

PUBLIC INSPECTION COPY

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

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

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

B 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 F Name and address of principal officer: JENNIFER HEATH SAME AS C ABOVE	D Employer identification number 06-0646761 E Telephone number (203) 772-2010 G Gross receipts \$ 7,981,117. 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 BRINGS PEOPLE AND ORGANIZATIONS TOGETHER TO CREATE SOLUTIONS TO GREATER NEW HAVEN'S	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
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 2018 (Part V, line 2a)	5 28
6	Total number of volunteers (estimate if necessary)	6 1471
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 38	7b 0.
8	Contributions and grants (Part VIII, line 1h)	8 6,903,024. 7,544,387.
9	Program service revenue (Part VIII, line 2g)	9 0. 0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 177,890. 108,894.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 51,318. 42,819.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 7,132,232. 7,696,100.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 3,946,624. 4,114,225.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14 0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 1,653,115. 1,683,185.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a 0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 438,461.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 1,001,393. 845,853.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18 6,601,132. 6,643,263.
19	Revenue less expenses. Subtract line 18 from line 12	19 531,100. 1,052,837.
20	Total assets (Part X, line 16)	20 3,567,380. 3,573,170.
21	Total liabilities (Part X, line 26)	21 2,124,040. 922,709.
22	Net assets or fund balances. Subtract line 21 from line 20	22 1,443,340. 2,650,461.

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 03/17/20	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 BRINGS PEOPLE AND ORGANIZATIONS TOGETHER TO CREATE SOLUTIONS TO GREATER NEW HAVEN'S MOST PRESSING CHALLENGES IN THE AREAS OF HEALTH, EDUCATION, AND FINANCIAL STABILITY. WE TACKLE ISSUES THAT CANNOT BE SOLVED BY ANY ONE GROUP WORKING ALONE. IN FISCAL YEAR

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 5,718,677. including grants of \$ 4,114,225.) (Revenue \$ 42,819.) MORE YOUNG CHILDREN ACROSS OUR REGION HAVE BENEFITTED FROM NURTURING PARENTING AND HIGH-QUALITY EARLY LEARNING AND CARE. UNITED WAY'S SECURE START INITIATIVE PROVIDES CLASSES AND COACHING TO HELP PARENTS, CAREGIVERS AND CHILD CARE PROVIDERS CREATE STRONG, HEALTHY RELATIONSHIPS WITH YOUNG CHILDREN; LAST YEAR WE SERVED 230 PARENTS, CAREGIVERS, AND CHILD CARE PROVIDER. 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 OUR OTHER PRIORITY, WHICH IS TO PROVIDE CHILDREN WITH HIGH-QUALITY EARLY CARE AND EDUCATION, WITH AN EMPHASIS ON SERVING LOW-INCOME FAMILIES. IN SUPPORT OF THIS GOAL,

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 13,749 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 2,900 OF THOSE HOUSEHOLDS FACING HOMELESSNESS IN FY19. THROUGH OUR COLLABORATIVE EFFORTS, WE HAVE HOUSED 462 FAMILIES,

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 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 GRANT SUPPORT TO HIGH-QUALITY OUT-OF-SCHOOL TIME PROGRAMS FOR YOUTH IN NEW HAVEN, HAMDEN, AND WEST HAVEN. OUR GRANTMAKING SUPPORTS PROGRAMS' ABILITY TO SUPPORT CHILDREN'S LITERACY AND NUMERACY THROUGH TUTORING, EXPLORATION AND STEM, AS WELL AS THROUGH SUPPORTS THAT BUILD CHILDREN'S SOCIAL EMOTIONAL WELL-BEING. UNITED WAY IS ALSO EMBEDDED IN THE SCHOOL DAY AT EIGHT NEW HAVEN SCHOOLS THROUGH THE TRAUMA COALITION. THE DATA ARE STARTLING: 98% OF THE STUDENTS SCREENED IN THESE EIGHT SCHOOLS HAD EXPERIENCED AT LEAST ONE TRAUMATIC EVENT. RESEARCH SHOWS THAT EXPOSURE TO TRAUMA CAN HAVE LONG-TERM EFFECTS SUCH AS DEVELOPMENTAL DELAYS, NEUROLOGICAL DAMAGE, AND CHRONIC

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

4e Total program service expenses 5,718,677.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		28
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (20), 1b (20), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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

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			157,733.	0.	19,020.	
(24) HILDA JOHNSON CFO	20.00			X			0.	0.	0.	
(25) AMY CASAVINA-HALL CHIEF IMPACT OFFICER	45.00				X		113,631.	0.	0.	
1b Sub-total							271,364.	0.	19,020.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							271,364.	0.	19,020.	

