	1,190,289.
	28 Temporarily restricted net assets	518,150.	28	202,387.
	29 Permanently restricted net assets	50,664.	29	50,664.
	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	846,109.	33	1,443,340.	
34 Total liabilities and net assets/fund balances	3,390,734.	34	3,567,380.	

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	7,132,232.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,601,132.
3	Revenue less expenses. Subtract line 2 from line 1	3	531,100.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	846,109.
5	Net unrealized gains (losses) on investments	5	<88,285.>
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	154,416.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,443,340.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2017)

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7090527.	6604128.	6870971.	7187277.	6903024.	34655927.
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	7090527.	6604128.	6870971.	7187277.	6903024.	34655927.
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)						
6 Public support. Subtract line 5 from line 4.						34655927.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	7090527.	6604128.	6870971.	7187277.	6903024.	34655927.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	24,959.	33,955.	30,995.	20,736.	17,185.	127,830.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		85,977.	53,678.	69,275.	51,318.	260,248.
11 Total support. Add lines 7 through 10						35044005.
12 Gross receipts from related activities, etc. (see instructions)					12	145,659.
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 2017 (line 6, column (f) divided by line 11, column (f))	14	98.89 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	94.99 %
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2014 AMOUNT: \$ 31,216.

2015 AMOUNT: \$ 1,003.

2016 AMOUNT: \$ 17,878.

2017 AMOUNT: \$ 9,423.

ADMIN FEES

2014 AMOUNT: \$ 54,761.

2015 AMOUNT: \$ 52,675.

2016 AMOUNT: \$ 51,397.

2017 AMOUNT: \$ 41,895.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization UNITED WAY OF GREATER NEW HAVEN, INC. Employer identification number 06-0646761

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d, and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and assets for financial gain.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	50,664.	50,664.	50,664.	50,664.	50,664.
b Contributions					
c Net investment earnings, gains, and losses	5.	5.	13.	16.	21.
d Grants or scholarships					
e Other expenditures for facilities and programs	5.	5.	13.	16.	21.
f Administrative expenses					
g End of year balance	50,664.	50,664.	50,664.	50,664.	50,664.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		502,445.	438,144.	64,301.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 64,301.

Part VII Investments - Other Securities.

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

(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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market 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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DONOR DIRECTED GIFTS PAYABLE	599,165.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	599,165.

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,748,869.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	<88,285.>	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	154,416.	
e	Add lines 2a through 2d	2e		66,131.
3	Subtract line 2e from line 1	3		5,682,738.
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		
b	Other (Describe in Part XIII.)	4b	1,449,494.	
c	Add lines 4a and 4b	4c		1,449,494.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		7,132,232.

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

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

1	Total expenses and losses per audited financial statements		1	5,151,638.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	<1,293,258.>	
e	Add lines 2a through 2d	2e		<1,293,258.>
3	Subtract line 2e from line 1	3		6,444,896.
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		
b	Other (Describe in Part XIII.)	4b	156,236.	
c	Add lines 4a and 4b	4c		156,236.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		6,601,132.

Part XIII Supplemental Information.

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

PART X, LINE 2:

UNITED WAY HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2018. UNITED WAY'S FEDERAL AND STATE INFORMATION RETURNS PRIOR TO FISCAL YEAR 2015 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

IF UNITED WAY HAS UNRELATED BUSINESS INCOME TAXES, UNITED WAY 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 XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PENSION AND POST RETIREMENT BENEFIT CHANGE 154,416.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATED BY DONORS 1,293,258.

UNCOLLECIBLE PLEDGES 156,236.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,449,494.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DESIGNATED BY DONORS -1,293,258.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

UNCOLLECTIBLE PLEDGES 156,236.

**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF GREATER NEW HAVEN, INC.** Employer identification number **06-0646761**

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

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 noncash assistance	(h) Purpose of grant or assistance
ACHIEVEMENT FIRST 370 JAMES STREET NEW HAVEN, CT 06513	65-1203744	501C3	44,000.	0.			DONOR DESIGNATIONS
ALL OUR KIN 414A CHAPEL STREET SUITE 101 NEW HAVEN, CT 06512	06-1539280	501C3	753,280.	0.			EARLY HEAD START, SECURE START INITIATIVE
AMISTAD ACADEMY 403 JAMES STREET NEW HAVEN, CT 06513	06-1546695	501C3	9,900.	0.			DONOR DESIGNATIONS
ARTS FOR LEARNING CONNECTICUT ONE EVERGREEN AVENUE SUITE 33 HAMDEN, CT 06518	06-1009470	501C3	18,450.	0.			TRAUMA COALITION
ARTSPACE 50 ORANGE STREET NEW HAVEN, CT 06510	22-2533535	501C3	68,750.	0.			TRAUMA COALITION
BOY SCOUTS OF AMERICA P.O. BOX 32 MILFORD, CT 06460	06-0646793	501C3	6,746.	0.			TRAUMA COALITION, DONOR DESIGNATIONS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **61.**
- 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) (2017)

