

Form **990**  
 (Rev. January 2019)  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 (Under section 501(c), 527, or 497(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/efile](http://www.irs.gov/efile) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
 Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07/01/19 and ending 06/30/20

Check if applicable:  
 Address change  
 Name change  
 Web site  
 Fiscal year terminated  
 Amended return  
 Application pending

C Name of organization  
**Middlesex United Way, Inc.**

Doing business as  
**100 Riverview Center Suite 230**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**100 Riverview Center Suite 230**

City or town, state or province, country, and ZIP or foreign postal code  
**Middletown CT 06457**

B Employer identification number  
**06-0665170**

D Taxpayer's number  
**860-346-8695**

C Gross assets **1,583,040**

F Name and address of principal officer  
**Scott Carleon**  
**100 Riverview Center Suite 230**  
**Middletown CT 06457**

H10 Is this a group return for an individual?  Yes  No  
 H11 Are all subsidiaries included?  Yes  No  
 If "No," attach a list (see instructions)

J Tax-exempt status:  501(c)(3)  501(c)  4 (insert no.)  497(a)(1) or  527

K Form of organization:  Corporation  Trust  Association  Other

L Year of formation **1935** M State of legal domicile **CT**

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities:  
**Middlesex United Way acts as a catalyst to achieve measurable, positive impact in education, financial stability, health, housing and racial equity and inclusion.**

2 Check this box  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 VII, line 1a) **34**

4 Number of independent voting members of the governing body (Part VII, line 1b) **34**

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) **10**

6 Total number of volunteers (estimate if necessary) **1000**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **0**

7b Net unrelated business taxable income from Form 990-T, line 39 **0**

	Prei Year	Current Year
8 Contributions and grants (Part VIII, line 1a)	1,453,154	1,365,943
9 Program service revenue (Part VIII, line 2g)	50,695	33,067
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	58,227	49,296
11 Other revenues (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)		0
12 Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)	1,562,076	1,448,306
13 Grants and similar amounts paid (Part IX, column (A), lines 1-9)	916,975	787,000
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	588,444	541,360
16a Professional fundraising fees (Part IX, column (A), line 11a)		0
16b Total fundraising expenses (Part IX, column (C), line 25) <b>119,801</b>		
17 Other expenses (Part IX, column (A), lines 11b-11d, 11f-24c)	180,689	176,240
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,686,108	1,504,600
19 Revenue less expenses. Subtract line 18 from line 12	-124,032	-56,294
20 Total assets (Part X, line 16)	2,583,455	2,507,645
21 Total liabilities (Part X, line 26)	908,414	821,395
22 Net assets or fund balances. Subtract line 21 from line 20	1,675,041	1,686,250

**Part II Signature Block**

Under penalty 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 **Kevin Wilhelm** Title **Executive Director**

Preparer: Print preparer's name **Kathleen A. Kron, CPA** Preparer's signature **Kathleen A. Kron, CPA** Date **02/04/21** Preparer's title **CPA**  
 Preparer's firm name **Mahoney Sabol & Company, LLP** Firm's EIN **06-1289571**  
 Preparer's address **180 Glastonbury Blvd Ste 400**  
**Glastonbury, CT 06033-4439** Phone no. **860-541-2000**

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission.

**Middlesex United Way acts as a catalyst to achieve measurable, positive impact in education, financial stability, health, housing and racial equity and inclusion.**

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **1,182,038** including grants of \$ **787,000** ) (Revenue \$ **33,067** )

**See Schedule O**

4b (Code: ) (Expenses \$ including grants of ) (Revenue \$ )

**N/A**

4c (Code: ) (Expenses \$ including grants of ) (Revenue \$ )

**N/A**

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

(Expenses \$ including grants of ) (Revenue \$ )

4e Total program service expenses **1,182,038**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
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 27? If "Yes," complete Schedule I, Parts I and II		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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)(2), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <i>Note:</i> 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

	Yes	No
1a Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a 37  
1b 0

**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	10
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for the year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: <i>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</i>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 9886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c):		
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?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
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?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds:		
a	Did the sponsoring organization make any taxable distributions under section 4957?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Institution 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)(6) 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?	12a	
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? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>	13a	
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?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4965 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> 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 on Schedule O.	<b>1a</b> 34	
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent.	<b>1b</b> 34	
<b>2</b> 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?	<b>2</b>	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	X
<b>7a</b> 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?	<b>7a</b>	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<b>8a</b>	X
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	<b>9</b>	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	X
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "Yes," go to line 13.	<b>12a</b>	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<b>12c</b>	X
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	X
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>15b</b>	X
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	X
<b>b</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?	<b>16b</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **► CT**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 **►**  
**DOLORES TULINSKI 100 RIVERVIEW CENTER CT 06457 860-346-8695**

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

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 year (or any hours for related organization, if not dotted line)	(C) Position do not check more than one (but, 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	Individual trustee or director	Officer	Key employee	Highest compensated employee	Former			
(1)Rosario Rizzo ..... Honorary Director	5.00 0.00	X						0	0	0
(2)William Wrang ..... Honorary Director	5.00 0.00	X						0	0	0
(3)Harry Burr ..... Honorary Director	5.00 0.00	X						0	0	0
(4)David Reynolds ..... Honorary Director	5.00 0.00	X						0	0	0
(5)Jean Adams Shaw ..... Honorary Director	5.00 0.00	X						0	0	0
(6)Pat Charles ..... At Large	5.00 0.00	X						0	0	0
(7)Kevin Reich ..... At Large	5.00 0.00	X						0	0	0
(8)Meghan Slater ..... At-Large	5.00 0.00	X						0	0	0
(9)Andy Rapp ..... Community Impact	5.00 0.00	X						0	0	0
(10)Meghann LaFountain ..... Women's Initiative	5.00 0.00	X						0	0	0
(11)Kevin Harris ..... Young Leaders Soc.	5.00 0.00	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 (do not include hours for related organizations below and line 12)	(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 (M-21000-ORG)	(E) Reportable compensation from related organizations (M-21000-ORG)	(F) Delivered amount of other compensation from the organization and related organizations
		Officer	Key employee	Director	Trustee	Officer	Trustee			
(12) Clifford O. Straub	5.00									
Investment	0.00	X					0	0	0	
(13) Faith Jackson	5.00									
Human Resources	0.00	X					0	0	0	
(14) Joe Santaniello	5.00									
Board Member	0.00	X					0	0	0	
(15) Jessica Schaff	5.00									
Board Member	0.00	X					0	0	0	
(16) William Holder	5.00									
Board Member	0.00	X					0	0	0	
(17) Pat Ciccone	3.00									
Board Member	0.00	X					0	0	0	
(18) Coleen Duffy	5.00									
Board Member	0.00	X					0	0	0	
(19) Cathy Lazon	5.00									
Board Member	0.00	X					0	0	0	
1b Subtotal							108,779			
c Total from continuation sheets to Part VII, Section A							108,779			
d Total (add lines 1b and 1c)							108,779			