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 **2**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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 3,920,637.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 2,710,035.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 913,715.				
	g Noncash contributions included in lines 1a-1f: \$	647,034.				
	h Total. Add lines 1a-1f	▶ 7,544,387.				
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)	▶ 20,217.			20,217.	
	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	373,694.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	285,017.			
		c Gain or (loss)	88,677.			
	d Net gain or (loss)	▶ 88,677.			88,677.	
	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	37,068.	37,068.			
b OTHER	900099	5,751.	5,751.			
c _____						
d All other revenue						
e Total. Add lines 11a-11d	▶	42,819.				
12 Total revenue. See instructions	▶	7,696,100.	42,819.	0.	108,894.	

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 ...	4,114,225.	4,114,225.		
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	182,939.	42,076.	111,593.	29,270.
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	1,229,517.	826,901.	127,884.	274,732.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	48,867.	37,417.		11,450.
9 Other employee benefits	96,117.	60,220.	14,965.	20,932.
10 Payroll taxes	125,745.	68,201.	33,808.	23,736.
11 Fees for services (non-employees):				
a Management				
b Legal	89.	25.	52.	12.
c Accounting	48,092.	13,520.	28,258.	6,314.
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.)	151,348.	42,547.	88,930.	19,871.
12 Advertising and promotion	87,102.	87,102.		
13 Office expenses	89,902.	67,163.	15,911.	6,828.
14 Information technology				
15 Royalties				
16 Occupancy	135,381.	90,467.	25,571.	19,343.
17 Travel	4,298.	2,443.	1,175.	680.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	14,360.	7,515.	3,651.	3,194.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,101.	6,889.	2,398.	1,814.
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	156,161.	156,161.		
b REPAIRS & MAINTENANCE	72,685.	44,818.	15,599.	12,268.
c MEMBERSHIP DUES	69,918.	42,714.	15,637.	11,567.
d MISCELLANEOUS	5,416.	8,273.	693.	-3,550.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	6,643,263.	5,718,677.	486,125.	438,461.
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 <input type="checkbox"/> 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	885,880.	2	1,571,637.
	3 Pledges and grants receivable, net	1,390,726.	3	787,460.
	4 Accounts receivable, net	83,332.	4	0.
	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	5,587.	9	7,590.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 506,976.		
	b Less: accumulated depreciation	10b 449,772.		
	11 Investments - publicly traded securities	1,102,591.	11	1,114,316.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	34,813.	15	34,813.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,567,380.	16	3,573,170.	
Liabilities	17 Accounts payable and accrued expenses	713,692.	17	230,190.
	18 Grants payable	661,270.	18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	149,913.	23	109,913.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	599,165.	25	582,606.
	26 Total liabilities. Add lines 17 through 25	2,124,040.	26	922,709.
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	1,190,289.	27	2,397,410.
	28 Temporarily restricted net assets	202,387.	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	1,443,340.	33	2,650,461.	
34 Total liabilities and net assets/fund balances	3,567,380.	34	3,573,170.	

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	7,696,100.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,643,263.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,052,837.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,443,340.
5	Net unrealized gains (losses) on investments	5	-53,617.
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	207,901.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,650,461.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
3b	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 _____	X	

Form 990 (2018)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6604128.	6870971.	7187277.	6903024.	7544387.	35109787.
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	6604128.	6870971.	7187277.	6903024.	7544387.	35109787.
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.						35109787.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	6604128.	6870971.	7187277.	6903024.	7544387.	35109787.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	33,955.	30,995.	20,736.	17,185.	20,217.	123,088.
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.	45,819.	306,067.
11 Total support. Add lines 7 through 10						35538942.
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 2018 (line 6, column (f) divided by line 11, column (f))	14	98.79 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	98.89 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <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).		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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.