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
CATHOLIC CHARITIES ARCHDIOCESE OF HARTFORD - 290 GRAND AVE - NEW HAVEN, CT 06513	22-2906569	501C3	7,672.	0.			CENTRO SAN JOSE FAMILY CENTER PROGRAMMING, SECURE START INITIATIVE
CHRISTIAN COMMUNITY ACTION INC. 419 WHALLEY AVENUE NEW HAVEN, CT 06511	06-0979507	501C3	18,881.	0.			NEIGHBOR TO NEIGHBOR, DONOR DESIGNATIONS
CLIFFORD W. BEERS GUIDANCE CLINIC INC. - 93 EDWARDS STREET - NEW HAVEN, CT 06511	06-0646757	501C3	21,500.	0.			INTENSIVE OUTPATIENT PROGRAM, SECURE START INITIATIVE
COLUMBUS HOUSE 586 ELLA T. GRASSO BOULEVARD NEW HAVEN, CT 06519	22-2511873	501C3	55,331.	0.			NEIGHBOR TO NEIGHBOR, COORDINATED ACCESS NETWORK, DONOR DESIGNATIONS
COMMUNITY FOUNDATION FOR GREATER NEW HAVEN - 70 AUDUBON STREET - NEW HAVEN, CT 06510	06-6032106	501C3	19,753.	0.			DONOR DESIGNATIONS
COMMUNITY MEDIATION 3013 DIXWELL AVENUE SUITE 3 HAMDEN, CT 06518	06-1039800	501C3	15,000.	0.			PEER MEDIATION TRAINING
COMMUNITY SOUP KITCHEN 84 BROADWAY NEW HAVEN, CT 06511	06-1071804	501C3	10,212.	0.			NEIGHBOR TO NEIGHBOR, DONOR DESIGNATIONS
CONCEPTS FOR ADAPTIVE LEARNING INC. - 4 SCIENCE PARK SUITE A - NEW HAVEN, CT 06511	06-1623641	501C3	5,374.	0.			DONOR DESIGNATIONS
CONNCAT 4 SCIENCE PARK NEW HAVEN, CT 06511	45-1257955	501C3	13,087.	0.			DONOR DESIGNATIONS

Schedule I (Form 990)

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 CHILDREN'S MUSEUM 22 WALL STREET NEW HAVEN, CT 06511	23-7346410	501C3	5,000.	0.			SECURE START INITIATIVE
CONNECTICUT FOOD BANK 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	06-1063025	501C3	10,195.	0.			DONOR DESIGNATIONS
DOWNTOWN EVENING SOUP KITCHEN P.O. BOX 1478 NEW HAVEN, CT 06506	22-2985448	501C3	11,072.	0.			NEIGHBOR TO NEIGHBOR, DONOR DESIGNATIONS
ELIZABETH CELOTTO CHILD CARE CENTER - 181 MITCHELL DRIVE - NEW HAVEN, CT 06511	06-1390911	501C3	403,715.	0.			EARLY HEAD START
ELM VILLAGE, INC. 50 WINNETT STREET HAMDEN, CT 06517	82-0859607	501C3	48,217.	0.			TRAUMA COALITION, DONOR DESIGNATIONS
EMERGE CT 830 GRAND AVENUE NEW HAVEN, CT 06511	45-3789523	501C3	58,000.	0.			SECURE START INITIATIVE, WORKFORCE DEVELOPMENT, SECURE JOBS
FAIR HAVEN COMMUNITY HEALTH CENTER 374 GRAND AVENUE NEW HAVEN, CT 06513	06-0883545	501C3	5,000.	0.			SECURE START INITIATIVE
FISH OF GREATER NEW HAVEN INC. P.O. BOX 8552 NEW HAVEN, CT 06531	23-7090083	501C3	6,815.	0.			NEIGHBOR TO NEIGHBOR, DONOR DESIGNATIONS
FOOTE SCHOOL 50 LOOMIS PLACE NEW HAVEN, CT 06511	06-0646647	501C3	29,113.	0.			DONOR DESIGNATIONS