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: 1

	Yes	No
3 Did the organization let any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	X

Section III. 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

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 VII Statement of Revenue**

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

			(04) Total revenue	(05) Related or exempt activity revenue	(07) Unrelated business income	(09) Revised amounts from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grant (substantiated)					
	f	All other contributions, gifts, grants, and other amounts not included above	1,365,943				
	g	Noncash contributions excluded in part 7c-7f					
	<b>h</b>	<b>Total. Add lines 1a-1f</b>	<b>1,365,943</b>				
Program Service Revenue	2a	Program Revenue	33,067	33,067			
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	<b>g</b>	<b>Total. Add lines 2a-2f</b>	<b>33,067</b>				
Other Revenues	3	Investment income (including dividends, interest, and other similar amounts)	21,696			21,696	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Rent				
			(ii) Royalty				
	b	Less: rental expense					
	c	Rentals as a fee					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Encumbered	162,354			
			(ii) Other				
	b	Less: cost or other basis and sales exp.	134,754				
	c	Gain or (loss)	27,600				
	d	Net gain or (loss)	27,600			27,600	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a						
	b						
	c						
	d	All other revenue					
	<b>e</b>	<b>Total. Add lines 11a-11d</b>					
<b>12</b>	<b>Total revenue. See instructions</b>	<b>1,448,306</b>	<b>33,067</b>	<b>0</b>	<b>49,296</b>		

**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-related expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations or domestic governments. See Part IV, line 21	787,000	787,000		
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	108,779	54,390	29,370	25,019
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	317,932	180,301	90,109	47,522
8 Pension plan accounts and contributions (include section 501(c) and 408(a) employer contributions)	33,511	18,431	9,383	5,697
9 Other employee benefits	43,432	23,888	12,161	7,383
10 Payroll taxes	37,706	20,738	10,558	6,410
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	7,947		7,947	
g <i>Do not file 11g amount exceeds 10% of line 25, column (A) amount, list the 11g expenses on Schedule O.</i>	37,955	22,250	8,828	6,877
12 Advertising and promotion	7,453	7,453		
13 Office expenses	9,368	1,852	943	573
14 Information technology				
15 Royalties				
16 Occupancy	37,900	20,845	10,612	6,443
17 Travel	5,992	3,296	1,677	1,019
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,033	5,518	2,809	1,706
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,776	3,727	1,897	1,152
23 Insurance	4,862	2,674	1,361	827
24 Other expenses. Include expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of the 25, column (A) amount, list the 24e expenses on Schedule O.)				
a Supplies	26,364	14,500	7,382	4,482
b Rental/Lease of equipment	10,839	5,961	3,035	1,843
c Miscellaneous	5,927	3,260	1,659	1,008
d Telephone	5,892	3,241	1,649	1,002
e All other expenses	4,932	2,713	1,381	836
25 Total functional expenses. Add lines 1 through 24e	1,504,600	1,182,038	202,761	119,801
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 follows SOP 98-2 / ASC 955-720				

**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	73,079	1	127,828
	2 Savings and temporary cash investments	22,701	2	116,764
	3 Pledges and grants receivable, net	457,632	3	362,354
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(5)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Prepaid expenses for sale or use		8	
	9 Prepaid expenses and deferred charges	8,891	9	11,990
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 88,497		
	b Less: accumulated depreciation	10b 71,111	10c	17,386
	11 Investments—publicly traded securities	1,349,768	11	1,219,305
	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	655,120	15	652,010	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,583,455	16	2,507,645	
Liabilities	17 Accounts payable and accrued expenses	174,734	17	212,644
	18 Grants payable	725,255	18	600,001
	19 Deferred revenue	1,000	19	4,625
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,425	25	4,125
	26 Total liabilities. Add lines 17 through 25	908,414	26	821,395
Net Assets or Fund Balances	27 Organizations that follow FASB ASC 866, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.	771,073	27	793,650
	28 Net assets without donor restrictions	903,968	28	892,600
	29 Organizations that do not follow FASB ASC 866, check here <input type="checkbox"/> and complete lines 29 through 31.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,675,041	32	1,686,250
33 Total liabilities and net assets/fund balances	2,583,455	33	2,507,645	

**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	1,448,306
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,504,600
3	Revenue less expenses. Subtract line 2 from line 1	3	-56,294
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,675,041
5	Net unrealized gains (losses) on investments	5	-22,689
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	90,192
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,686,250

**Part XII Financial Statements and Reporting**

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

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

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

(a) Name and title	(b) Average salary (or fee) received for services before dollar limit	(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) Estimate amount of other compensation from the organization and related organizations
		Officer	Director/trustee	Officer	Key employee	Highest compensated employee	Former			
(20) Jim Crawford Board Member	5.00 0.00	X					0	0	0	
(21) Derrick Gibbs, Jr. Board Member	5.00 0.00	X					0	0	0	
(22) Kristen Roberts Board Member	5.00 0.00	X					0	0	0	
(23) Michael Conner Board Member	5.00 0.00	X					0	0	0	
(24) Diana Martinez Board Member	5.00 0.00	X					0	0	0	
(25) Julie Rioux Board Member	5.00 0.00	X					0	0	0	
(26) Robert Rose Board Member	5.00 0.00	X					0	0	0	
(27) Ramona Burkey Board Member	5.00 0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
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? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

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, tax return address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average salary (or other fee) for work performed for the organization (do not include amounts for other organizations unless stated here)	(C) Position (do not check more than one box, unless noted below all officer and a director/trustee)					(D) Reportable compensation from the organization (do not include amounts for other organizations)	(E) Reportable compensation from related organizations (do not include amounts for other organizations)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key employee	Highest compensated employee			
(28) <b>Kristan Jensen</b>	5.00								
Board Member	0.00	X					0	0	
(29) <b>Eric Kana</b>	5.00								
Board Member	0.00	X					0	0	
(30) <b>Marisol Rodriguez</b>	5.00								
Board Member	0.00	X					0	0	
(31) <b>Paul Williams</b>	5.00								
Member on Board Res	0.00	X					0	0	
(32) <b>Allison Dove</b>	5.00								
Treasurer	0.00	X	X				0	0	
(33) <b>Kimberly Hogan</b>	5.00								
Vice Chair	0.00	X	X				0	0	
(34) <b>Scott Carlson</b>	5.00								
Chair	0.00	X	X				0	0	
(35) <b>Kevin Wilhelm</b>	40.00								
Executive Director	0.00		X				108,779	0	
<b>1b Subtotal</b>							<b>108,779</b>		
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>									

**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 **0**

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

**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

**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**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Caution: If the organization is a section 501(c)(29) organization or a section 4947(a)(2) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB no. 1545-0047

**2019**

Open to Public Inspection

Name of the organization: **Middlesex United Way, Inc.** Employer identification number: **06-0665170**

**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 9  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 809(a)(2). (Complete Part II.)
- 11  An organization organized and operated exclusively to test for public safety. See section 809(a)(4).
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12f that describes the type of supporting organization and complete lines 12a, 12b, and 12c.
  - a  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - b  Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s).