2018 AMOUNT: \$ 8,751.

ADMIN FEES

2014 AMOUNT: \$ 54,761.

2015 AMOUNT: \$ 52,675.

2016 AMOUNT: \$ 51,397.

2017 AMOUNT: \$ 41,895.

2018 AMOUNT: \$ 37,068.

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

2018

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(s) of conservation 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.

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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.
d Grants or scholarships					
e Other expenditures for facilities and programs		5.	5.	13.	16.
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		506,976.	449,772.	57,204.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				57,204.

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	582,606.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	582,606.

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	6,584,192.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-53,617.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	207,901.	
e	Add lines 2a through 2d	2e		154,284.
3	Subtract line 2e from line 1	3		6,429,908.
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	1,266,192.	
c	Add lines 4a and 4b	4c		1,266,192.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		7,696,100.

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	5,377,071.
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	-1,110,031.	
e	Add lines 2a through 2d	2e		-1,110,031.
3	Subtract line 2e from line 1	3		6,487,102.
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	156,161.	
c	Add lines 4a and 4b	4c		156,161.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		6,643,263.

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, 2019. UNITED WAY'S FEDERAL AND STATE INFORMATION RETURNS PRIOR TO FISCAL YEAR 2016 ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PENSION AND POST RETIREMENT BENEFIT CHANGE 207,901.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATED BY DONORS 1,110,031.

Part XIII Supplemental Information (continued)

UNCOLLECTIBLE PLEDGES 156,161.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,266,192.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DESIGNATED BY DONORS -1,110,031.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

UNCOLLECTIBLE PLEDGES 156,161.

**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

2018

**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
ALL OUR KIN PO BOX 8477 NEW HAVEN, CT 06530	06-1539280	501C3	5,100.	0.			SECURE START/CIRCLE OF SECURITY PARENTING GROUPS
ALL OUR KIN 414A CHAPEL STREET NEW HAVEN, CT 06511	06-1539280	501C3	875,000.	0.			TO HELP PROVIDE ADDITIONAL AFFORDABLE INFANT AND TODDLER CARE IN OUR SERVICE AREA
ARTS FOR LEARNING ONE EVERGREEN AVENUE, SUITE #33 HAMDEN, CT 06518	06-1009470	501C3	6,940.	0.			NEW HAVEN TRAUMA COALITION
BOYS AND GIRLS CLUB OF NEW HAVEN 253 COLUMBUS AVENUE NEW HAVEN, CT 06519	06-0646935	501C3	15,000.	0.			SCHOOL AGE YOUTH GRANTMAKING
CATHOLIC CHARITIES ARCHDIOCESE OF HARTFORD - 290 GRAND AVE - NEW HAVEN, CT 06513	22-2906569	501C3	5,000.	0.			SECURE START/CIRCLE OF SECURITY PARENTING GROUPS
CATHOLIC CHARITIES ARCHDIOCESE OF HARTFORD - 290 GRAND AVE - NEW HAVEN, CT 06513	22-2906569	501C3	20,000.	0.			SCHOOL AGE YOUTH GRANTMAKING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **34.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2018)

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
CLIFFORD W BEERS GUIDANCE CLINIC 93 EDWARDS STREET NEW HAVEN, CT 06511	06-0646757	501C3	20,000.	0.			SCHOOL AGE YOUTH GRANTMAKING
COLUMBUS HOUSE 586 ELLA T GRASSO BLVD, NEW HAVEN, NEW HAVEN, CT 06519	22-2511873	501C3	59,920.	0.			GRANT TO HIRE SPECIALISTS TO HELP HOMELESS PEOPLE FIND HOUSING
CONNECTICUT COALITION TO END HOMELESSNESS - 257 LAWRENCE STREET - HARTFORD, CT 06106	06-1126880	501C3	30,060.	0.			TO SUPPORT THE GOVERNOR'S CHALLENGE ON FAMILY HOMELESSNESS
CT FOOD BANK 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	06-1063025	501C3	18,177.	0.			HUNGER WORK/HAMDEN MOBILE FOOD PANTRY
DOWNTOWN EVENING SOUP KITCHEN PO BOX 1478 NEW HAVEN, CT 06506-1478	22-2985448	501C3	7,000.	0.			HUNGER WORK/NEW HAVEN NEIGHBORHOOD PANTRY
ELM VILLAGE 50 WINNETT STREET HAMDEN, CT 06517	82-0859607	501C3	98,067.	0.			NEW HAVEN TRAUMA COALITION
EMERGE CT 83 GRAND AVENUE NEW HAVEN, CT 06513	45-3789523	501C3	30,000.	0.			CONSTRUCTION MANAGER POSITION
FAIR HAVEN COMMUNITY HEALTH CLINIC 374 GRAND AVENUE NEW HAVEN, CT 06513	06-0883545	501C3	10,500.	0.			SECURE START/CIRCLE OF SECURITY PARENTING GROUPS
FISH OF GREATER NEW HAVEN PO BOX 8522 NEW HAVEN, CT 06531	23-7090083	501C3	15,000.	0.			HUNGER WORK/FAMILIES FIRST PILOT