Schedule I (Form 990)

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
FOUNDATION FOR ARTS & TRAUMA INC. 19 EDWARDS STREET NEW HAVEN, CT 06511	51-0189834	501C3	147,827.	0.			ALIVE PROGRAM, TRAUMA COALITION
GIRL SCOUTS OF CONNECTICUT 340 WASHINGTON AVENUE HARTFORD, CT 06106	06-0662134	501C3	5,316.	0.			TRAUMA COALITION, DONOR DESIGNATIONS
HAMDEN PARTNERSHIP FOR YOUNG CHILDREN - 60 PUTNAM AVENUE - NEW HAVEN, CT 06517		501C3	7,000.	0.			SECURE START INITIATIVE
HELEN STREET ELEMENTARY SCHOOL 285 HELEN STREET HAMDEN, CT 06514		501C3	20,000.	0.			AFTER SCHOOL PROGRAM
HOPKINS SCHOOL 986 FOREST ROAD NEW HAVEN, CT 06515	06-0646674	501C3	18,500.	0.			DONOR DESIGNATIONS
HUGO KAUDER SOCIETY 421 HUMPHREY STREET NEW HAVEN, CT 06511	27-0032094	501C3	8,450.	0.			DONOR DESIGNATIONS
INTEGRATED REFUGEE & IMMIGRANT SERVICES - 235 NICOLL STREET 2ND FL - NEW HAVEN, CT 06511	06-0653044	501C3	11,290.	0.			DONOR DESIGNATIONS
INTERNATIONAL FESTIVAL OF ARTS & IDEAS - 195 CHURCH STREET 12TH FL - NEW HAVEN, CT 06510	06-1444222	501C3	25,000.	0.			DONOR DESIGNATIONS
JEWISH FAMILY SERVICES 1440 WHALLEY AVENUE NEW HAVEN, CT 06515	06-0646692	501C3	8,000.	0.			NEIGHBOR TO NEIGHBOR

Schedule I (Form 990)

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
JUNTA FOR PROGRESSIVE ACTION 169 GRAND AVENUE NEW HAVEN, CT 06513	23-7066862	501C3	11,556.	0.			THE NEIGHBORHOOD PLACE, DONOR DESIGNATIONS
LEADERSHIP EDUCATION AND ATHLETICS IN PARTNERSHIP - 31 JEFFERSON STREET - NEW HAVEN, CT 06511	22-2906547	501C3	16,675.	0.			CHILDREN'S PROGRAMMING, DONOR DESIGNATIONS
LIBERTY COMMUNITY SERVICES INC. 129 CHURCH STREET NEW HAVEN, CT 06510	22-2849124	501C3	17,270.	0.			COORDINATED ACCESS NETWORK, DONOR DESIGNATIONS
LONG WHARF THEATRE 222 SARGENT DRIVE NEW HAVEN, CT 06511	06-6073063	501C3	17,250.	0.			DONOR DESIGNATIONS
MORNING GLORY EARLY LEARNING CENTER - 1859 CHAPEL STREET - NEW HAVEN, CT 06515		501C3	271,926.	0.			EARLY HEAD START
NEW HAVEN BOYS AND GIRLS CLUB 253 COLUMBUS AVENUE NEW HAVEN, CT 06519	06-0646935	501C3	15,127.	0.			AFTERSCHOOL AND SUMMER PROGRAMMING
NEW HAVEN ECOLOGY PROJECT 258 SPRINGSIDE AVENUE NEW HAVEN, CT 06515	22-3171185	501C3	10,000.	0.			ABOVE AND BEYOND - AFTER SCHOOL LEARNING CENTER
NEW HAVEN FREE PUBLIC LIBRARY 133 ELM STREET NEW HAVEN, CT 06510	06-1283798	501C3	7,081.	0.			DONOR DESIGNATIONS
NEW HAVEN READS COMMUNITY BOOK BANK - 101 ASMUN STREET - NEW HAVEN, CT 06511	76-0807330	501C3	25,863.	0.			ONE ON ONE LITERACY TUTORING, DONOR DESIGNATIONS

Schedule I (Form 990)