(a) Name of supported organization	(b) EIN	(c) Type of organization (described on lines 1–10 above (see instructions))	(d) Is the organization listed in your capacity (checked)?		(e) Amount of monetary support (see instructions)	(f) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,569,526	1,489,453	1,526,912	1,453,154	1,385,943	7,404,988
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	1,569,526	1,489,453	1,526,912	1,453,154	1,385,943	7,404,988
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)						826,045
6 Public support. Subtract line 5 from line 4.						6,578,943

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1,569,526	1,489,453	1,526,912	1,453,154	1,385,943	7,404,988
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	27,194	18,410	19,670	24,113	21,694	111,101
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.)						
11 Total support. Add lines 7 through 10						7,516,089
12 Gross receipts from related activities, etc. (see instructions)					12	102,418
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 2019 (line 6, column (f) divided by line 11, column (f))	14	91.92%
15 Public support percentage from 2018 Schedule A, Part B, line 14	15	97.92%
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "kicker" profits) . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished at any facility 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 8 . . . . .						
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, 10a, 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 . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 13 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2019 (line 10a, column (f), divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17 . . . . .	18	%

- 19a 33 1/3% support tests—2019. 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—2018. 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and selected the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and decision in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and decision despite being controlled or supervised by or in consultation with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below. If applicable, also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing documents).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4945 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**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?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

**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? 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.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

**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?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

**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? 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.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

**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 V). 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 and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VII)		
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  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Section D - Distributions	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 self-sales amounts (prior IRS approval required)	
6 Other distributions (describe in Part VII). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to alternative supported organizations to which the organization is responsive (provide details in Part VII). See instructions.	
9 Distributable amount for 2019 from Section C, line 8	
10 Line 9 amount divided by line 8 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 8			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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 1a, 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 8. Also complete this part for any additional information. (See instructions.)

[Area containing faint, illegible text or scanning artifacts, likely representing a table or list of supplemental information.]

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2019**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization: <b>Middlesex United Way, Inc.</b>	Employer identification number: <b>06-0665170</b>
----------------------------------------------------------------	------------------------------------------------------

Organization type (check one):

- |                    |                                                                                                    |
|--------------------|----------------------------------------------------------------------------------------------------|
| File as:           | Section:                                                                                           |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) ( ) (enter number) organization                      |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation                                       |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation     |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation                                      |

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part III, line 13, 15a, or 15b, and that received from any one contributor, during the year, total contributions of the greater of (i) \$5,000; or (ii) 2% of the amount on (i) Form 990, Part VIII, line 1b, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Part I (entering "N/A" in column (b) instead of the contributor name and address), V, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ 3

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

Name of organization

Employer identification number

Middlesex United Way, Inc.

06-0665170

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Liberty Bank 315 Main Street Middletown CT 06457	\$ 224,636	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Pratt & Whitney 1 Aircraft Road MS 403-44 Middletown CT 06457	\$ 169,348	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Wesleyan University Wesleyan Station Middletown CT 06457	\$ 97,514	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Middlesex Hospital 28 Crescent Street Middletown CT 06457	\$ 59,385	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Jarvis Products Corp 33 Anderson Road Middletown CT 06457	\$ 31,604	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



**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 8, 7, 9, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

Employer identification number

Middlesex United Way, Inc.

06-0665170

**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.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply):	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	held at the end of the tax year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (d)	2c
d Number of conservation easements included in (c) acquired after 7/25/08, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expense incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
  - 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 information 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 .....	192,669	195,603	194,011	185,670	187,362
b Contributions .....					
c Net investment earnings, gains, and losses .....	527	7,444	12,164	14,838	4,693
d Grants or scholarships .....	7,272	6,694	6,500	2,898	2,937
e Other expenditures for facilities and programs .....					
f Administrative expenses .....	\$ 444	\$ 485	\$ 972	\$ 599	\$ 548
g End of year balance .....	192,490	192,669	195,603	194,011	195,670

- 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 Term 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 ..... | X   |    |
| (ii) Related organizations .....  |     | X  |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (gross)	(b) Cost or other basis (net)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....		86,497	71,111	17,386
e Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10a.)				17,386

**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 independent market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (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 independent market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (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) Beneficial Interests in Trusts	646,836
(2) Security Deposit	3,000
(3) OTHER RECEIVABLES	2,182
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	652,018

**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) Capital Lease Payable	4,125
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,125

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

**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	1,331,139
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-22,689	
b	Donated services and use of facilities	2b	22,500	
c	Reversals of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	90,192	
e	Add lines 2a through 2d	2e	90,003	
3	Subtract line 2e from line 1	3	1,241,136	
4	Amounts included on Form 990, Part VII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,947	
b	Other (Describe in Part XIII.)	4b	199,223	
c	Add lines 4a and 4b	4c	207,170	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,448,306	

**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	1,319,930
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	22,500	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	22,500	
3	Subtract line 2e from line 1	3	1,297,430	
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	7,947	
b	Other (Describe in Part XIII.)	4b	199,223	
c	Add lines 4a and 4b	4c	207,170	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,504,600	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 6; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2a and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XI, Line 2d - Revenue Amounts Included in Financials - Other**

PPP Income Used \$ 90,192

**Part XI, Line 4b - Revenue Amounts Included on Return - Other**

Amounts raised on behalf of others \$ 199,223

**Part XII, Line 4b - Expense Amounts Included on Return - Other**

Amounts raised on behalf of others \$ 199,223



**SCHEDULE I  
(Form 990)**

**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](http://www.irs.gov/form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Middlesex United Way, Inc.**

Employer identification number  
**06-0655170**

**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?  
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes  No

**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) Number of vehicles (car, van, pickup, etc.)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Child Family Agency of SA CT 255 Bengtson Street New London CT 06320	23-7212022	3	24,356				Health/Positive Youth
(2)	Clinton Board of Education 137- B Glenwood Road Clinton CT 06413	06-6001597	607	9,040				School Readiness
(3)	Clinton Youth & Fam. Services Bureau 112 Glenwood Road Clinton CT 06413	06-6001973	3	6,200				Health/Positive Youth
(4)	Columbus House - Transitional Home 585 Ella T. Grasso Boulevard New Haven CT 06519	22-2511873	3	14,095				Affordable Housing
(5)	Grosswall Board of Education 25 Court Street Grosswall CT 06416	06-0807450	607	7,040				School Readiness
(6)	CT Business Society 701 Russell Road Meriden CT 06455	06-6667605	3	5,410				Deer Designations
(7)	Dorham/Middlefield Youth & Family 405 Main Street Middlefield CT 06455	06-1402128	3	6,200				Health/Positive Youth
(8)	East Haddam Board of Education P.O. Box 572 Moodus CT 06469	06-1410267	3	9,040				School Readiness
(9)	East Hampton Board of Education 94 Main Street East Hampton CT 06424	06-6001608	607	9,040				School Readiness