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 AND TRAMA 19 EDWARD STREET NEW HAVEN, CT 06511	51-0189834	501C3	106,993.	0.			NEW HAVEN TRAUMA COALITION
FOUNDATION FOR ARTS AND TRAMA 19 EDWARD STREET NEW HAVEN, CT 06511	51-0189834	501C3	10,000.	0.			SCHOOL AGE YOUTH GRANTMAKING
HAMDEN'S PARTNERSHIP FOR YOUNG CHILDREN - 60 PUTNAM AVENUE - NEW HAVEN, CT 06517	26-4641375	501C3	5,500.	0.			SECURE START/CIRCLE OF SECURITY PARENTING GROUPS
HELEN STREET ELEMENTARY SCHOOL 285 HELEN STREET HAMDEN, CT 06514		501C3	20,000.	0.			SCHOOL AGE YOUTH GRANTMAKING
JUNTA FOR PROGRESSIVE ACTION 169 GRAND AVENUE NEW HAVEN, CT 06513	23-7066862	501C3	10,000.	0.			SCHOOL AGE YOUTH GRANTMAKING
KATTIE LEONFFU 1 SYBIL CREEK PLACE BRANFORD, CT 06405	11-0642330	501C3	10,000.	0.			NEW HAVEN TRAUMA COALITION
LEAP 535 8TH AVENUE, SUITE 1100 NEW YORK, NY 10018	13-2925233	501C3	15,000.	0.			SCHOOL AGE YOUTH GRANTMAKING
LIBERTY COMMUNITY SERVICES 129 CHURCH STREET NEW HAVEN, CT 06510	22-2849124	501C3	15,156.	0.			TO PARTIALLY FUND A COORDINATED ACCESS NETWORK COORDINATOR
M.L. KEEFE CENTER 11 PINE STREET HAMDEN, CT 06514		501C3	8,450.	0.			HUNGER WORK/HAMDEN COMMUNITY GARDEN

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
MORNING GLORY INFANT TODDLER CENTER AT YALE - 49 PARMALEE AVENUE - NEW HAVEN, CT 06511		501C3	200,127.	0.			TO HELP PROVIDE ADDITIONAL AFFORDABLE INFANT AND TODDLER CARE IN OUR SERVICE AREA
NEW HAVEN ECOLOGY PROJECT 358 SPRINGSIDE AVENUE NEW HAVEN, CT 06515	22-3171185	501C3	10,000.	0.			SCHOOL AGE YOUTH GRANTMAKING
NEW HAVEN READS 45 BRISTOL STREET NEW HAVEN, CT 06511	76-0807330	501C3	20,000.	0.			SCHOOL AGE YOUTH GRANTMAKING
NEW REACH 153 EAST STREET NEW HAVEN, CT 06511	22-3037451	501C3	140,300.	0.			GRANT TO HIRE SPECIALISTS TO HELP HOMELESS PEOPLE FIND HOUSING
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 249 WINSTEAD ROAD - TORRINGTON, CT 06790	06-0263565	501C3	15,000.	0.			SCHOOL AGE YOUTH GRANTMAKING
PROJECT YOUTH COURT PO BOX 9043 NEW HAVEN, CT 06510	47-2274619	501C3	10,000.	0.			SCHOOL AGE YOUTH GRANTMAKING
RAIN OF HOPE 123 LANE STREET HAMDEN, CT 06514	46-3416946	501C3	11,200.	0.			NEW HAVEN TRAUMA COALITION
RIDGE HILL SCHOOL 120 CAREW ROAD HAMDEN, CT 06517	06-0994028	501C3	20,000.	0.			SCHOOL AGE YOUTH GRANTMAKING
SOLAR YOUTH 53 WAYFARER STREET NEW HAVEN, CT 06515	06-1600471	501C3	10,000.	0.			SCHOOL AGE YOUTH GRANTMAKING