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
NEW HAVEN SYMPHONY ORCHESTRA 4 HAMILTON STREET NEW HAVEN, CT 06511	06-6000592	501C3	12,325.	0.			DONOR DESIGNATIONS
NEW HYPES P.O. BOX 2928 NEW HAVEN, CT 06515	27-0772846	501C3	11,899.	0.			DONOR DESIGNATIONS
NEW REACH 153 EAST STREET NEW HAVEN, CT 06511	22-3037451	501C3	129,362.	0.			SECURE JOBS, COORDINATED ACCESS NETWORK, NEIGHBOR TO NEIGHBOR
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVENUE - NEW HAVEN, CT 06511	06-0263565	501C3	15,000.	0.			NEW HAVEN TEEN ENRICHMENT
PROJECT YOUTH COURT 206 ELM STREET P.O. BOX 200252 NEW HAVEN, CT 06510	47-2274619	501C3	10,000.	0.			PROJECT YOUTH COURT
QUINNIPIAC UNIVERSITY 275 MOUNT CARMEL AVENUE HAMDEN, CT 06518	06-0646701	501C3	25,250.	0.			DONOR DESIGNATIONS
R KIDS FAMILY CENTER 45 DIXWELL AVENUE NEW HAVEN, CT 06511	06-1453694	501C3	8,680.	0.			DONOR DESIGNATIONS
RAIN OF HOPE. INC. 123 LANE STREET HAMDEN, CT 06514	46-3416946	501C3	10,700.	0.			TRAUMA COALITION
RIDGE HILL SCHOOL 120 CAREW ROAD HAMDEN, CT 06517		501C3	20,000.	0.			AFTER SCHOOL PROGRAM

Schedule I (Form 990)

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
SOLAR YOUTH 53 WAYFARER STREET NEW HAVEN, CT 06515	06-1600471	501C3	10,000.	0.			CYCLE OF STEWARDSHIP
SQUASH HAVEN 70 TOWER PARKWAY NEW HAVEN, CT 06520	20-5500876	501C3	10,000.	0.			AFTERSCHOOL PROGRAMMING
ST. MARTIN DE PORRES ACADEMY 208 COLUMBUS AVENUE NEW HAVEN, CT 06519	81-0666655	501C3	42,063.	0.			DONOR DESIGNATIONS
THE COUNTRY SCHOOL 341 OPENING HILL ROAD MADISON, CT 06443	06-0707051	501C3	5,000.	0.			DONOR DESIGNATIONS
WEST HAVEN BOARD OF EDUCATION 355 MAIN STREET WEST HAVEN, CT 05616		501C3	5,000.	0.			HOMEWORK DINNERS
WEST HAVEN CHILD DEVELOPMENT CENTER - 201 NOBLE STREET - WEST HAVEN, CT 06516	06-0978738	501C3	236,874.	0.			EARLY HEAD START
YALE LAW SCHOOL P.O. BOX 208341 NEW HAVEN, CT 06520	06-0646973	501C3	10,000.	0.			DONOR DESIGNATIONS
YALE NEW HAVEN HOSPITAL P.O. BOX 1849 NEW HAVEN, CT 06508	06-0646652	501C3	12,000.	0.			DONOR DESIGNATIONS
YALE SCHOOL OF MEDICINE P.O. BOX 7611 NEW HAVEN, CT 06519	06-0646973	501C3	5,400.	0.			DONOR DESIGNATIONS

Schedule I (Form 990)

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

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

Name of the organization: **UNITED WAY OF GREATER NEW HAVEN, INC.**
 Employer identification number: **06-0646761**

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 on 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 (such as, maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the 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 checked="" 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

9 If "Yes" on 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) 2017

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

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

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JENNIFER HEATH CHIEF EXECUTIVE OFFICER	(i)	151,354.	0.	1,500.	23,575.	3,396.	179,825.	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

2017

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

Name of the organization **UNITED WAY OF GREATER NEW HAVEN, INC.** Employer identification number **06-0646761**

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	20	574,801.	FMV
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 ()				
26	Other ()				
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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER NEW HAVEN, INC.

Employer identification number

06-0646761

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TOGETHER TO CREATE SOLUTIONS TO GREATER NEW HAVEN'S MOST PRESSING

CHALLENGES IN THE AREAS OF EDUCATION, HEALTH, AND FINANCIAL STABILITY.

WE TACKLE ISSUES THAT CANNOT BE SOLVED BY ANY ONE GROUP WORKING ALONE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ONE GROUP WORKING ALONE.