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

▶ 38

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

▶ 10

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

Schedule I (Form 990) (2019)

**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.  
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OMB No. 1545-0047  
**2019**  
Open to Public Inspection

Name of the organization

**Middlesex United Way, Inc.**

Employer identification number  
**06-0665170**

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

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee's eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes  No

**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 assistance	(E) Amount of non-cash assistance	(F) Method of valuation (Mar., May, August, other)	(G) Description of related activities	(H) Purpose of grant or assistance
(1)	Gilead Community Services P.O. Box 1000 Middletown CT 06457	06-0851549	3	30,039				Health/Positive Youth
(2)	Girl Scouts of Connecticut 340 Washington Street Hartford CT 06106	06-0662134	3	6,000				Health/Positive Youth
(3)	Hope Partnership 121 Main Street Old Saybrook CT 06475	20-1693627	3	25,137				Affordable Housing
(4)	John J Driscoll United Labor Agency 56 Town Lane Road Rocky Hill CT 06067	06-0987695	3	5,800				Self Sufficiency
(5)	Rahn Employment Opportunities P.O. Box 941 Meriden CT 06450	06-0770819	3	19,000				Self Sufficiency
(6)	Literacy Volunteers - Valley Shoals 25 Middlesex Turnpike Essex CT 06426	30-0229759	3	12,450				School Readiness
(7)	MARC - Community Resources P.O. Box 126 Portland CT 06480	06-6011968	3	18,428				Health/Positive Youth
(8)	MARC - Community Resources P.O. Box 126 Portland CT 06480	06-6011968	3	26,707				Health/Positive Youth
(9)	Middlesex Hospital Opportunity Knoc 29 Concept Street Middletown CT 06457	06-0646718	3	9,040				School Readiness

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

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

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

**SCHEDULE I  
(Form 990)**

**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/efile](http://www.irs.gov/efile) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Middlesex United Way, Inc.**

Employer identification number  
**06-0665170**

**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?  
2 Describe in Part IV the organization's procedures for reviewing the use of grant funds in the United States.

Yes  No

**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 501(c)(3) or other	(d) Amount of cash assistance	(e) Amount of non-cash assistance	(f) Number of unique individuals served	(g) Description of major activities	(h) Purpose of grant or assistance
N)	Middlesex Hospital Perinatal Program 26 Crescent Street Middletown CT 06457	06-0646718	3	90,846				Health/Positive Youth
R)	Middletown Adult Education 398 Main Street Middletown CT 06457	06-6001872	3	9,040				School Readiness
P)	Middletown Youth Services 370 Bunting Hill Avenue Middletown CT 06457	02-3486665	609	6,200				Health/Positive Youth
M)	MC City - Coalition on Homelessness 100 Riverview Center Middletown CT 06457	06-0665170	3	9,929				Affordable Housing
H)	MC Habitat for Humanity 334 Shurgalke Road Unit 24-26 Groton CT 06416	06-1448284	3	9,558				Affordable Housing
M)	Oddfellows Playhouse 128 Washington Street Middletown CT 06457	06-0964602	3	25,840				Health/Positive Youth
P)	Old Saybrook Youth & Family Services 322 Main Street Old Saybrook CT 06475	06-6002058	501c3	7,950				School Readiness
M)	Old Saybrook Youth & Family Services 322 Main Street Old Saybrook CT 06475	06-6002058	501c3	8,200				Health/Positive Youth
M)	Portland Youth Services P.O. Box 71 Portland CT 06480	06-6002067	609	6,750				School Readiness

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

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

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



**SCHEDULE I  
Form 990**

**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.  
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▶ Go to [www.irs.gov/form990](http://www.irs.gov/form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

**2019**  
Open to Public  
Inspection

Employer identification number  
**06-0665170**

**Part I** Middlesex United Way, Inc.

**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.  Yes  No

**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 (cash, fair market value, other)	(g) Description of assets received	(h) Purpose of grant or assistance
1	Regional School District #4 P.O. Box 197 Deep River CT 06417	06-6002456	GOV	7,950				School Readiness
2	Rushford Center 883 Padlock Avenue Meriden CT 06450	06-0932875	3	25,226				Health/Positive Youth
3	Shoreline Soup Kitchens & Pantries P.O. Box 904 Eastsides CT 06426	06-1412728	3	8,500				Self Sufficiency
4	St. Vincent DePaul - Amazing Grace 617 Main Street Middletown CT 06457	06-1387081	3	7,971				Donor Designations
5	St. Vincent DePaul - Food Pantry 617 Main Street Middletown CT 06457	06-1387081	3	10,335				Self Sufficiency
6	The Connection - Eddy Shelter 955 South Main Street Middletown CT 06457	06-0886125	3	34,184				Affordable Housing
7	The Connection - Mallie House 955 South Main Street Middletown CT 06457	06-0886125	3	15,000				Health/Positive Youth
8	Tri-Town Youth Services P.O. Box 897 Deep River CT 06417	22-2537187	3	6,200				Health/Positive Youth
9	United Way of Central & NE CT 90 Laurel Street Hartford CT 06106	06-0646633	3	6,606				Donor Designations

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

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

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

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Middlesex United Way, Inc.**

Employer identification number

**06-0665170**

**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?  
2 Describe in Part IV the organization's procedures for reviewing the use of grant funds in the United States.

Yes  No

**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) Whether or not food, fuel, apparel, etc.	(g) Description of assistance	(h) Purpose of grant or assistance
(1)	United Way of SE CT 1868 Route 12 Gales Ferry CT 06335	06-0771393	3	7,229				Donor Designations
(2)	Westbrook Public Schools 158 McVeagh Road Westbrook CT 06499	06-6001683	GOV	9,040				School Readiness
(3)	Westbrook Public Schools 156 McVeagh Road Westbrook CT 06499	06-6001683	GOV	6,200				Health/Positive Youth
(4)	Women & Families Center - SMC3 169 Colony Street Meriden CT 06451	06-0646994	3	25,168				Health/Positive Youth
(5)	DECA of North Middlesex-RTSBS 99 Union Street Middletown CT 06457	06-0646982	3	75,999				Health/Positive Youth
(6)	Youth & Family Services of N/CT P.O. Box 432 Higganum CT 06441	06-1366680	3	6,200				Health/Positive Youth
(7)	Youth & Family Services of N/CT P.O. Box 432 Higganum CT 06441	06-1366680	3	9,040				School Readiness
(8)	211 - Infoline 1944 Eulas Deane Highway Rocky Hill CT 06067	06-1064194	3	12,217				211-Infoline Support
(9)								

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

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

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

Schedule I (Form 990) 2019 **Middlesex United Way, Inc.** 06-0665170

**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, appraised, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

**Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds**  
**FUNDING PARTNERS ARE REQUIRED TO PROVIDE OUTCOME MEASURES THAT DEMONSTRATE**  
**THE SHORT-, MID- AND LONG-TERM RESULTS OF THEIR SERVICES/INITIATIVES.**

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

OMB No. 1545-0047

**2019**Open to Public  
Inspection

Name of the organization

Middlesex United Way, Inc.