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
SQUASH HAVEN 70 TOWER PARKWAY NEW HAVEN, CT 06520	20-5500876	501C3	10,000.	0.			SCHOOL AGE YOUTH GRANTMAKING
STUDENT PARENTING AND FAMILY SERVICES - 181 MITCHELL DR - NEW HAVEN, CT 06511	06-1390911	501C3	299,964.	0.			TO HELP PROVIDE ADDITIONAL AFFORDABLE INFANT AND TODDLER CARE IN OUR SERVICE AREA
WEST HAVEN BOARD OF EDUCATION 355 MAIN STREET WEST HAVEN, CT 06516		501C3	5,000.	0.			SCHOOL AGE YOUTH GRANTMAKING
WEST HAVEN CHILD DEVELOPMENT CENTER - 201 NOBLE STREET - WEST HAVEN, CT 06516	06-0978738	501C3	241,379.	0.			TO HELP PROVIDE ADDITIONAL AFFORDABLE INFANT AND TODDLER CARE IN OUR SERVICE AREA

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

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

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

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) 2018

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)	157,733.	0.	0.	19,020.	0.	176,753.	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

2018

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 instructions and 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	24	647,034.	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.		

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

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for supplemental information.

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

2018

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:

MOST PRESSING CHALLENGES IN THE AREAS OF HEALTH, EDUCATION, 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:

2018-19, UNITED WAY OF GREATER NEW HAVEN SERVED 53,112 PEOPLE TOWARD
REACHING OUR GOALS OF ENDING HUNGER, ENDING HOMELESSNESS, BUILDING
RESILIENCE, BOOSTING ACHIEVEMENT, STRENGTHENING FINANCIAL STABILITY,
AND BUILDING COMMUNITY.

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

UNITED WAY MANAGES AN EARLY HEAD START PROGRAM THAT PROVIDES
EIGHTY-EIGHT INFANTS AND TODDLERS AND THEIR FAMILIES FULL-DAY,
FULL-YEAR CHILD CARE AND COMPREHENSIVE SERVICES THROUGH PARTNERSHIPS
WITH FOUR PROVIDERS ACROSS OUR REGION.

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

INDIVIDUALS, AND YOUTH IN FY19. BECAUSE KEEPING PEOPLE OUT OF
HOMELESSNESS IS OUR MOST EFFECTIVE WAY TO PREVENT FUTURE EPISODES OF
HOMELESSNESS, WE HAVE DIVERTED OVER 65% OF FAMILIES AT THE DOOR OF
SHELTER BY PROVIDING SUPPORT AND SERVICES.

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

DISEASES. THE GOOD NEWS IS THAT WE CAN TAKE ACTIONS TO PROTECT
CHILDREN AND BUILD RESILIENCY. UNITED WAY AND COMMUNITY PARTNERS

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization UNITED WAY OF GREATER NEW HAVEN, INC.	Employer identification number 06-0646761
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LAUNCHED THE NEW HAVEN TRAUMA COALITION TO PROVIDE A MULTI-FACETED APPROACH WITHIN SCHOOLS TO PREVENT AND TREAT TRAUMA, AND TO INCREASE SCHOOLS' AND PARTNERS' ABILITY TO PROVIDE TRAUMA-INFORMED CARE. THROUGH UNITED WAY'S WORK WITH SCHOOL AGE YOUTH, WE SERVED 4,637 STUDENTS DURING THE SCHOOL YEAR.

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 VP FOR FINANCE & ADMINISTRATION.

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

ALL EMPLOYEES AND VOLUNTEERS, INCLUDING DIRECTORS, MUST COMPLETE THE UWGNH CONFLICT OF INTEREST DISCLOSURE. 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 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

Name of the organization UNITED WAY OF GREATER NEW HAVEN, INC.	Employer identification number 06-0646761
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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	207,901.
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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.