IN FISCAL YEAR 2017-2018, UNITED WAY OF GREATER NEW HAVEN SERVED 51,640

PEOPLE TOWARD REACHING OUR GOALS OF:

ENDING HUNGER

ENDING HOMELESSNESS

BUILDING RESILIENCE

BOOSTING ACHIEVEMENT

STRENGTHENING FINANCIAL STABILITY

BUILDING COMMUNITY

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THAT WE CAN TAKE ACTIONS TO PROTECT CHILDREN AND BUILD RESILIENCY.

UNITED WAY AND COMMUNITY PARTNERS LAUNCHED THE NEW HAVEN TRAUMA

COALITION TO PROVIDE A VERSATILE APPROACH WITHIN SCHOOLS THAT INCLUDES

YOGA, MEDITATION, AND DANCING, AS WELL AS CLINICAL WORKERS. THIS FOCUS

ON PREVENTION HELPS CHILDREN AVOID BIGGER ISSUES DOWNS THE ROAD.

THROUGH UNITED WAY'S WORK IN THE NEW HAVEN TRAUMA COALITION WE HAVE

SERVED OVER 2,700 STUDENTS DURING THE SCHOOL YEAR.

Name of the organization UNITED WAY OF GREATER NEW HAVEN, INC.	Employer identification number 06-0646761
---	--

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

INDIVIDUALS, AND YOUTH IN FY18. AS KEEPING PEOPLE OUT OF HOMELESSNESS IS OUR GREATEST HOPE, AND THE MOST EFFECTIVE WAY TO PREVENT FUTURE EPISODES OF HOMELESSNESS, WE HAVE DIVERTED OVER 40% OF FAMILIES AT THE DOOR OF SHELTER BY PROVIDING SUPPORT AND SERVICES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES THAT PROVIDES EIGHTY-EIGHT INFANT AND TODDLERS AND THEIR FAMILIES FULL-DAY, FULL-YEAR CHILD CARE AND COMPREHENSIVE SERVICES THROUGH PARTNERSHIP WITH FIVE PROVIDERS ACROSS OUR REGION.

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

A COPY OF THIS FORM 990 IS PROVIDED TO THE MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING. THE RETURN IS ALSO REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER.

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

ALL EMPLOYEES AND VOLUNTEERS, INCLUDING DIRECTORS, MUST COMPLETE THE UWGNH CONFLICT OF INTEREST DISCLOSURE FOR VOLUNTEERS. RESULTS ARE TABULATED AND ANY CONFLICTS ARE ADDRESSED IN A DIRECT, FAIR AND UNBIASED MANNER FIRST AT THE STAFF LEVEL, THEN THE BOARD OF DIRECTORS.

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

THE UNITED WAY BOARD OF DIRECTORS REVIEWS THE PERFORMANCE OF THE CHIEF EXECUTIVE OFFICER AND DETERMINES HIS/HER COMPENSATION. THE BOARD ALSO APPROVES THE SALARY AND BENEFITS RANGE FOR THREE DIFFERENT EMPLOYEE CLASSIFICATIONS INCLUDING (1) EXECUTIVE, (2) MANAGERIAL, AND (3) INDIVIDUAL

Name of the organization UNITED WAY OF GREATER NEW HAVEN, INC.	Employer identification number 06-0646761
---	--

CONTRIBUTOR. COMPENSATION RANGES ARE ESTABLISHED FOLLOWING COMPARISONS WITH SIMILAR ORGANIZATIONS IN THE AREA AS WELL AS SIMILAR UNITED WAYS IN CONNECTICUT AND ACROSS OF THE BUDGET PROCESS AND RECOMMEND A BUDGET THAT REFLECTS THAT COMPLIANCE. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FULL BUDGET. THE CEO AND SENIOR MANAGEMENT ESTABLISH INDIVIDUAL COMPENSATION FOR STAFF MEMBERS WITHIN THE RANGES ESTABLISHED. THIS PROCESS IS DOCUMENTED IN THE MINUTES OF UNITED WAY.

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

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

PENSION AND POST RETIREMENT BENEFIT CHANGE	154,416.
--	----------

FORM 990 XII LINE 2C

THE ORGANIZATION HAS A COMMITTEE RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AS WELL AS THE SELECTION OF THE INDEPENDENT ACCOUNTANT.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF GREATER NEW HAVEN, INC.	Employer identification number (EIN) or 06-0646761
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 370 JAMES STREET NO 403	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW HAVEN, CT 06513	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

HILDA JOHNSON, CFO

• The books are in the care of ▶ **370 JAMES STREET SUITE 403 - NEW HAVEN, CT 06513**
Telephone No. ▶ **203-772-2010** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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