Employer identification number

06-0665170

Form 990, Part III, Line 4a - First Accomplishment

**EDUCATION:**

Our vision: Students succeed academically.

Local investment: Middlesex United Way focuses on school readiness, parent education, and family literacy.

Along with our partners, Middlesex United Way's school readiness initiative is working with schools, early childcare providers, and parents throughout Middlesex County to identify and assist children who have social and emotional problems before they start kindergarten. We support programs to prepare kids for school and educate their parents about the important role they play in their child's earliest years. We are currently working with schools in all fifteen towns in Middlesex County.

United Way is also a national partner in the Born Learning initiative. Born Learning provides simple activities and ideas to create learning opportunities throughout the day with your child. One of the key tools of Born Learning are trails, which can be installed in any public setting. Middlesex United Way has worked to install 10 Born Learning Trails in Middlesex County.

**FINANCIAL STABILITY:**

Our vision: Individuals and families are economically stable.

Local investment: Middlesex United Way focuses on job training and employment supports, basic needs, and tax preparation assistance.

Middlesex United Way provides leadership and support to the Middlesex VITA (Volunteer Income Tax Assistance) Coalition. The Volunteer Income Tax Assistance program provides free income tax preparation services to low-

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

Name of the organization

Employer identification number

Middlesex United Way, Inc.

06-0665170

and moderate-income families and increases the number of households that access the tax credits they've earned. In a single year, Middlesex VITA IRS-trained volunteers helped 657 Middlesex County residents file their taxes, returning \$967,000 in refunds back to the Middletown area.

**HEALTH:**

Our vision: Youth and adults avoid risky behaviors, and individuals and families are healthy and safe.

Local investment: Middlesex United Way focuses on positive youth development, support for seniors and people with disabilities, substance abuse prevention and treatment, and mental health services.

Middlesex United Way is partnering with Youth and Family Service organizations in Middlesex County to implement the Healthy Communities-Healthy Youth assets model in their towns. The approach increases young people's participation in their local communities and results in reduced high-risk behaviors, especially the use of drugs and alcohol.

Middlesex United Way also works to ensuring that health and wellness services are available, including mental health services, counseling, substance abuse services, sexual assault crisis services, programs that help adults with disabilities thrive, and services to help continue living at home.

**HOUSING:**

Our vision: Everyone has safe and affordable housing.

Local investment: Middlesex United Way focuses on homelessness prevention, emergency shelter, supportive housing, and affordable housing.

Middlesex United Way funds and partners with several organizations in Middlesex County to help people attain safe, affordable and stable housing. United Way supports programs throughout the county that provide safe

Name of the organization

Employer identification number

Middlesex United Way, Inc.

06-0665170

emergency housing, as well as services and supports to ensure individuals and families can remain safely and stably housed.

Middlesex United Way is also a leader in the Middlesex County Coalition on Housing & Homelessness which is working to end and prevent homelessness, through strategies including homelessness prevention and creating supportive housing.

**RACIAL EQUITY & INCLUSION:**

Our vision: Individuals and families live in an anti-racist, equitable, and inclusive community.

**FAMILYWISE PRESCRIPTION DRUG DISCOUNT PROGRAM:** Middlesex United Way partners with the national FamilyWise Prescription Drug Discount program to help individuals and families reduce the cost of prescription medicine. The card is free and available to anyone.

**2-1-1 INFORMATION AND REFERRAL:** Middlesex United Way supports Connecticut's United Way 2-1-1 system, an information and referral service that is available 24 hours, 7 days a week by dialing 2-1-1. United Way 2-1-1 handled 349,167 calls this past year, including over 11,000 calls from Middlesex County. Top requests statewide are for mental health and addictions, housing and shelter, and employment and income.

**COMMUNITY COLLABORATIVES:** United Way participates in several community collaboratives, including the aforementioned Volunteer Income Tax Assistance program and Middlesex County Coalition on Housing & Homelessness.

In addition, United Way participates in the Middletown Community Thanksgiving Project, which assembles and distributes nearly 1,000 Thanksgiving baskets for families in need in Middletown.

Middlesex United Way and its staff are also involved in many other

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

Name of the organization

Employer identification number

Middlesex United Way, Inc.

06-0665170

community collaboratives, including but not limited to: the Credit for Life Fair; Middlesex Coalition for Children; Middletown WORKS; Middletown Bridge 2 Brilliance; Middlesex Area Interagency Council; Middletown School Readiness Council; Opportunity Knocks steering committee; Middlesex Community College Civic Engagement Task Force; Safe Schools Healthy Students committee; Refugee Resettlement Coalition; Racial Justice Coalition; and the Shoreline Basic Needs Task Force.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990  
 THE COMPLETED 990 IS GIVEN TO THE AUDIT COMMITTEE FOR REVIEW; THE AUDIT COMMITTEE THEN REPORTS TO THE FULL BOARD OF DIRECTORS AND A COPY OF THE 990 IS GIVEN TO EACH BOARD MEMBER; THE FULL BOARD OF DIRECTORS HAS FINAL APPROVAL

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy  
 ON AN ANNUAL BASIS, THE POLICY AND RELATED ORGANIZATIONS ARE REVIEWED AND EACH BOARD MEMBER IS REQUIRED TO COMPLETE AND SIGN A POTENTIAL CONFLICT OF INTEREST DISCLOSURE FORM

Form 990, Part VI, Line 15a - Compensation Process for Top Official  
 THE EXECUTIVE DIRECTOR AND RELATED COMPENSATION IS REVIEWED BY THE CHAIRMAN OF THE BOARD AS WELL AS THE ENTIRE BOARD OF DIRECTORS. SUCH REVIEW IS COMPLETED IN EXECUTIVE SESSION DURING ONE BOARD MEETING PER YEAR

Form 990, Part VI, Line 15b - Compensation Process for Officers  
 KEY EMPLOYEES AND THEIR RELATED COMPENSATION IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER. IN ADDITION, AT LEAST ONCE EVERY THREE YEARS, A

Page 3 of 4

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

Name of the organization

Employer identification number

Middlesex United Way, Inc.

06-0665170

COMPARISON AMONG SIMILAR SIZE UNITED WAYS IS CONDUCTED AND REVIEWED BY THE PERSONNEL COMMITTEE.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation ALL ARE AVAILABLE IN THE OFFICE UPON REQUEST

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

PPP Income Used	\$ 90,192
Amounts raised on behalf of others	\$ -199,223
Amounts raised on behalf of others	\$ 199,223
<b>Total</b>	<b>\$ 90,192</b>



Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (IRS)

**Depreciation and Amortization**  
 (Including information on Listed Property)  
 Attach to your tax return.

OMB No. 1545-0172  
**2019**  
 Attachment Sequence No. **179**

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return: **Middlesex United Way, Inc.** Identifying number: **06-0665170**

Business or activity to which the form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (includes sales tax)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 9. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 8 and 10. See line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,101

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
18	If you are eligible to claim any assets placed in service during the tax year for one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (book-value/adjusted use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
18a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		SL	
h Residential rental property			27.5 yrs.	MM	SL	
i Nonresidential real property			27.5 yrs.	MM	SL	
			30 yrs.	MM	SL	

**Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

20a Class life					SL	
b 12-year			12 yrs.		SL	
c 30-year			30 yrs.	MM	SL	
d 40-year			40 yrs.	MM	SL	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	6,101
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notices, see separate instructions.

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec %	179 Bonus	Basis for Depn	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
142	HP 23" Monitor - 2	5/01/18	366		X	0	5 MC200DB	366	0
143	HP Elite desktop computer - 2	5/01/18	1,764		X	0	5 MC200DB	1,764	0
144	Sonywall TZ400 Wireless	11/01/17	1,232		X	0	5 MC200DB	1,232	0
			<u>3,362</u>			<u>0</u>		<u>3,362</u>	<u>0</u>
<b>Other Depreciation:</b>									
1	INSULATED FIRE SAFE	3/15/84	627			627	5 MO S/L	627	0
2	DESK WITH RETURN	2/15/92	711			711	7 MO S/L	711	0
12	CONFERENCE PHONE	6/15/99	975			975	5 MO S/L	975	0
16	SONY RECORDER, MIKE, TRANSCRIB	8/01/99	499			499	5 MO S/L	499	0
19	HAZEN'S DESK & FILE - KJW	12/01/99	1,769			1,769	7 MO S/L	1,769	0
21	HAZEN'S DESKS (6)	12/01/99	4,862			4,862	7 MO S/L	4,862	0
23	HAZEN'S LATERAL FILES (4)	12/01/99	1,318			1,318	7 MO S/L	1,318	0
24	HAZEN'S LITERATURE RACK	12/01/99	252			252	7 MO S/L	252	0
25	HAZEN'S TACK BOARD	12/01/99	108			108	7 MO S/L	108	0
26	HAZEN'S COAT RACK	12/01/99	241			241	7 MO S/L	241	0
27	HAZEN'S DESK SHELVES	12/01/99	1,506			1,506	7 MO S/L	1,506	0
34	DESK CENTER DRAWERS (7) - WB MA	9/15/00	420			420	7 MO S/L	420	0
36	TABLE FOR POSTAGE METER - WB Mr	10/15/00	260			260	7 MO S/L	260	0
37	KEYBOARD TRAYS (3) - WB MASON	1/15/01	325			325	7 MO S/L	325	0
38	fire proof safe - suburban outside	4/15/01	346			346	5 MO S/L	346	0
44	LATERAL FILE CABINET - DEE	9/30/02	479			479	5 MO S/L	479	0
47	TABLE FOR CONFERENCE ROOM	11/01/02	574			574	5 MO S/L	574	0
49	DESK-BRIDGE-CREDENZA - DORNA	12/01/02	820			820	5 MO S/L	820	0
67	SLOT WALL	3/15/06	579			579	5 MO S/L	579	0
72	PORTLAND ELECTRIC REFRIGERATOR	12/15/06	479			479	5 MO S/L	479	0
76	MEETING ROOM CHAIRS	8/30/07	602			602	5 MO S/L	602	0
86	ADOBE PHOTOSHOP	2/15/08	101			101	5 MO S/L	101	0
87	Possible Hard Drive	7/21/08	347			347	5 MO S/L	347	0
91	Monitors 2@ 17" and 1@22"	9/25/08	675			675	5 MO S/L	675	0
92	CS3.3 Design for Windows (Bill)	9/25/08	399			399	5 MO S/L	399	0
93	Literature Display Rack	10/02/08	253			253	5 MO S/L	253	0
94	CS3.3 Design for Windows (Stephanie)	11/17/08	399			399	5 MO S/L	399	0
97	Vigre Enterprise Software	3/04/09	243			243	5 MO S/L	243	0
98	Shredder Cross cut	5/11/09	416			416	5 MO S/L	416	0
102	Flat Screen Monitors	10/14/09	364			364	5 MO S/L	364	0
104	Server	6/21/10	4,300			4,300	5 MO S/L	4,300	0
105	Server and Back-up	12/01/10	2,453			2,453	5 MO S/L	2,453	0
108	Software - CS 5 Update	11/01/10	224			224	5 MO S/L	224	0
109	Website Mgmt. System	11/01/10	1,495			1,495	5 MO S/L	1,495	0
111	Swingline Shredder	7/25/11	569			569	5 MO S/L	569	0
113	Avaya Phone System	8/25/11	5,545			5,545	5 MO S/L	5,545	0
115	Internal Hard Drive Server	10/11/11	402			402	5 MO S/L	402	0
117	Computers - Doc and Ann	6/11/12	1,372			1,372	5 MO S/L	1,372	0
	Sold/Scrapped: 6/30/20								
118	Monitor - Flat Screen	6/11/12	135			135	5 MO S/L	135	0
119	QuickBooks Software	9/19/12	235			235	5 MO S/L	235	0
121	3 Computers - Kati, Jen and Maria	5/14/13	2,016			2,016	5 MO S/L	2,016	0
	Sold/Scrapped: 6/30/20								
122	3 Flat Screen Monitors	5/21/13	430			430	5 MO S/L	430	0
123	Campaign Software - Donation Tracker	9/30/13	8,820			8,820	5 MO S/L	8,820	0
124	Projector - Amazon	11/14/13	543			543	5 MO S/L	543	0
125	3 Computers (Kevin, Ed, George)	6/12/14	1,959			1,959	5 MO S/L	1,959	0
	Sold/Scrapped: 6/30/20								
126	3 Monitors	6/12/14	270			270	5 MO S/L	270	0
128	QuickBooks conversion/set-up	8/26/14	2,500			2,500	5 MO S/L	2,417	83
129	Computers - ZHP	12/11/14	1,218			1,218	5 MO S/L	1,117	101
131	HP Laserjet Printer	3/10/15	1,016			1,016	5 MO S/L	881	135
132	Varidek - Jen	4/19/15	375			375	5 MO S/L	319	56
133	Suburban Office Furniture - 3 chairs	6/30/15	447			447	5 MO S/L	358	89
134	HP Laptop	10/30/15	811			811	5 MO S/L	593	162
135	ReadyNAS12 Storage	7/07/16	657			657	5 MO S/L	394	132
137	Canon EOS Rebel Camera	4/21/17	449			449	5 MO S/L	195	89
138	HP Printer w/ Envelope Feeder - Secretary	3/25/17	1,102			1,102	5 MO S/L	496	220
139	Computers & Monitors (2) Justin, Doc	6/23/17	2,245			2,245	5 MO S/L	898	449
140	60" Samsung TV for conference room	6/26/17	830			830	5 MO S/L	332	166
141	Buildware/software held at A&A	10/01/16	16,900			16,500	5 MO S/L	9,075	3,300

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus. Sec % 179 Bonus	Base for Depn	Per/Conv Meth	Prior	Current
145	HP Laserjet printer	6/11/19	749		749	5 MO SL	12	150
146	EP EInkbook \$40	6/30/19	1,568		1,568	5 MO SL	0	314
147	3 HP Laptops	11/26/19	3,917		3,917	5 MO SL	0	457
148	2 HP Laptops	3/20/20	3,967		3,967	5 MO SL	0	198
	<b>Total Other Depreciation</b>		<u>90,468</u>		<u>90,468</u>		<u>69,206</u>	<u>6,101</u>
	<b>Total ACBS and Other Depreciation</b>		<u>90,468</u>		<u>90,468</u>		<u>69,206</u>	<u>6,101</u>
	<b>Grand Totals</b>		<u>93,830</u>		<u>90,468</u>		<u>72,568</u>	<u>6,101</u>
	<b>Less: Dispositions and Transfers</b>		<u>5,347</u>		<u>5,347</u>		<u>5,347</u>	<u>0</u>
	<b>Less: Start-up/Orig Expense</b>		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>88,483</u>		<u>85,121</u>		<u>67,221</u>	<u>6,101</u>

06-0665170

## AMT Asset Report

FYE: 6/30/2020

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Base for Dep	Par Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
142	HP 23" Monitors - 2	5/01/18	366		X	0	5 MC200DB	366	0
143	HP Elite desktop computers - 2	5/01/18	1,764		X	0	5 MC200DB	1,764	0
144	Sociswall T2400 Wireless	11/01/17	1,232		X	0	5 MC200DB	1,232	0
			<u>3,362</u>			<u>0</u>		<u>3,362</u>	<u>0</u>
<b>Other Depreciation:</b>									
1	INSULATED FIRE SAFE	7/15/94	0			0	0 HY	0	0
2	DESK WITH RETURN	2/15/92	0			0	0 HY	0	0
12	CONFERENCE PHONE	6/15/99	0			0	0 HY	0	0
16	SONY RECORDER, MIKE, TRANSCRIB	8/01/99	0			0	0 HY	0	0
19	HAZEN'S DESK & FILE - KJW	12/01/99	0			0	0 HY	0	0
21	HAZEN'S DESKS (6)	12/01/99	0			0	0 HY	0	0
23	HAZEN'S LATERAL FILES (4)	12/01/99	0			0	0 HY	0	0
24	HAZEN'S LITERATURE RACK	12/01/99	0			0	0 HY	0	0
25	HAZEN'S TACK BOARD	12/01/99	0			0	0 HY	0	0
26	HAZEN'S COAT RACK	12/01/99	0			0	0 HY	0	0
27	HAZEN'S DESK SHELVES	12/01/99	0			0	0 HY	0	0
34	DESK CENTER DRAWERS (7) - WB MA	9/15/00	0			0	0 HY	0	0
36	TABLE FOR POSTAGE METER - WB MA	10/15/00	0			0	0 HY	0	0
37	KEYBOARD TRAYS (5) - WB MASON	1/15/01	0			0	0 HY	0	0
38	fire proof safe - suburban station	4/15/01	0			0	0 HY	0	0
44	LATERAL FILE CABINET - DEE	9/30/02	0			0	0 HY	0	0
47	TABLE FOR CONFERENCE ROOM	11/01/02	0			0	0 HY	0	0
49	DESK-BRIDGE-CREDENZA - DONNA	12/01/02	0			0	0 HY	0	0
67	SLOT WALL	7/15/06	0			0	0 HY	0	0
72	PORTLAND ELECTRIC REFRIGERATOR	12/15/06	0			0	0 HY	0	0
76	MEETING ROOM CHAIRS	8/30/07	0			0	0 HY	0	0
86	ADOBE PHOTOSHOP	2/15/08	0			0	0 HY	0	0
87	Portable Hard Drive	7/21/08	0			0	0 HY	0	0
91	Monitors 2@ 17" and 1@22"	9/25/08	0			0	0 HY	0	0
92	CS3 Design for Windows (Bill)	9/25/08	0			0	0 HY	0	0
93	Literature Display Rack	10/06/06	0			0	0 HY	0	0
94	CS3 Design for Windows (Stephane)	11/17/08	0			0	0 HY	0	0
97	Vigre Enterprise Software	3/04/09	0			0	0 HY	0	0
98	Shredder Cross cut	5/11/09	0			0	0 HY	0	0
102	Flat Screen Monitors	10/14/09	0			0	0 HY	0	0
104	Server	6/21/10	0			0	0 HY	0	0
105	Server and Back-up	12/01/10	0			0	0 HY	0	0
108	Software - CS 3 Update	11/01/10	0			0	0 HY	0	0
109	Website Mgmt. System	11/01/10	0			0	0 HY	0	0
111	Springline Shredder	7/26/11	0			0	0 HY	0	0
113	Aveya Phone System	8/25/13	0			0	0 HY	0	0
115	Lateral Hard Drive Server	11/11/11	0			0	0 HY	0	0
117	Computers - Dee and Ann	6/11/12	0			0	0 HY	0	0
	Sold/Scrapped: 6/30/20								
118	Monitor - Flat Screen	6/11/12	0			0	0 HY	0	0
119	QuickBooks Software	9/14/12	0			0	0 HY	0	0
121	3 Computers - Kati, Jen and Maria	5/14/13	0			0	0 HY	0	0
	Sold/Scrapped: 6/30/20								
122	3 Flat Screen Monitors	8/21/13	0			0	0 HY	0	0
123	Campaign Software - Donation Tracker	9/30/13	0			0	0 HY	0	0
124	Projector - Amazon	11/14/13	0			0	0 HY	0	0
125	3 Computers (Kevin, Ed, Georgia)	6/12/14	0			0	0 HY	0	0
	Sold/Scrapped: 6/30/20								
126	3 Monitors	6/12/14	0			0	0 HY	0	0
128	QuickBooks conversion/set-up	8/26/14	0			0	0 HY	0	0
129	Computers - 2HP	12/11/14	0			0	0 HY	0	0
131	HP LaserJet Printer	3/10/15	0			0	0 HY	0	0
132	VariDesk - Jen	4/14/15	0			0	0 HY	0	0
133	Suburban Office Furniture - 3 chairs	6/08/15	0			0	0 HY	0	0
134	HP Laptop	10/30/15	0			0	0 HY	0	0
135	ReadyNas312 Storage	7/07/16	0			0	0 HY	0	0
137	Canon EOS Rebel Camera	4/21/17	0			0	0 HY	0	0
138	HP Printer w/ Envelope Feeder - Secretary	3/25/17	0			0	0 HY	0	0
139	Computers & Monitors (2) Justin, Dee	6/23/17	0			0	0 HY	0	0
140	60" Samsung TV for conference room	6/26/17	0			0	0 HY	0	0
141	Hardware/software held at AdA	10/01/16	16,500			16,500	5 MO SL	9,075	3,300

**AMT Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus Sec % 179E Bonus	Basis for Depr	Per Conv Meth	Prior	Current
145	HP Laserjet printer	6/11/19	0		0	0 HY	0	0
146	EP Elnbook 848	6/30/19	0		0	0 HY	0	0
147	3 HP Laptops	11/20/19	0		0	0 HY	0	0
148	2 HP Laptops	3/20/20	0		0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>16,500</u>		<u>16,500</u>		<u>9,875</u>	<u>3,300</u>
	<b>Total ACBS and Other Depreciation</b>		<u>16,500</u>		<u>16,500</u>		<u>9,875</u>	<u>3,300</u>
	<b>Grand Totals</b>		19,862		16,500		12,437	3,300
	<b>Less: Dispositions and Transfers</b>		0		0		0	0
	<b>Net Grand Totals</b>		<u>19,862</u>		<u>16,500</u>		<u>12,437</u>	<u>3,300</u>

**Bonus Depreciation Report****Form 990, Page 1**

<u>Asset</u>	<u>Property Description</u>	<u>Date in Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Dep</u>
142	HP 23" Monitors - 2	5/01/18	366		0	0	366	0
143	HP Elite desktop computers - 2	5/01/18	1,764		0	0	1,764	0
144	Sonocall T2400 Wireless	11/01/17	1,232		0	0	1,232	0
<b>Grand Total</b>			<b>3,362</b>		<b>0</b>	<b>0</b>	<b>3,362</b>	<b>0</b>

**Depreciation Adjustment Report****All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b>MACRS Adjustments:</b>						
Page 1	1	142	HP 23" Monitors -2	0	0	0
Page 1	1	143	HP Elite desktop computers - 2	0	0	0
Page 1	1	144	Sonoswall TZ400 Wireless	0	0	0
				<u>0</u>	<u>0</u>	<u>0</u>

Asset	Description	Date in Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
142	HP 23" Monitors - 2	5/01/18	366	0	0
143	HP Elite desktop computer - 2	5/01/18	1,764	0	0
144	Sony WH1000 Wireless	11/01/17	1,232	0	0
			<u>3,362</u>	<u>0</u>	<u>0</u>
<b>Other Depreciation:</b>					
1	INSULATED FIRE SAFE	7/15/84	627	0	0
2	DESK WITH RETURN	2/15/92	711	0	0
17	CONFERENCE PHONE	6/15/99	975	0	0
16	SONY RECORDER, MIKE, TRANSCRIBER	8/01/99	499	0	0
19	HAZEN'S DESK & FILE - KJW	12/01/99	1,769	0	0
21	HAZEN'S DESKS (6)	12/01/99	4,862	0	0
23	HAZEN'S LATERAL FILES (4)	12/01/99	1,318	0	0
24	HAZEN'S LITERATURE RACK	12/01/99	252	0	0
25	HAZEN'S TACK BOARD	12/01/99	108	0	0
26	HAZEN'S COAT RACK	12/01/99	241	0	0
27	HAZEN'S DESK SHELVES	12/01/99	1,506	0	0
34	DESK CENTER DRAWERS (7) - WB MASON	9/15/00	420	0	0
36	TABLE FOR POSTAGE METER - WB MASON	10/15/00	200	0	0
37	KEYBOARD TRAYS (5) - WB MASON	7/15/01	525	0	0
38	fire proof safe - suburban station	4/15/01	346	0	0
44	LATERAL FILE CABINET - DEB	9/30/02	479	0	0
47	TABLE FOR CONFERENCE ROOM	12/01/02	574	0	0
49	DESK-BRIDGE-CREDENZA - DONNA	12/01/02	820	0	0
67	SLOT WALL	7/15/06	579	0	0
72	PORTLAND ELECTRIC REFRIGERATOR	12/15/06	479	0	0
76	MEETING ROOM CHAIRS	8/30/07	602	0	0
86	ADobe PHOTOSHOP	2/15/08	101	0	0
87	Portable Hard Drive	7/21/08	347	0	0
91	Monitors 2@ 17" and 1@22"	9/25/08	675	0	0
92	CS3.3 Design for Windows (Bill)	9/25/08	599	0	0
93	Literature Display Rack	10/08/08	253	0	0
94	CS3.3 Design for Windows (Stephanie)	11/17/08	399	0	0
97	Vape Enterprise Software	3/4/09	243	0	0
98	Shoulder Case car	3/11/09	416	0	0
102	Flat Screen Monitors	10/14/09	364	0	0
104	Server	6/21/10	4,300	0	0
105	Server and Backup	12/01/10	1,453	0	0
108	Software - OS 5 Update	11/01/10	224	0	0
109	Website Mgmt System	11/01/10	1,495	0	0
111	Swingline Straddle	7/28/11	369	0	0
113	Avaya Pbx System	8/25/11	5,545	0	0
115	External Hard Drive Server	11/11/11	402	0	0
118	Monitor - Flat Screen	6/11/12	135	0	0
119	QuickBooks Software	9/14/12	395	0	0
122	3 Flat Screen Monitors	5/21/13	430	0	0
123	Campaign Software - Donation Tracker	9/30/13	8,820	0	0
124	Projector - Amazon	1/14/13	543	0	0
126	3 Monitors	6/12/14	270	0	0
128	QuickBooks conversion/set-up	8/28/14	2,500	0	0
129	Computers - 2HP	12/11/14	1,218	0	0
131	HP LaserJet Printer	3/10/15	1,016	0	0
132	Varideck - Jet	4/14/15	375	0	0
133	Suburban Office Furniture - 3 chairs	6/30/15	447	0	0
134	HP Laptop	10/30/15	811	54	0
135	ReadyNac312 Storage	7/07/16	657	131	0
137	Canon EOS Rebel Camera	4/21/17	449	90	0
138	HP Printer w/ Envelope Feeder - Secretary	3/25/17	1,102	221	0
139	Computer & Monitors (2) Austin, Doe	6/23/17	2,245	449	0
140	60" Samsung TV for conference room	6/26/17	850	166	0
141	Hardware/software bid at A&A	10/01/18	16,500	3,300	3,300
145	HP Laserjet printer	6/11/19	749	150	0
146	EP Glidbook #40	6/30/19	1,568	313	0
147	3 HP Laptops	11/20/19	3,917	783	0



Asset	Description	Date In Service	Cost	Tax	AMT
148	2 HP Laptops	3/20/20	3,967	794	0
	Total Other Depreciation		85,121	6,451	3,300
	Total ACRS and Other Depreciation		85,121	6,451	3,300
	Grand Totals		88,483	6,451	3,300